

City Clerk's Office
389 Congress Street
Portland, Maine 04101
207-874-8557
Flea Market Dealer License

Applicant Name: _____ Phone: _____ Date of Birth _____

Applicant's home address: _____

Mailing Address: _____ Zip _____

Flea Market Location Address: _____

Name of person in charge of flea market _____ Phone _____

Do you wish to register other family members (by blood or marriage only) who live at the above home address? _____ Yes _____ No

If Yes, please List names: _____

Does the issuance of this license benefit any City employee? Yes _____ No _____

If yes, please list name(s) of employee(s) and City Department(s):

Please check all types of goods sold by you or any other family member listed below:

<input type="checkbox"/> Used / 2 nd hand goods	<input type="checkbox"/> Collectibles
<input type="checkbox"/> Handcrafted Goods	<input type="checkbox"/> Antiques
<input type="checkbox"/> Estate Jewelry	<input type="checkbox"/> Other (please list) _____

PLEASE NOTE: THE SALE OF FOOD IS NOT ALLOWED AT THE FLEA MARKETS UNLESS PROPER LICENSES HAVE BEEN OBTAINED (THIS INCLUDES PRE-PACKAGED FOODS/DRINKS). IF YOU ARE ONLY SELLING CRAFT ITEMS THAT YOU HAVE CREATED YOURSELF, A LICENSE IS NOT NECESSARY FROM THE CITY.

Have applicant, partners, associates, or corporate officers ever been arrested, indicted, convicted or court martialled for any violation of law? _____ If yes, please explain: _____

Applicant, by signature below, agrees to abide by all laws, orders, ordinances, rules and regulations governing the above licensee 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 the 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 to thereto.

I, We, hereby authorize the release of any criminal history record information to the City Clerk's Office or licensing authority. I, We, hereby waive any rights to privacy with respect thereto.

Signature _____ Title _____ Date _____