

APPLICATION FOR A VICTUALERS LICENSE

FEE: \$25.00

ITEM	NEEDED
Victualer/State.Lic	
Date Paid	
Payment Type	
Expire Date	May 31,
Clerks' Approval	

NAME OF APPLICANT:	
PHONE NUMBER OF APPLICANT	;
NAME OF BUSINESS:	
LOCATION TO BE USED:	
RESIDENCE OF APPLICANT IN TH	IE LAST FIVE YEARS:
LIST OF PRINCIPAL OFFICERS, TIT	TLES AND ADDRESS FOR THE PAST THREE YEARS:
DESCRIPTION OF PREMISES TO E	BE LICENSED

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