



**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 Without Alcoholic Beverages

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:
	Food Service Only – Prep Onsite	\$200.00	
	Food Service Only – NO Prep Onsite	\$150.00	
	Food Service - Temporary (Per Event) (1)	\$35.00	
	Food Service - Catering	\$95.00	
	Mobile Vending Unit (1) (2)	\$120.00	
	Ice Cream Truck (1)	\$120.00	
	Stationary Vending Unit (2)	\$120.00	
	Pushcart (1) (2)	\$50.00	
X	Processing Fee	\$20.00	\$20.00

Please Check One	
	New License
	Renewal

Please Check Business Type: (3)	
	Individual or Sole Proprietor
	Corporation
	Limited Liability Company
	Partnership

(1) If Mobile Vending Unit or Ice Cream Truck: Please attach vehicle registration(s) and a copy of your State of Maine Service License. A list of stops and their locations, with written permission from any private property owner(s) is required for any new stops and all new applicants. Insurance is required pursuant to Sec. 14-8(c)(8),(9) and(12) of the City's Code of Ordinances.

(2) A license for a Stationary Vending Unit will require site plan approval from the Planning Board. Mobile and Stationary Vending Units operating within 500' of another licensed food establishment must go before City Council for approval, pursuant to Ch.14-104 of the City's Code of Ordinances.

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:

Business Information	
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

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:

Building Inspector* Approved Yes No Approved By: _____
Comments:

Police Chief* Approved Yes No Approved By: _____
Comments:

Parks/Rec Director** Approved Yes No Approved By: _____
Comments:

***New Applications Only**
**** Mobile Vending Units only**