



Police:  
Fire:  
Code:  
Tax:

**CITY OF AUBURN, MAINE**  
**Flea Market/Craft Fair/Swap Meet/Bazaars**  
**License Application**

Application date \_\_\_\_\_ Date & Time of Event \_\_\_\_\_

Event and/or Location \_\_\_\_\_

**ALL QUESTIONS MUST BE ANSWERED IN FULL**

**BUSINESS**

**APPLICANT**

Business name \_\_\_\_\_

Full name \_\_\_\_\_

Business address \_\_\_\_\_

Maiden name A/K/A \_\_\_\_\_

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

Date of birth \_\_\_\_\_

Mailing address \_\_\_\_\_

Home address \_\_\_\_\_

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

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

Business phone \_\_\_\_\_

Home phone \_\_\_\_\_

Cell phone \_\_\_\_\_

Driver's Lic.# & State \_\_\_\_\_

Has applicant(s) 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 \_\_\_\_\_



Does applicant(s) own the premises? Yes \_\_\_\_\_ No \_\_\_\_\_ (If "No", give name and address of owner)

Name \_\_\_\_\_ Address \_\_\_\_\_

**THE OMISSION OF FACTS OR ANY MISPRESENTATION 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. Please allow at least 3 weeks for this process.*

**CERTIFICATE OF APPLICANT AND WAIVER OF CONFIDENTIALITY**

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

I hereby authorize the release of any 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.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**STAFF USE ONLY  
DO NOT COMPLETE BELOW THIS LINE**

\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_