



**CITY OF AUBURN
BUSINESS LICENSE APPLICATION**

NEW RENEWAL exp date _____

If new business, please provide proposed opening date. _____

Please check the boxes for all licenses you are applying for:

There is a late fee of \$50.00 for renewals that are 30-45 days late, \$100.00 for more than 46 days late, and \$200.00 for reoccurring

Business Name:

Office of the City Clerk
60 Court St, Auburn,
ME 04210
207.333.6600
www.auburnmaine.gov
Please Note: All real estate and personal property taxes related to the business must be current before a license can be issued.

Food Service Establishments:

*FSE Mobile Food distribution Unit (12 mths) ...\$100
Not to be located less than 200 ft from nearest food service establishment. Please include a letter from property owner authorizing use of location.

FSE Serving Malt, Vinous & Spirituous Liquor (FSE Class I) \$500
Plus actual cost of advertising hearing required for new license. Background check must also be included.

*FSE Serving Malt and/or Vinous (FSE Class III & IV)..... \$400
Plus actual cost of advertising hearing required for new license. Background check must also be included.

*Class A Lounge Serving Malt, Vinous & Spirituous Liquor (Class X) \$1300
Plus actual cost of advertising hearing required for new license. Background check must also be included.

*FSE(On/Off), no Alcohol.....\$200
Includes Prepackaged Foods

*Bottle Club/BYOB..... \$200
Plus actual cost of advertising hearing required for new license. Background check must also be included.

*Temp FSE (Per event max 30 days).....\$60
Event Name _____
Event Date _____

*All above licenses: include copy of floor plan, menu/draft menu, certified food handler certificate and a copy of all State licenses applicable.

FSE Off Premise/Retailer-Malt Liquor/Table Wine..... \$200

Other Business Licenses Applying for:

*Special Amusement\$125
Plus actual cost of advertising hearing required for new license. Please fill out supplemental questionnaire (pg. 4)

*Pawnshop/Pawn Broker\$100

*Secondhand Dealer..... \$100

*Massage Establishment/Therapist..... \$150
State license #: _____

Please also include 2 copies of a passport size photograph taken within 30 days of application date (annually), copy of current State license and copy of government issued identification.

*Tattoo Artist..... \$100
Please also include photo ID, Blood Pathogen Cert, and state license.

*Above licenses: Each applicant for a license shall provide a copy of a criminal background check (to include all present and former names) dated not more than 3 days prior to submission of application. You can do it yourself on-line here: <http://www5.informe.org/online/pcr/>

Roller Skating Rinks with Part/Full Kitchen.....\$90

Lodging House, Boarding House, Rooming Houses, Hotels, Motels, etc..... \$100

Motion Picture Theaters # of screens _____ No Fee

Coin-Op Devices # of devices _____ No Fee

Pool Hall # of tables _____ No Fee

Juke Box # of boxes _____ No Fee

LICENSING FEE(S) TOTAL DUE: \$ _____

NAME OF BUSINESS: _____ BUSINESS ADDRESS: _____

BUSINESS MAILING ADDRESS: _____

OWNER'S NAME (LOCAL/ONSITE): _____ DOB: _____ PHONE: _____

OWNER'S ADDRESS: _____ MAILING ADDRESS: _____

PREFERRED EMAIL: _____

MANAGER'S NAME: _____ PHONE #: _____ DOB: _____

PREFERRED CONTACT NAME: _____ PHONE #: _____

EMAIL ADDRESS: _____

DESCRIPTION OF BUSINESS: _____

TYPE OF PREVIOUS BUSINESS AT ADDRESS (IF KNOWN): _____

FORM OF BUSINESS ORGANIZATION: Corporation Partnership Sole Proprietorship LLC Other

(If a corporation, must include a copy of corporate papers for new licenses)

If a Corporation, Partnership or LLC, complete the following information of each owner (additional names may be listed on an attached sheet):

Name	<i>Print Clearly</i> Address Previous 5 years	Birth Date	% of Stock	Title

OWNER OF BUILDING/UNIT: _____ PHONE # _____

OWNER'S ADDRESS: _____

HOURS OF OPERATION: Mon: _____ Tues: _____ Wed: _____ Thurs: _____
Fri: _____ Sat: _____ Sun: _____

Has applicant(s) and/or manager ever been convicted of any violation of the law, other than minor traffic violations, of any State of the United States, within the past 5 years? Yes No (If yes, complete the following)

Name: _____ Date of conviction: _____

Offense: _____ Location: _____

Disposition: _____

Include additional pages if needed.

