



# City of Augusta Special Amusement Application

No Fee

Name of Applicant(s): \_\_\_\_\_

Resident address(s): \_\_\_\_\_

Name of Business: \_\_\_\_\_

Business Location: \_\_\_\_\_

Contact Number(s): \_\_\_\_\_

Email Address: \_\_\_\_\_

Briefly describe the nature of the business to be conducted on the premises: \_\_\_\_\_

Have you ever had an amusement license for this same business before: \_\_\_\_\_

Has such a license ever been denied or revoked: \_\_\_\_\_ If yes, give circumstances: \_\_\_\_\_

Has the applicant, a partner or any corporate officer ever been convicted of a felony: \_\_\_\_\_ If yes, give circumstances: \_\_\_\_\_

**Attach a copy of present liquor license to application.**

By signing this application for a special amusement permit, I hereby affirm that I have truthfully answered all questions contained hereon, in full recognition of the fact that a false statement will be grounds for revocation of the permit and will subject me to such other penalties as are provided by law.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

Please send application to:

City Clerk's Office, 16 Cony Street, Augusta, ME 04330

Fax: 207-620-8127 [treasury@augustamaine.gov](mailto:treasury@augustamaine.gov)

Make check payable to: City of Augusta (if applicable)

**Office use only:** Received in Clerk's Office by: \_\_\_\_\_ Date: \_\_\_\_\_

Licensing Board: Approved / Denied    Police: \_\_\_\_\_    CEO: \_\_\_\_\_    Date: \_\_\_\_\_

Fee Paid: \_\_\_\_\_    Cash / Check / CC    License Number: # \_\_\_\_\_    Expires: \_\_\_\_\_