



# Office of the Town Clerk

51 Bath Road  
Wiscasset, ME 04578

Phone: (207) 882-8200  
Fax: (207) 882-8228  
E-mail: [clerk@wiscasset.org](mailto:clerk@wiscasset.org)

## 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: \_\_\_\_\_



# TOWN OF WISCASSET

## Sign Permit (s)

Date	_____
<input type="checkbox"/>	On Premise
<input type="checkbox"/>	Directional
Zone	_____

No. 10- \_\_\_\_\_  
 Map: \_\_\_\_\_ Lot: \_\_\_\_\_

Receipt to: Sign Permits

Name of Business: \_\_\_\_\_

Business Address: \_\_\_\_\_ Tel: \_\_\_\_\_

Name of Business Owner (s): \_\_\_\_\_

Address: \_\_\_\_\_ Tel: \_\_\_\_\_

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

Signs to be located on (street or road name): \_\_\_\_\_

Size: \_\_\_\_\_

Height: \_\_\_\_\_

Location: Attached to building  Free standing

Lighting: Interior  Exterior

Business Directional Sign: YES  NO

Attach sheet showing size and approximate location, landscape, and construction of the sign.

**Please NOTE: You should call DIG SAFE (1-888-344-7233) prior to installing sign posts in the ground.**

**PLEASE CHECK WITH THE TOWN CLECK ON THE NEED OF A BUSINESS LICENSE**

Permits are issued in the name of the owner(s) NOT THE NAME OF THE BUSINESS and are valid only during continued ownership.

The Town of Wiscasset disclaims responsibility for injuries to persons or property, which may result from the erection or installation of the sign or signpost for which this permit(s) may be granted. Such responsibility is to be assumed by the owner(s) of the permit.

Fee: \$40.00 per sign Total: \_\_\_\_\_

Make check payable to: **Town of Wiscasset**  
 Mail to: Sign Control Approved by: \_\_\_\_\_  
 Town of Wiscasset  
 51 Bath Road, Wiscasset, ME 04578-4018 Sign Control Officer

TOWN OF \_\_\_\_\_

STATE OF MAINE

CERTIFICATE OF SOLE PROPRIETOR  
ADOPTING NAME OTHER THAN HIS OWN

(M.R.S.A. Title 31, Sec. 2)

The undersigned hereby certifies that he/she intends to engage in the \_\_\_\_\_  
\_\_\_\_\_ business as SOLE PROPRIETOR,  
and to adopt the name, style, or designation of \_\_\_\_\_

\_\_\_\_\_ in the conduct of said business located at: \_\_\_\_\_

\_\_\_\_\_  
Name of Proprietor

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State

\_\_\_\_\_  
Signature of Proprietor

STATE OF MAINE

\_\_\_\_\_, ss.

Personally appeared before me the above signed \_\_\_\_\_  
and made oath to the truth of the above certificate on this \_\_\_\_\_ day of \_\_\_\_\_,  
20\_\_\_\_.

\_\_\_\_\_  
Notary Public / Attorney at Law

*(NOTE: This certificate shall be deposited in the office of the clerk of the city or town in which  
the business is to be carried on, before commencing business.)*  
There is a \$10.00 filing fee with this certificate.

TOWN OF \_\_\_\_\_

STATE OF MAINE

CERTIFICATE OF ASSOCIATION

(M.R.S.A. Title 31, Sec. 1 et seq.)

The undersigned hereby certify that they have become associated as partners for the purpose of engaging in the \_\_\_\_\_ business, in the Town/City of \_\_\_\_\_, Maine under the partnership name of:

Business located at: \_\_\_\_\_

	<u>NAMES OF PARTNERS</u>	<u>ADDRESS</u>
1.	_____ Signature _____ Type or print name	_____ _____ _____
2.	_____ Signature _____ Type or print name	_____ _____ _____
3.	_____ Signature _____ Type or print name	_____ _____ _____
4.	_____ Signature _____ Type or print name	_____ _____ _____

Personally appeared before me the above signed \_\_\_\_\_

and made oath to the truth of the above certificate on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Notary Public

