

TOWN OF MILLINOCKT

APPLICATION FOR A VICTUALERS LICENSE

1. NAME OF APPLICANT _____
2. PHONE NUMBER OF APPLICANT _____
3. RESIDENCE OF APPLICANT _____
4. NAME OF BUSINESS _____
5. PHONE NUMBER OF BUSINESS _____
6. BUSINESS ADDRESS _____
7. NATURE OF BUSINESS _____
8. LOCATION TO BE USED _____
9. RESIDENCE OF APPLICANT IN LAST FIVE YEARS

10. LIST OF PRINCIPAL OFFICERS, TITLES, AND ADDRESSES FOR THE PAST THREE YEARS

11. DESCRIPTION OF PREMISES TO BE LICENSED

(PLEASE INCLUDE CURRENT COPY OF YOUR STATE OF MAINE DEPARTMENT OF HUMAN SERVICES FOOD VENDOR'S LICENSE)