



APPLICATION FOR SPECIAL AMUSEMENT PERMIT

BUSINESS NAME _____

APPLICATION DATE _____ DATE OF EVENT(S) _____

APPLICANT(S) NAME: _____

APPLICANT(S) RESIDENCE ADDRESS: _____

_____ EMAIL _____ PHONE _____

BUSINESS ADDRESS: _____

BUSINESS DESCRIPTION: _____

LOCATION TO BE USED: _____

DESCRIBE ENTERTAINMENT: _____

- HAS THE APPLICANT EVER HAD A LICENSE TO CONDUCT THE BUSINESS THEREIN DESCRIBED EITHER DENIED OR REVOKED? YES NO IF SO, DESCRIBE THOSE CIRCUMSTANCES ON A SEPARATE DOCUMENT.
- IS THIS SPECIAL AMUSEMENT PERMIT A RENEWAL? Yes NO
- HAS THE APPLICANT, INCLUDING ALL PARTNERS, COORPORATE OFFICERS, MANAGERS OR PRINCIPAL EMPLOYEES EVER BEEN CONVICTED OF A FELONY? YES NO IF SO, DESCRIBE SPECIFICALLY THOSE CIRCUMSTANCES ON A SEPARATE DOCUMENT.

By signing below, the applicant agrees that the information on this permit is factual and true and agrees to abide by applicable local, state and federal laws, rules and standards including, but not limited to Article X, Section 1 (Special Amusement Permits) of the Wiscasset Ordinances and Title 28-A (Liquors) of the Maine State Statutes.

Signature(s): _____ Date: _____

OFFICE USE ONLY

Date Recd. ___/___/___ Date Approved ___/___/___ Expiration Date ___/___/___ Permit fee \$10 Ad Fee _____

The Municipal Officials listed below hereby approve this Special Amusement Permit for _____ on this _____ day of _____ 20____, and will expire one year from the date of issuance.

Sarah Whitfield, Chair

William Maloney

James Andretta

Terry Heller

Pamela Dunning

REV. 8/2016