

# LISBON – VICTUALER APPLICATION

License Type: \_\_\_\_\_ \$ 100 Restaurants & Others except Mobile Units \_\_\_\_\_ \$ 50 Mobile Units

Name of Business: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Business Location in town (street address): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Business Email Address: \_\_\_\_\_

Owner's Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Owner's Cell Phone: \_\_\_\_\_

Owner's Home Address: \_\_\_\_\_

Residence(s) for last five years (Street/Town/Zip): \_\_\_\_\_

List Applicant / Partners / Corporate Officers:

Name: \_\_\_\_\_ Birth date: \_\_\_\_\_

Applicant must have a valid State of Maine Food License. State ID License No: \_\_\_\_\_

\_\_\_\_\_ If Yes, attached a copy of your **STATE FOOD LICENSE** to this application.

\_\_\_\_\_ IF NONE, date submitted: \_\_\_\_\_

Has applicant's business license ever been revoked? \_\_\_\_\_ If so, why? \_\_\_\_\_

Has any applicant / partner / corporate officer ever been convicted of a felony? \_\_\_\_\_

If so, describe specific circumstances \_\_\_\_\_

Does the establishment have a valid liquor license? \_\_\_\_\_ If so, when does it expire? \_\_\_\_\_

I, \_\_\_\_\_ (owner's name), \_\_\_\_\_ (title) am authorized to sign on behalf of said business, and further declare that the forgoing information is accurate and true to the best of my knowledge and belief, and that the applicant does hereby acknowledge a public records check may be conducted. **All licenses expire annually May 31<sup>st</sup>.**

**Re-inspection fees are \$150 per visit after the first visit.**

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

Business Name: \_\_\_\_\_

## INSPECTION REQUIRED

Notice of Compliance (By Ordinance): I, **Nate LeClair, Health Officer** for the Town of Lisbon hereby certify I have inspected the above establishment and found the premises meet all requirements under the Lisbon Code entitled Victualer and any applicable state regulations.

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

Notice of Compliance (By Ordinance): I, **Mark Stambach, Code Enforcement Officer** for the Town of Lisbon hereby certify I have inspected the above establishment and found the premises to be in compliance with applicable life safety codes.

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

## COMPLETE TO HERE BEFORE FILING

---

## INFORMATION

The Councilors are the Municipal Licensing Board. The first Victualer application requires a public hearing, but renewals will not. Complete applications contain the CEO and Health Officer signatures. Councilors meet on the first and third Tuesdays of the month. Complete application and fees paid are required prior to the Council meeting. Meetings are held at the Town Hall at 7PM in the conference room.

Temporary permits can be granted by the Town Clerk, after meeting all the requirements of the ordinance, for no longer than 90 days.

### **SUGGESTED CONTACTS:**

353-3000 Ext 112... Town Clerk  
353-3007.....Town Office Fax  
353-3000 Ext 111... Code Enforcement Officer  
353-2500..... Police Department  
353-3000 Ext 121....Health Officer  
1-800-872-3838.....Business Answers

624-9693...State Sales Tax Division - [www.maine.gov/revenue](http://www.maine.gov/revenue)  
624-7736...Bureau of Corporations - [www.maine.gov/sos/cec](http://www.maine.gov/sos/cec)  
624-7220...Bureau of Alcohol Beverages  
287-3841...Agriculture Dept– Bakery Licenses  
624-6550...Marine Resources – [www.maine.gov/dmr](http://www.maine.gov/dmr)  
287-5671....State Health Inspection Dept - [www.maine.gov/dhhs](http://www.maine.gov/dhhs)  
1-800-829-4933...Federal I.D. Number – [www.irs.gov](http://www.irs.gov)

Revised September 13, 2021