

Fire _____
Zone _____
Tax _____

CITY CLERK'S OFFICE
389 CONGRESS STREET, ROOM 203
PORTLAND, MAINE 04101
207-874-8557

New/ Renew \$30.00/ \$20.00
License fee: \$10.00 /unit

APPLICATION FOR LICENSED LODGING

A diagram showing the location of all rooms situated within the building or structure is required.

This diagram needs to include at a minimum the location of:

sleeping accommodations, bathroom(s), and kitchen(s).

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

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

Location Address: _____ **ZIP** _____

Mailing Address: _____ **ZIP** _____

Contact Person: _____ Phone: _____

Manager of Establishment: _____ Home Phone _____

Owner of Premises (landlord): _____

Address of Premises Owner: _____ **ZIP** _____

Does the Issuance of this license directly or indirectly benefit any City employee(s)? ___ Yes ___ No
If yes, list name(s) of employee(s) and department(s).

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

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

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: (if more space is needed, please attach a separate page)

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 _____

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

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

Please list the number of: Total Number

Total number of rooms in building/ structure: _____

Rooms provided for sleeping accommodations: _____

Kitchen(s) _____

Bathroom(s) _____

Communal Areas (living room, gathering area) _____

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 _____ Date _____