



**City of Auburn
Office of the City Clerk
60 Court Street
Auburn, ME 04210
207-333-6601**

Application for Waiver of License Fee for Non-Profit Organization
§14-31

Name of Organization: _____

Organization Address: _____

Mailing Address (if different from above): _____

Contact Phone Numbers: _____

Premises to be licensed: _____

Federal or State tax exemption number: _____ *(Attach certificate or proof of registered non-profit or charitable organization status)*

Name and address of present officers:

Name	Address	Title
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Authorized Signature Print Name and Title Date

Municipal Use Only

Type of License: _____ Amount Waived: _____