THE OMISSION OF FACTS OR ANY MISREPRESENTATION OF ANY OF THE INFORMATION ON THIS APPLICATION SHALL BE SUFFICIENT GROUNDS FOR THE REFUSAL OF SUCH LICENSE.

Chapter 14-Business Licenses & Permits-Article II Sec.14-34 Certification from City Officials *Before a license is issued the City Clerk shall submit the application for certification to the Code Enforcement Officer, Fire Chief, Chief of Police and City Treasurer.*

There is a 14 day review period after receipt of a **completed** application. Incomplete applications will not be reviewed for approval and will be returned for completion. A business must not operate until approved by the required departments. Final approval and issuance of license will be from the City Clerk's Office.

CERTIFICATE OF APPLICANT AND WAIVER OF CONFIDENTIALITY

*****READ CAREFULLY BEFORE SIGNING*****

I, _____, Owner/Operator of the business, hereby authorize the release of any
(Print name)
 criminal history record information to the City Clerk's Office or Licensing Authority. I understand that this information shall become public record, and I hereby waive any rights of privacy with respect hereto. I further stipulate that I am aware that deliberate falsification of the information herein shall be sufficient cause for denial of a license to operate the business. This application is accurate and true to the best of my knowledge.

Applicant Signature: _____

Date: _____

FOR OFFICE USE ONLY

REPORT OF INSPECTING OFFICERS:

__Approved	__	Denied	FIRE INSPECTOR _____
__Approved	__	Denied	CODE ENFORCEMENT OFFICER __
__Approved	__	Denied	POLICE _____
__Approved	__	Denied	FINANCE _____

Comments:

Application date: _____	License issued on: _____
Fees paid: License fee(s) _____ Public hearing fee _____ Background fee _____ Late fee _____	
Total amount paid = \$ _____	

Special Amusement Questionnaire:

Exact entertainment to be provided at establishment:

(Specify hours of entertainment) Mon: _____ Tues: _____ Wed: _____ Thurs: _____
 Fri: _____ Sat: _____ Sun: _____

Describe in detail the room(s) to be used under the permit:

Include a diagram or floor plan of your business. On the diagram please list the following:

Main Entrance, Secondary Entrances, Fire Escapes, Fire Extinguishers, Location of Stationary Security Personnel, Food Serving or preparation areas, the direction of any speakers, Dancing Area, Locations where alcohol will be sold.

Have any of the applicants, including the corporation ever had a special amusement license denied or revoked?

Yes No If yes, Please explain (Including location and timeframe):

PLEASE PROVIDE THE FOLLOWING, IF APPLICABLE:

CURRENT LIQUOR LICENSE # _____ EXPIRATION DATE: _____

PLEASE BE ADVISED THAT THE APPLICANT MAY BE REQUIRED TO COMPLY WITH THE FOLLOWING CONDITIONS:

Applicant agrees to have two counters or clickers at each entrance. One will be used to document the patrons that have entered the establishment. The second will be used to document the patrons that have exited the establishment. This will give the staff and public safety personnel an accurate count of patrons in the establishment.

Applicant agrees to have the maximum seating and or occupancy capacity clearly listed in each room that is open to the public, and to have security and or staff stationed at all times at all entrances and exits used by the public.

Applicant agrees to, if so ordered by the Chief of Police, to hire sworn members of the Auburn Police Department for security. The rate will be at the current City of Auburn detail rate. These officers will supplement the existing staff or security.

The below chart will be used as a guide in determining the numbers of officers required.

Number of Attendees	Number of Police
1 - 200	2
201 - 400	4
401 - 600	6
601+	One supervisor and one additional officer for each 200 attendees or portion thereof in excess of 601

All requests for modification(s) of the approved Special Amusement license must be submitted in writing to the City of Auburn. Any changes made without approval from the City of Auburn may result in an immediate suspension of the license. Signature on application releases the Auburn Police Department, its agents and representatives from any and all liability of every nature and kind arising out of the furnishing, inspection or collection of such documents, records and other information or the investigation made by the Auburn Police Department.

I do hereby authorize Auburn Police Department and its agents to receive copies of records and/or any information concerning my background, character, bank accounts, businesses, places of employment, schools and any other source necessary for the purpose of obtaining a Special Amusement License.

I have read and understand section 14-600 to 14-609, Special Amusement Permits, of the City of Auburn's business license ordinance. _____ (Initial)