



**City of South Portland  
Office of the City Clerk  
25 Cottage Road  
South Portland, ME 04106  
207-767-7628**

**Application for a Food Establishment License  
With Alcoholic Beverages**

28A M.R.S.A. §653

Code of Ordinances - Chapter 14 §100-106

**Valid to**

**All applicants require a State Food License. Failure to do this may result in your City Food License not being issued. It is illegal to operate your business without all applicable licenses.**

Please fill out this application completely even if this is a renewal.

Please check the license you require:					Total Fees:
	Liquor	Vinous	Malt	Malt & Vinous	
Tavern			600.00		
Retail Store		300.00	300.00	300.00	
Restaurant	1,400.00	600.00	600.00	600.00	
Class A Catering	600.00				
Class A Lounge	2,100.00				
Club with Liquor (Non-profit)	600.00				
Hotel	1,700.00				
Background Checks: (Page 3)		How Many		X 25.00	
Processing Fee:					20.00
<b>Total Due</b>					

<b>Please Check Business Type:</b>	
<i>Corporations, LLCs, and Partnerships must complete a Corporate Officer List and submit with this application</i>	
<input type="checkbox"/>	Individual or Sole Proprietor
<input type="checkbox"/>	Corporation
<input type="checkbox"/>	Limited Liability Company (LLC)
<input type="checkbox"/>	Partnership

<b>Please Check One</b>	
<input type="checkbox"/>	New license
<input type="checkbox"/>	Renewal of license

Are there coin operated amusement devices on the premises? Yes  No  How many \_\_\_\_

Are there Billiard/Pool Tables on the premises? Yes  No

**Please complete the following information (print):**

<b>Business Information</b>	
Business Name:	
Location of Business:	
Telephone:	Website:
Mailing Address	
Name of Manager at Establishment:	Email for correspondence:

**Owner Information**

Owner Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

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

Telephone: \_\_\_\_\_

**Food Establishment Information**

Seating Capacity: \_\_\_\_\_

Type of Food Served: \_\_\_\_\_

**Days and Hours of operation:**

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

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

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Print Name and Title

\_\_\_\_\_  
Date

\*\*\*\*\*

**FOR CITY USE ONLY**

Date of Payment: \_\_\_\_\_

Fire Chief                      *Approved*    Yes  No  *Approved By:* \_\_\_\_\_

*Comments:*

Health Officer                *Approved*    Yes  No  *Approved By:* \_\_\_\_\_

*Comments:*

Police Chief                    *Approved*    Yes  No  *Approved By:* \_\_\_\_\_

*Comments:*

**Corporate Officer List  
 City of South Portland  
 Office of City Clerk  
 25 Cottage Road  
 South Portland, ME 04106**

Name of Company: \_\_\_\_\_

If applicant is a partnership, Limited Liability Company, or corporation, list names, residences, and birth dates as well as title of each member/manager/officer/partners. If applicant is new and/or city ordinance requires a background check be conducted on all corporate officers, a \$25 fee per name applies. (Check may be made out to the City of South Portland).

<b>Name</b> full name, including middle initial and maiden name, if applicable	<b>Date of Birth</b>
<b>Address</b>	<b>Title</b>

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<b>Address</b>	<b>Title</b>

\_\_\_\_\_  
**Signature of Authorized Officer**