TOWN OF SCARBOROUGH, MAINE FOOD HANDLERS LICENSE APPLICATION

July 1st through June 30th

Individual () Corporation (() Partnership ()	Other ()	Non-Profit ()		
Establishment Owner(s) Name		Owner's Telephone			
Federal Employer ID# or Social Se	curity # (required)				
Establishment Name		Establis	hment Telephone		
Location of Establishment	Town	State	Zip		
Mailing Address of Establishment	Town	State	Zip		
Name of Manager or Alternative Contact Person		Alternative Telephone			
Fax Number	E-mail Address	3			
	Check All that Apply:				
() Year round () Seasona	al (less than 6 months per year)	() Catering	() In-home		
Is alcohol served () Yes	() No				
Eating Place with Seats: () Restaurant/coffee shop () Bar/Lounge () Variety Store () Cafeteria	# of Seats # of Seats # of Seats # of Seats				
Take Out:	() Stand (ice cream, farm, etc.) () Mobile (location)				
Other: () Motel/hotel		() Scho	ool (exempt)		
STATEMENT: Applicant, by signatur governing the above licensee and fur or revocation, if one has been grantee paid prior to issuance of the license.	ther agreed that any misstatement o	of material fact ma	ay result in refusal of license		
It is understood that this and any aprights to privacy with respect to there		ord and the appl	icant(s) hereby waive(s) any		
Signature of Applicant:	Title:		Date:		
To be filed with this application: Fee (circle one): \$220 Year-round or \$110 Seasonal, catering, in-home Supplemental Questionnaire (corporations only)					

SUPPLEMENTARY QUESTIONNAIRE FOR CORPORATE APPLICANTS

(This must be signed in front of a notary public.)

1.	Exact corporate name:							
	Date of incorporation:							
3.	State in which incorporated:							
4.	If not a Maine corpo	siness in the State of Maine:						
5.	List the following information for all officers/directors for the previous five years and list the percentage of stock owned (use other side if needed):							
	<u>Name</u>	<u>Address</u>	<u>D.O.B.</u>	% of Stock	<u>Title</u>			
6.	What is the amount of authorized stock?							
7.	Is any principle officer of the corporation a law enforcement official? Yes No							
	If "yes," name:							
8.	Has applicant(s) or manager ever been convicted of any violation, OTHER THAN MINOR TRAFFIC VIOLATIONS, in the United States within the past five years? Yes No							
	Name			Date of Co	onviction			
	Offense	Location		Dispositio				
		Town/City		Date				
	Signature of Du	ly-Authorized Officer		Print Name H	ere			
					•••••			
	ate of Maine ounty of		Date _					
	e foregoing instrume ame of person acknow	nt was acknowledged befo vledged).	re me by					
Sig	gnature of Notary Pub	olic						
Na	me of Notary Public (printed name)						
	Notary Public, State	of	Comm	nission expires: _				