



Office of the Town Clerk

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Wiscasset, ME 04578

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BUSINESS LICENSE APPLICATION

Every person, firm, corporation, LLC, professional association or partnership doing business within the Town of Wiscasset must complete this Application.

Name/Title of Business: _____

New Business Existing Business ___ years in operation Ownership/Location Change

Location of business: _____ Map/Lot _____

Preferred mailing address: _____

Business phone number: _____

Description of Business: _____

Owner's name: _____ Owner's phone: _____

Owner's home address: _____

*Emergency contact person: _____

*Emergency phone numbers: home: _____ cell: _____

*This information will be shared with 911 so you can be contacted in case of after hour emergencies.

NEW BUSINESSES ONLY COMPLETE BELOW INFORMATION

Have you seen the Code Enforcement Officer and Town Planner for approval? _____

Will you need a sign permit? _____

Will this business be a home occupation? _____

This business will be a: Corporation or LLC _____ Partnership _____ Sole proprietor _____

Would you like a link to your business placed on the Town of Wiscasset Website? Yes No

Provide e-mail and/or web address: _____

Please be aware that State licenses and permits may be required. This application must be updated annually with the Town of Wiscasset

I, _____, state that I am _____ of the above name firm or business, and make oath that the information stated above is true and I am aware that all applicable local, state and federal ordinances, laws, rules, and regulations must be complied with before this License can be issued.

Date: _____

Signature: _____

TOWN CLERK

DATE RECEIVED: _____ DATE APPROVED: _____ ASSESSING: _____ WEB/LIST: _____