

Request Date/Approval: _____
Fire Dept. _____/_____
Health/Zoning _____/_____
Taxes _____/_____
State App _____/_____

Office of the City Clerk
389 Congress Street
Portland, ME 04101
(207) 874-8557

App. Fee: New \$30.00 Renewal \$20.00
With Preparation: \$405.00
Without Preparation: \$160.00
Beer & Wine Takeout: \$365.00
Total Due: _____

**Application for Food Service Establishment
(License EXPIRES annually on January 31)**

No alcoholic beverages are allowed to be served for consumption on the premises

Please check one: (Corporation/ LLC/ Non-profit org. _____) (Sole Proprietor _____) (Partnership _____)

For **renewal** applicants: Has there been any change in ownership in the last 12 months? Yes _____ No _____

Business Name (d/b/a): _____ **Phone:** _____

Location Address: _____ ZIP _____

(If NEW, what was formerly in this location: _____)

Mailing Address: _____ ZIP _____

Contact Person: _____ Phone: _____

Manager of Establishment: _____ Date of Birth _____

Owner of Premises (landlord): _____

Address of Premises Owner: _____ ZIP _____

Does the Issuance of this license benefit any City employee(s)? Yes _____ No _____

If yes, list name(s) of employee(s) and department(s). _____

Have any of the applicants, including the corporation if applicable, ever held a business license with the City of Portland? Yes _____ No _____. If yes, please list business name(s) and location(s) _____

Is any principal officer/owner under the age of 18? Yes _____ No _____

SOLE PROPRIETOR/PARTNERSHIP INFORMATION: (if corporation, leave blank)

Name of Owner(s): _____ Date of Birth _____ Residence Zip Code _____

Name of Owner(s): _____ Date of Birth _____ Residence Zip Code _____

Name of Owner(s): _____ Date of Birth _____ Residence Zip Code _____

CORPORATE/LLC/NON-PROFIT ORGANIZATION APPLICANTS: (if sole proprietor, leave blank)

Corporation Name: _____

Corporation Mailing Address: _____ ZIP _____

Contact Person: _____ Phone Number: _____

PRINCIPAL OFFICERS:

Name _____ Title _____ Date of Birth _____ Residence Zip Code _____

Name _____ Title _____ Date of Birth _____ Residence Zip Code _____

Name _____ Title _____ Date of Birth _____ Residence Zip Code _____

Name _____ Title _____ Date of Birth _____ Residence Zip Code _____

Type of Food Served: _____

Hours and Days of operation: _____

Will you have entertainment on the premises? Yes _____ No _____
(If YES, please complete Supplemental Application for Dancing and Entertainment.)

Will you permit dancing on the premises? Yes _____ No _____
(If YES, please complete Supplemental Application for Dancing and Entertainment)

Will you permit dancing and/or entertainment after 1:00am? Yes _____ No _____

Will you have outdoor dining? Yes _____ No _____
(If yes AND on City property, you will need a Outdoor Dining Permit issued from the Inspections Department.)

If yes, is the outdoor dining on PUBLIC or PRIVATE property? _____

Will you have any amusement devices? (pinball machines, video games, juke box) Yes _____ No _____

If yes, please list number of pinball: _____ of amusements: _____ of pool tables: _____

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 thereto.

Signature _____ Title _____ Date _____

Please note:

Maine State Dept of Health and Human Services applications are required in addition to this application;

Please make checks payable to: The City of Portland;

For more information, refer to the City Code of Ordinance: Chapter 11 Food and Food Handlers (found on www.portlandmaine.gov).