

# CITY OF AUGUSTA

## APPLICATION FOR VICTUALER'S LICENSE

In accordance with City of Augusta Code of Ordinances Chapter 11, the undersigned hereby applies for a License to prepare/sell food other than pre-packaged items. In accordance with Order #273 passed by the Augusta City Council on November 18, 1963, all applicants upon applying for any Municipal business or professional permit or license requiring the approval of the Municipal Officers must indicate in writing whether he/she owes the City any past due taxes or other financial obligations. Such information shall be verified by the City Treasurer who shall state what arrangements for payment have been made thereto. Such information to be made available to the City Council at the time such application is considered.

Please print clearly or type:

1. Name of Applicant: \_\_\_\_\_
2. Date of Birth: \_\_\_\_\_ Place of Birth \_\_\_\_\_
3. Email address: \_\_\_\_\_
4. Have you ever been convicted of a crime? \_\_\_\_\_ If yes, list offense(s), place(s) of conviction, and penalty for each conviction: \_\_\_\_\_  
\_\_\_\_\_
5. Company Name: \_\_\_\_\_
6. Company Address: \_\_\_\_\_
7. Local Address: \_\_\_\_\_
8. Telephone: Day \_\_\_\_\_ Evening/Weekend \_\_\_\_\_
9. Location of Records: \_\_\_\_\_
10. Business Structure:     \_\_\_ Proprietorship     \_\_\_ Partnership     \_\_\_ Corporation  
List Proprietors, Partners or Directors:

| Name | Address | Telephone | Title |
|------|---------|-----------|-------|
|      |         |           |       |
|      |         |           |       |

**11. Required: Please attach a copy of your State of Maine Inspection certificate.**

**NOTE:** By signing this application, I hereby affirm that I have truthfully answered all questions contained herein, in full recognition of the fact that a false statement will be grounds for revocation of the permit and will subject me to such other penalties as are provided by law.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE CHECK ONE:**    \_\_\_ **3-Day No Liquor \$25.00**            \_\_\_ **3-Month No Liquor \$50.00**

**\*Expires in May annually**    \_\_\_ **\*Annual/No Liquor \$125.00**    \_\_\_ **\*Annual/With Liquor \$250.00**

**Office use only:**            Received in Clerk's Office by: \_\_\_\_\_            Date: \_\_\_\_\_

Licensing Board: Police: \_\_\_\_\_ CEO: \_\_\_\_\_            Date: \_\_\_\_\_ Approved / Denied

Fee Paid: \_\_\_\_\_ Cash / CC / Check # \_\_\_\_\_            License Number: # \_\_\_\_\_ Expires: \_\_\_\_\_

CITY OF AUGUSTA, MAINE  
 16 Cony Street  
 Augusta, ME 04330

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Date: \_\_\_\_\_ Type of License Requested: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**Check here if no outstanding taxes or accounts with the City:** \_\_\_\_\_

|  | Real Estate Taxes | Personal Tax |
|--|-------------------|--------------|
| Present Year (past due)                          | _____             | _____        |
| Prior Years Total<br>(list years) _____<br>_____ | _____             | _____        |
| Accounts Receivables<br>Date: _____              | _____             | _____        |
| Other  | _____             | _____        |
| <b>TOTAL:</b>                                    | =====             | =====        |

Signature of Applicant

Print Name

This is to certify that the above statement is correct. Arrangements have been made with the City Treasurer as follows:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Verified: \_\_\_\_\_ Date: \_\_\_\_\_  
 City Treasurer/Tax Collector Staff (Deputy and Assistants)



**AUGUSTA POLICE DEPARTMENT**  
**JARED MILLS**  
 Chief of Police  
 33 Union Street  
 Augusta, ME 04330



Dep. Chief Kevin Lully

**EMERGENCY NOTIFICATION LIST**

**Please complete this form and return to the AUGUSTA POLICE DEPARTMENT**

Dear Taxpayer:

Please fill in the bottom section of this form and forward to the Augusta Police Department, Attn. Records Division; 33 Union Street, Augusta, Maine 04330 as soon as possible. With this information, we will be able to give you faster and more efficient service in the event of an emergency at your place of business.

Also, in the future, if there should be any change in any of the information, please notify this department so that we may enter the changes in the department emergency database.

-----  
 Business: \_\_\_\_\_ Business Phone: \_\_\_\_\_  
 Street Address: \_\_\_\_\_

Burglar Alarm  Yes  N      Audible  Yes  N      Auto Re-set  Yes  N  
 Fire Alarm  Yes  N      Night Light  Yes  N      Sprinkler  Yes  N

Security Company Name \_\_\_\_\_ Telephone \_\_\_\_\_  
 Vault in Building  Yes  N      Location in Building \_\_\_\_\_  
 Furnace Location \_\_\_\_\_  
 Can Doors be locked without a key?  Yes  N

**CONTACT INFORMATION**

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell \_\_\_\_\_  
 Address: \_\_\_\_\_

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell \_\_\_\_\_  
 Address: \_\_\_\_\_

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell \_\_\_\_\_  
 Address: \_\_\_\_\_

**SURVEILLANCE VIDEO RECORDER – LOCATION RECORD SHEET**

|                |  |
|----------------|--|
| Date:          |  |
| Business Name: |  |

|                                    |                |                |
|------------------------------------|----------------|----------------|
| Address:                           |                |                |
| Lat/Lon (if possible):             |                |                |
| Business Phone:                    |                |                |
| Video View:                        | Interior _____ | Exterior _____ |
| How Long is Video Maintained:      |                |                |
| Point of Contact to Request Video: |                |                |
| Point of Contact Phone Number:     |                |                |

DIAGRAM:

