

TOWN OF MILLINOCKET

APPLICATION FOR A SPECIAL AMUSEMENT LICENSE

NAME OF APPLICANT _____ RESIDENCE _____

NAME OF BUSINESS _____ ADDRESS _____

NATURE OF BUSINESS _____ LOCATION TO BE USED _____

RESIDENCES OF APPLICANT IN LAST FIVE YEARS:

HAS APPLICANT HAD A LICENSE DENIED OR REVOKED? YES _____ NO _____
IF YES, CIRCUMSTANCES ARE SPECIFICALLY AS FOLLOWS:

HAVE YOU (INCLUDING PARTNERS OR CORPORATE OFFICERS) EVER BEEN CONVICTED OF A
FELONY? YES _____ NO _____
IF YES, WHO - CIRCUMSTANCES ARE AS FOLLOWS:

COPY OF CURRENT LIQUOR LICENSE (IF APPLICABLE).

OTHER INFORMATION MAY BE REQUESTED BY THE MUNICIPAL OFFICERS.