

CITY OF AUGUSTA

APPLICATION FOR VICTUALER'S LICENSE

In accordance with City of Augusta Code of Ordinances Chapter 11, the undersigned hereby applies for a License to prepare/sell food other than pre-packaged items. In accordance with Order #273 passed by the Augusta City Council on November 18, 1963, all applicants upon applying for any Municipal business or professional permit or license requiring the approval of the Municipal Officers must indicate in writing whether he/she owes the City any past due taxes or other financial obligations. Such information shall be verified by the City Treasurer who shall state what arrangements for payment have been made thereto. Such information to be made available to the City Council at the time such application is considered.

Please print clearly or type:

1. Name of Applicant: _____
2. Date of Birth: _____ Place of Birth _____
3. Email address: _____
4. Have you ever been convicted of a crime? _____ If yes, list offense(s), place(s) of conviction, and penalty for each conviction: _____
5. Company Name: _____
6. Company Address: _____
7. Local Address: _____
8. Telephone: Day _____ Evening/Weekend _____
9. Location of Records: _____
10. Business Structure: ___ Proprietorship ___ Partnership ___ Corporation
List Proprietors, Partners or Directors: _____

Name	Address	Telephone	Title

11. Required: Please attach a copy of your State of Maine Inspection certificate.

NOTE: By signing this application, I hereby affirm that I have truthfully answered all questions contained herein, 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.

Signature of Applicant: _____ Date: _____

PLEASE CHECK ONE: ___ **3-Day No Liquor \$25.00** ___ **3-Month No Liquor \$50.00**
 *Expires in May annually ___ ***Annual/No Liquor \$150.00** ___ ***Annual/With Liquor \$275.00**

Office use only:	Received in Clerk's Office by: _____	Date: _____
Licensing Board:	Police: _____	CEO: _____
	Date: _____	Approved / Denied
Fee Paid: _____	Cash / CC / Check # _____	License Number: # _____
		Expires: _____

Revised & Approved 02.05.2026

CITY OF AUGUSTA, MAINE
 16 Cony Street
 Augusta, ME 04330

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Date: _____ Type of License Requested: _____

Name: _____

Address: _____

Email: _____ Phone: _____

	Real Estate Taxes	Personal Tax
Present Year (past due)	_____	_____
Prior Years Total (list years) _____ _____	_____	_____
Accounts Receivables Date: _____	_____	_____
Other	_____	_____
TOTAL:	=====	=====

Signature of Applicant

Print Name

This is to certify that the above statement is correct. Arrangements have been made with the City Treasurer as follows:

Check here if no outstanding taxes or accounts with the City: _____

Verified: _____ Date: _____
 City Treasurer/Tax Collector Staff (Deputy and Assistants)