



# TOWN OF WISCASSET

## TEMPORARY BUSINESS LICENSE

51 Bath Road  
Wiscasset, ME 04578

Phone: (207) 882-8200  
Fax: (207) 882-8228

First Name: \_\_\_\_\_ Last: \_\_\_\_\_ Middle: \_\_\_\_\_

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

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

Social Security Number: \_\_\_\_\_ Phone: \_\_\_\_\_

Vehicle Make: \_\_\_\_\_ License Plate #: \_\_\_\_\_ State: \_\_\_\_\_

Vehicle Year: \_\_\_\_\_ Vehicle Type: \_\_\_\_\_ Color: \_\_\_\_\_

Vehicle Registration Expiration Date: \_\_\_\_\_ Vehicle Insurance Expiration: \_\_\_\_\_

Drivers License Number: \_\_\_\_\_ State: \_\_\_\_\_

Business Name/Address: \_\_\_\_\_

Description of Business and Goods to be sold: \_\_\_\_\_

Location of Business in Wiscasset: \_\_\_\_\_

Dates (beginning/ending) Business will operate: \_\_\_\_\_

I, \_\_\_\_\_, make oath that the information stated above is true and I am aware that I must comply with all applicable local, state and federal ordinances, regulations, rules, and laws before this permit can be issued.

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

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### TOWN REVIEW

Reviewed By (Name/Title): \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_ Approved Declined

Police Department Comments: \_\_\_\_\_

