

Date: _____
Name of Business: _____
Recorded Owner: _____
If Incorporated, Registered Agent: _____
Registered Agent's Address: _____
Location of Business: _____
Mailing Address: _____
Contact Person: _____ Telephone # _____
Seating Capacity _____

Has applicant(s) or manager ever been convicted of any violation of the law, other than a minor traffic violation, of any state or the United States, within the past five years?

Yes No

If the answer to the above question is Yes, then complete the following:

Name _____ Offense _____
Disposition _____
Date of Conviction _____ Location _____

Prior to Council Approval of this application, the local health officer must inspect the premises for compliance of applicable health codes of the Town of Lincoln and the State of Maine

Has this business been approved by the State of Maine for the preparation and sale of food?

Yes No Pending

If yes, what is the expiration of the business's State license? _____

Authorized Signature
Title: _____

For Office Use Only

R0101 (\$10.00) Application Fee Paid _____
R0111 Ad Fee Paid _____
Inspection by Health Officer _____

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