

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 Security # (required) _____

Establishment Name _____ Establishment 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 _____

Check All that Apply:

() Year round () Seasonal (less than 6 months per year) () Catering () In-home

Is alcohol served () Yes () No

Eating Place with Seats:

() Restaurant/coffee shop # of Seats _____
() Bar/Lounge # of Seats _____
() Variety Store # of Seats _____
() Cafeteria # of Seats _____

Take Out:

() Variety Store () Stand (ice cream, farm, etc.)
() Temporary Food Service (including non-profits, boosters, etc.) () Mobile (location) _____

Other:

() Motel/hotel () School (exempt)

STATEMENT: Applicant, by signature below, agrees to abide by all laws, orders, ordinances, rules and regulations governing the above licensee and further agreed 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.

It is understood that this and any application(s) shall become public record and the applicant(s) hereby waive(s) any rights to privacy with respect to thereto.

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)