*(NOTE: This certificate shall be deposited in the office of the clerk of the city or town in which the business is to be carried on, before commencing business.)*

TOWN OF WISCASSET  
REQUEST FOR HOME OCCUPATION INFORMATION

Applicant's Name & Address: \_\_\_\_\_

\_\_\_\_\_

Applicant's Phone Number: \_\_\_\_\_

Property Owners Name & Address: \_\_\_\_\_

Property Owners Phone Number: \_\_\_\_\_

Relationship of applicant to property owner: \_\_\_\_\_

How is property zoned? \_\_\_\_\_

Map & Lot: \_\_\_\_\_

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

Type of Business: \_\_\_\_\_

Does business have town sewer?      Yes      No

Does business have town water?      Yes      No

Will materials be stored outside of building?      Yes      No

If yes list materials. \_\_\_\_\_

Number and location of buildings on property. \_\_\_\_\_

\_\_\_\_\_

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

2.14 HOTELS AND MOTELS [3-95]

2.14.1 Owners of all hotels and motels shall provide at least one on-premises, off-street parking space per rental unit. Such parking shall conform to the requirements of Article VIII Section 6.8 and shall be approved by the Wiscasset Planning Board. [3-95, 9-03]

2.15 HOME OCCUPATIONS [3-95]

2.15.1 A "home occupation" is a business or profession, which is carried on, in a dwelling unit, or other structure accessory to a dwelling unit, by a person residing in the dwelling unit. Home occupations shall not be considered in determining the minimum lot size requirements for the use or uses made of any lot.

2.15.2 Any person may carry on one or more home occupations in any zoning district, provided:

- a. Such use or uses does not involve any modification of the dwelling unit, which will alter its outward appearance as a dwelling unit discernible from a public way;
- b. There is no outside storage of materials used in, or products resulting from, the home occupation discernible from a public way;
- c. The occupation does not generate noise, noxious odors, glare, vibrations, nor electrical interference beyond levels noted before the occupation existed and as discerned from abutting properties or from a public way;
- d. If the home occupation consists of renting rooms, whether as a bed and breakfast or otherwise, the owner must provide at least one off-street parking space on private property per rental unit. If more than seven rooms are rented, the business owner must comply with the requirements for Hotels and Motels.
- e. The occupation is registered with the Town Clerk in accordance with Article X Section 7.

2.16 CERTIFICATE OF OCCUPANCY

2.16.1 The Code Enforcement Officer must issue a certificate of occupancy before any non-residential structures, buildings, accessory outbuildings or lands which required Planning Board or Appeals Board approval are occupied for that use for which the approval was given. The Code

# Membership Application



Alna Dresden Edgecomb Westport Wiscasset Woolwich

Date: \_\_\_\_\_  
Business/Organization Name: \_\_\_\_\_  
Contact Person/Title: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ Town, St, Zip: \_\_\_\_\_  
Physical Address: \_\_\_\_\_ Town, St, Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_  
Website: \_\_\_\_\_  
Secondary Contact: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

Type of Business:

- |  |   |                                |
|--|---|--------------------------------|
| <input type="checkbox"/> Activities & Recreation | <input type="checkbox"/> Community Organization   | <input type="checkbox"/> Other |
| <input type="checkbox"/> Accommodations          | <input type="checkbox"/> Services                 |                                |
| <input type="checkbox"/> Art & Antiques          | <input type="checkbox"/> Retail                   |                                |
| <input type="checkbox"/> Food/Dining             | <input type="checkbox"/> Manufacturing/Industrial |                                |

Explanation of Business Services: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please check below if interested in working on the following Chamber Committees:

- Marketing    Programs    Finance    Membership    Advocacy

Membership Levels:

Patron \$1000   Standard \$150   Non-Profit \$100   Individual \$50

Annual Membership Dues: \_\_\_\_\_

*For Membership Committee Use:*

Membership Number: \_\_\_\_\_

Date Received: \_\_\_\_\_

Paid by:    Check   Check # \_\_\_\_\_    Cash

Wiscasset Area  
Chamber of Commerce  
PO Box 306  
Wiscasset, ME 04578-0306

*Get Involved,  
by becoming a Member and  
join Today!*