



Town of South Berwick

180 MAIN STREET
SOUTH BERWICK, MAINE 03908-1535
TEL. 207-384-3300

SPECIAL AMUSEMENT PERMIT APPLICATION

AS DEFINED IN SECTION 201 OF THE TOWN OF SOUTH BERWICK SPECIAL AMUSEMENT ORDINANCE, NO LICENSEE FOR THE SALE OF LIQUOR TO BE CONSUMED ON HIS LICENSED PREMISES SHALL PERMIT, ON HIS LICENSED PREMISES, ANY MUSIC, EXCEPT RADIO OR OTHER MECHANICAL DEVICE, ANY DANCING OR ENTERTAINMENT OF ANY SORT UNLESS THE LICENSEE SHALL HAVE FIRST OBTAINED FROM THE MUNICIPALITY IN WHICH THE LICENSED PREMISES ARE SITUATED A SPECIAL AMUSEMENT PERMIT SIGNED BY AT LEAST A MAJORITY OF THE MUNICIPAL OFFICERS.

YOUR APPLICATION FOR A SPECIAL AMUSEMENT PERMIT SHOULD BE FILED ON THIS FORM WITH THE TOWN COUNCIL OR ITS DESIGNATED AGENT. PAYMENT OF A \$35 FEE IS REQUIRED AT THE TIME THE APPLICATION IS FILED. A COPY OF THE SPECIAL AMUSEMENT PERMIT ORDINANCE IS AVAILABLE UPON REQUEST FROM THE SOUTH BERWICK TOWN CLERK.

THE TOWN COUNCIL SHALL, PRIOR TO GRANTING A PERMIT, HOLD A PUBLIC HEARING WITHIN 30 DAYS OF THE DATE YOU FILE YOUR COMPLETED APPLICATION AT WHICH TIME TESTIMONY WILL BE RECEIVED FROM YOU OR YOUR DESIGNATED AGENT AND/OR ANY INTERESTED MEMBER OF THE PUBLIC. FAILURE TO ATTEND THE PUBLIC HEARING MAY RESULT IN A DELAY IN ISSUING THE PERMIT.

Applicant Information

Applicant Name: _____ **Phone:** _____
Address: _____ **Email :** _____

Business Information

Business Name: _____ **Phone:** _____
Physical Address: _____ **Email :** _____
Mailing Address (if different than Physical Address): _____
Nature of Business: _____

Business Structure (Circle One): Corporation Partnership Proprietorship

Entertainment

Type of Entertainment Planned: _____

Has applicant ever had a license to conduct the Business described herein denied or revoked or has the Applicant or any partner or corporate office ever been convicted of a felony: Yes _____ No _____. If Yes, provide full details on the reverse side of this Application.

Current Liquor License #: _____

Applicant Signature: _____ **Date:** _____

Accepting Clerk Signature: _____ **Date Fee Received:** _____