
INNKEPPERS LICENSE APPLICATION

June 1—May 31

Please check One: Individual Corporation | LLC | Partnership Non-Profit

Corporations, LLC, Partnerships will need to completed a supplemental questionnaire.

Business Name: _____

Manager's Name: _____

Phone Number: _____ Email: _____

Location Address: _____ Town | State | Zip: _____

Mailing Address: _____ Town | State | Zip: _____

Owner's Name: _____

Phone Number: _____ Email: _____

Physical Address: _____ Town | State | Zip: _____

Mailing Address: _____ Town | State | Zip: _____

Has the applicant, partner, officer, director or principle stakeholder ever been arrested, indicted, or convicted for any violation of the law?

YES NO

If yes, please explain: _____

Location Information

Please list the total number of:

Rooms provided for sleeping accommodations _____ Kitchen(s) _____

Communal areas (gathering areas, etc.) _____ Bathrooms _____

Do you provide any food services (includes continental breakfast)? YES NO

Do you have a current Food Handlers License with the Town? YES NO

Do you serve alcohol on premise? YES NO

If yes, when does your State liquor license expire: _____

Is the business a seasonal location (open 6 months or less)? YES NO

Applicant, by signature below, agrees to abide by all laws, orders, ordinances, rules and regulations governing the above licenses and further agrees that any misstatement of material fact may result in refusal of license or revocation if one has been granted. Applicant agrees that all taxes and accounts pertaining to the premises will be paid prior to issuance of license. It is understood that this and any application(s) shall become public record and the applicant(s) hereby waive(s) any rights to privacy with respect thereto.

Signature: _____ Date: _____

Town Use Only

Application Fee: \$50.00
License Fee: Seasonal without Liquor \$150.00 Seasonal with Liquor \$250.00
Year Around without Liquor \$350.00 Year Around with Liquor \$450.00

Date Received: _____ Amount Paid: _____ Payment Type: _____ Initials: _____

Approved by: Town Clerk Code Enforcement Officer
 Police Chief Fire Chief
 Tax Collector Town Council (if applicable)

SUPPLEMENTARY QUESTIONNAIRE FOR CORPORATION | LLC | PARTNERSHIP APPLICANTS

This document must be signed in the presence of a Notary Public.

Exact Corporate Name: _____

Date of Incorporation: _____

State Incorporated: _____

If not a Maine corporation, date the corporation was authorized to transact business in the State of Maine: _____

List the following information for all officers/directors for the previous five (5) years and list the percentage of stock owned (use other side if needed):

<u>Name</u>	<u>Address</u>	<u>DOB</u>	<u>% of Stock</u>	<u>Title</u>

What is the amount of authorized stock _____

Is any principle officer of the corporation a law enforcement official? YES NO

If yes, name: _____

Have applicant(s) or manager(s) ever been convicted of any violation, other than minor traffic violations, in the United States within the past five (5) years?

<u>Name</u>	<u>Date of Conviction</u>	<u>Offense</u>	<u>Location</u>	<u>Disposition</u>

Signature: _____ Date: _____

Print Name: _____

STATE OF MAINE Cumberland, ss. _____, 20__

Then personally appeared before the above-named _____ and made oath the foregoing statements are true.

Notary Public/Attorney