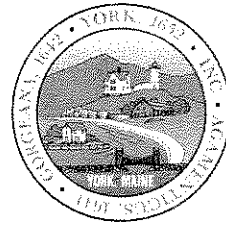


# LICENSE APPLICATION



Business Name \_\_\_\_\_

Business Location \_\_\_\_\_

Telephone Number \_\_\_\_\_

OWNER'S Name and Mailing Address \_\_\_\_\_

APPLICANT'S Name and Mailing Address \_\_\_\_\_

Is applicant same operator as prior year?  Yes  No

**INSPECTION DATA (Office Use Only)**

DATE \_\_\_\_\_  
 TIME \_\_\_\_\_  
 CEO INITIALS \_\_\_\_\_  
 FEE (Renewal) \_\_\_\_\_  
 FEE (New) \_\_\_\_\_

LICENSE YEAR \_\_\_\_\_

TAX MAP/LOT/ZONE \_\_\_\_\_

NO. OF SEATS \_\_\_\_\_

NO. OF PARKING SPACES \_\_\_\_\_

LIQUOR LICENSE  Yes  No

NATURE OF BUSINESS \_\_\_\_\_

Home Occupation  Primary Business

**APPLICATION FEE IS \$50.00. PLEASE CHECK APPLICABLE BOX(ES) BELOW AND ADD THE FEE INDICATED TO YOUR APPLICATION FEE. MAKE CHECK PAYABLE TO THE TOWN OF YORK.**

**NEW**

- \$30.00 – Advertising
- \$25.00 – Victualers
- \$25.00 – Liquor (on premise consumption)  
Exp. Date \_\_\_\_\_
- \$25.00 – Special Amusement \*
- \$25.00 – Bottle Club
- \$25.00 – Dance Hall
- \$25.00 – Theater
- Coin Op Amusement-\$75 each or \$250 for 3 or more
- \$25.00 – Home Occupation/Food Prep. (One time fee)

**RENEWAL**

- \$25.00 – Victualers – Current Exp. Date \_\_\_\_\_
- \$25.00 – Liquor (on premise consumption)  
Exp. Date \_\_\_\_\_
- \$25.00 – Special Amusement \*
- \$25.00 – Bottle Club
- \$25.00 – Dance Hall
- \$25.00 – Theater
- Coin Op Amusement-\$75 each or \$250 for 3 or more

\*On reverse side of this form, please provide nature of the entertainment \_\_\_\_\_

*I certify the above statements are true and understand false statements may be cause to revoke a license.*

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature

APPROVALS: Eating & Lodging: Permit No. \_\_\_\_\_ Expiration Date \_\_\_\_\_  
 Fire Marshal  Yes  No (attach copy of Permit)  
 Handicap Access  Yes  No

**OFFICE USE ONLY**

Conforming Use  Non-conforming Use  Accessory  Existing  APPROVED  DENIED

\_\_\_\_\_  
Date

\_\_\_\_\_  
Town Manager for the Board of Selectmen

Issued pursuant to the provisions of Title 30A MRSA Chapter 3811 through 3814

AMT. RECD. \_\_\_\_\_ RECEIPT NO. \_\_\_\_\_ RECEIPT DATE \_\_\_\_\_ MI PM MM MS