



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

Valid _____ to _____

28A M.R.S.A. §653
 Code of Ordinances - Chapter 14 §100-106

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
Total Due						

Please Check Business Type:

Corporations, Associations and partnerships must complete a Corporate Officer List and submit with this application

	Individual
	Corporation
	Association
	Partnership

Please Check One

	New license
	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):

Business Name (D/B/A):		Telephone:
Location of Business:		Website:
Name of Manager at Establishment:	Email for correspondence:	
Owner Name:		
Mailing Address:	City, State Zip:	
Email Address:	Telephone:	

Seating Capacity:		Type of food served:				
Days and Hours of operation:						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Days and Hours of bar service:						
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

Additional Information

Municipal Use Only

Date of Application:		Map and Lot:	
Real Estate taxes paid to Date Yes <input type="checkbox"/> No <input type="checkbox"/>		Personal Prop taxes paid to date: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Signed Electronically			
Fire Chief	Approved Yes <input type="checkbox"/> No <input type="checkbox"/>	Signature _____	<input type="checkbox"/>
Comment _____			
Health Officer	Approved Yes <input type="checkbox"/> No <input type="checkbox"/>	Signature _____	<input type="checkbox"/>
Comment _____			
Police Chief	Approved Yes <input type="checkbox"/> No <input type="checkbox"/>	Signature _____	<input type="checkbox"/>
Comment _____			

**Corporate Officer List
 City of South Portland
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Name of Company: _____

If applicant is a partnership, association or corporation, list names, residences, and birth dates as well as title of each member. 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).

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

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

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

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

Signature of Authorized Officer