



# TOWN OF TOPSHAM

Town Clerk's Office | 100 Main Street, Topsham, Maine 04086 | Tel: (207) 725-1719 Fax (207) 725-1733  
[www.topshammaine.com](http://www.topshammaine.com)

## Business License Application

**Please complete:**

Type of Business:

- Partnership- Partner's Names: \_\_\_\_\_
- Corporation- Corporation Name \_\_\_\_\_  
Incorporation Date: \_\_\_\_\_ Incorporation State \_\_\_\_\_

Type of License \_\_\_\_\_

**New License:** Opening Date \_\_\_\_\_  **Renewal**

Business Name: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Business Address: \_\_\_\_\_ Business Phone Number \_\_\_\_\_

Name of Contact Person: \_\_\_\_\_ Contact's Phone Number \_\_\_\_\_

Mailing Address for Correspondence: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Any information provided in this application, which is found to be false will result in denial or revocation of this license-  
Per 1 M.R.S.A.17-A§ 453

### SELECT TYPE OF LICENSE YOU ARE APPLYING FOR ON BACK OF THIS PAGE

**Corporations Please Complete:**

Address of Incorporation: \_\_\_\_\_ Phone#: \_\_\_\_\_

Name of Corp. Officer, Owner, or Partners:      Title      Address      % of Stock ownership

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

**Office Use Only (Make copy of signed State application for office file)**

Type of License: \_\_\_\_\_ Permit Fee \$ \_\_\_\_\_ Paid  Advertising Fee \$ \_\_\_\_\_ Paid

For Peddler-Police Chief sign off required: \_\_\_\_\_

Required Approvals for Special Amusement and new Liquor license: BOS \_\_\_\_\_ Fire \_\_\_\_\_ Police \_\_\_\_\_

Public Hearing \_\_\_\_\_ Posted \_\_\_\_\_ Public Notice Dates \_\_\_\_\_ Copy of current State liquor license \_\_\_\_\_

Town Clerk Signature \_\_\_\_\_

Comments:

Complete back

**License Fees & Schedule: Please check the type of license you are applying for**

**Entertainment- live music \$50 + 3 day Public Hearing advertising fee**

**Special Amusement** (Title 28-A§1054) Expires annually with liquor license, provide copy of current state certificate with renewal application, requires annual Public Hearing, **(a Life Safety Inspection will be conducted by the Fire Department prior to approval)**

**\* Include supplemental pages 3 &4**

\*Describe in detail the type and nature of entertainment, the room or rooms to be used, hours of operation of entertainment

\*Provide a diagram of room to be used

**Victualer (Food Service Establishment to include Bed and Breakfast) Expires May 31<sup>st</sup>**

Describe food to be sold/served \_\_\_\_\_

- No alcohol      **\$50**      Copy of State Certificate required
- with alcohol      **\$100**      Copy of State Certificate required (requires Public Hearing on new application)

Innkeeper (Bed and Breakfast, lodging houses) With-out alcohol \$50.00 with alcohol \$100

**Peddler** (The selling of tangible commodities having no established or fixed place of business in Topsham)

**\$25 Resident \$50 Non-Resident \$25** - #\_\_\_ of months (up to 3 months \$25)

Description of nature of business and goods to be sold \_\_\_\_\_

Name and address of employer and evidence of employment

Vehicle Description: Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_ Color \_\_\_\_\_ License plate # \_\_\_\_\_

Photo of applicant taken with- in 60 days of application

Description of location if stationary and letter of agreement from owner of record

Names of two reliable property owners, references, or other evidence of good character

A statement of whether the applicant has been convicted of any crime, misdemeanor or violation of any municipal ordinance, nature of the offense, punishment or penalty assessed

**Taxicabs/Vehicles for Hire** 30A- §3009(1) (F) **\$50 per vehicle** Expires April 1<sup>st</sup> each year.

Number of Taxicabs for which license is desired \_\_\_\_\_

**Taxicab Driver \$25 annually**

**SUPPLEMENTAL APPLICATION IS REQUIRED**

**\*Supplemental page for Special Amusement Permit**

Describe in detail the type and nature of entertainment:

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Describe in detail the room or rooms to be used under this license:

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List the hours of entertainment

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**DIAGRAM**

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**Special Amusements Application**

Topsham Board of Selectmen

Signatures:

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Date: \_\_\_\_\_