

Fire \_\_\_\_\_  
Zone \_\_\_\_\_  
Tax \_\_\_\_\_

TOWN CLERK'S OFFICE  
P.O. Box 360 / 259 U.S. Route One  
Scarborough, Maine 04070  
207-730-4020

Application Fee \$50.00  
License fee: \$3.00 /unit  
(Not to exceed \$350.00)

### **APPLICATION FOR INNKEEPERS LICENSE**

A diagram showing the location of all rooms situated within the building or structure is required. This diagram needs to include at a minimum the location of: sleeping accommodations, bathroom(s), and kitchen(s).

Please check one: (Corporation/ LLC/ Non-profit org.  ) (Sole Proprietor  ) (Partnership  )

Business Name (d/b/a): \_\_\_\_\_ Phone \_\_\_\_\_

Location Address: \_\_\_\_\_ ZIP: \_\_\_\_\_

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

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Manager of Establishment: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Owner of Premises (landlord): \_\_\_\_\_

Address of Premises Owner: \_\_\_\_\_ ZIP: \_\_\_\_\_

Have applicant, partners, associates, or corporate officers ever been arrested, indicted, or convicted for any violation of law? \_\_\_\_\_ If yes, please explain:

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#### **SOLE PROPRIETOR / PARTNERSHIP INFORMATION:** (if corporation, leave blank and complete Supplemental Questionnaire)

Name of Owner(s): \_\_\_\_\_ Date of Birth \_\_\_\_\_ Residence Zip Code \_\_\_\_\_

Name of Owner(s): \_\_\_\_\_ Date of Birth \_\_\_\_\_ Residence Zip Code \_\_\_\_\_

Name of Owner(s): \_\_\_\_\_ Date of Birth \_\_\_\_\_ Residence Zip Code \_\_\_\_\_

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Please list the total number of:

Rooms provided for sleeping accommodations: \_\_\_\_\_

Kitchen(s) \_\_\_\_\_

Bathroom(s) \_\_\_\_\_

Communal Areas (living room, gathering area) \_\_\_\_\_

Do you provide dining service? (  ) Yes (  ) No

*[Includes continental breakfast]*

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

Signature \_\_\_\_\_ Date \_\_\_\_\_