



**TOWN OF BRIDGTON**  
 Town Clerk's Office  
 3 Chase Street  
 Bridgton, Maine 04009  
 (207) 647-8786

FOR OFFICE USE	
Date Received	_____
Amount Received \$	_____
Clerk's Initials	_____

**Victualer's License Application**

Town of Bridgton Victualers Licensing Ordinance

**TYPE OF LICENSE SOUGHT**

- New License
- Renewal License

**TYPE OF ESTABLISHMENT**

- Victualer – Mobile
- Victualer – Fast Food
- Victualer – Restaurant, under 50 seating capacity
- Victualer – Restaurant, 50 or over seating capacity

Application Fees	
<b>Victualer's License</b>	
· Fast Food	\$25.00
· Restaurant, under 50 seating	\$25.00
· Restaurant, 50 and over seating	\$40.00
<b>Total: \$</b>	

**ESTABLISHMENT INFORMATION:**

Name of Establishment: \_\_\_\_\_

Physical Address of Establishment (must be in Bridgton): \_\_\_\_\_

Proposed Days & Hours of Operation: \_\_\_\_\_

**APPLICANT AND CO-APPLICANT INFORMATION:** Provide the following information for each Applicant and Co-Applicant. Note: The Applicant is the owner of the Establishment. If the owner is a business or nonprofit, the Applicant is every officer, director, member, manager, and general partner (collectively, "Members"). If there are more than 3 Members, the Applicant is the Member duly authorized to file this application. A Co-Applicant is any person (other than the Applicant) who is primarily responsible for the actual operation of the Establishment.

Name			
Mailing Address			
Phone Number(s)			
Email Address			
If requesting liquor license, over age 21?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Applicant's ownership interest in Establishment			

- Provide copies of any articles of incorporation/association, bylaws, operating agreement, or partnership agreement that govern the entity that will own and/or operate the Establishment.

**REVIEW CRITERIA:** If you answer yes to any question, provide an explanation on a separate sheet of paper.

Has any Applicant or Co-Applicant ever failed any part of a state inspection or local health inspection relating to the Establishment?  Yes  No (If yes, explain.)

Has any Applicant or Co-Applicant ever failed to pay an outstanding fine, penalty, or tax owed to the Town of Bridgton?  Yes  No (If yes, explain.)

Has any Applicant or Co-Applicant ever been issued a notice of violation related to the Establishment by the Town of Bridgton or by the State of Maine?  Yes  No (If yes, explain and attach the notice of violation and proof that the violation has been resolved.)

**RIGHT, TITLE, OR INTEREST:** What right, title, or interest does the Applicant have in the premises for which licensure is sought (e.g., a deed, lease, purchase and sale agreement)? \_\_\_\_\_ (Attach a copy.)

**AFFIDAVIT OF APPLICANTS AND CO-APPLICANTS:** *Each Applicant and Co-Applicant must certify to the statements below. Provide additional copies of this page as needed.*

I certify that:

1. I have never failed any part of a state inspection or local health inspection relating to the Establishment for which a license is being sought;
2. I have never failed to pay an outstanding fine, penalty, or tax owed to the Town of Bridgton;
3. I have never had a license required for the Establishment suspended or revoked by the Town of Bridgton or the State of Maine;
4. I have never been issued a notice of violation related to the Establishment by the Town of Bridgton or the State of Maine; or, if I have been issued such a notice of violation, the violation has been fully resolved; and
5. All taxes, fines, and penalties assessed by the Town of Bridgton on the Establishment, including equipment and fixtures, are fully paid as of the date of this certification.

If you cannot certify to all of above statements, check this box:

I understand that if I provide misleading or false information in this license application, any license issued to me by the Town of Bridgton may be suspended or revoked.

**I do swear or affirm under penalty of perjury\* that all statements made and all information provided as part of this application are true and correct to the best of my knowledge.**

Date: \_\_\_\_\_, 20\_\_\_\_\_

Signature of Applicant or Co-Applicant \_\_\_\_\_

Print name: \_\_\_\_\_

*\* Under Maine law, intentional falsehoods made under oath or affirmation before a person qualified to take oaths or affirmations may be punishable as false swearing, a Class D crime.*

APPLICATION SUBMISSIONS REQUIREMENTS CHECKLIST	FOR OFFICE USE
<input type="checkbox"/> Complete license application form, including affidavits for each Applicant and Co-Applicant	
<input type="checkbox"/> The application fee (nonrefundable). See table on page 1.	
<input type="checkbox"/> Copy of all State of Maine DHHS Health Inspection Program licenses, including eating and liquor licenses. If an application for any state license is pending as of the filing of this application, submit a copy of the application submitted to the DHHS.	
<input type="checkbox"/> Applicant and Co-Applicant Information (see page 1).	
<input type="checkbox"/> Evidence of all local land use approvals (Planning and/or Code Enforcement).	
<input type="checkbox"/> A description and a floor plan of premises for which license is sought.	
<input type="checkbox"/> <b>Additional Information (upon request of Municipal Officers):</b> Background Check Release form (to be signed by each Applicant and Co-Applicant). <i>Note: The Municipal Officers may, in their discretion, check the Applicant's and Co-Applicant's local, state, and/or federal criminal record. If such a check is conducted, the Applicant must pay the cost to the Town of conducting such a check. This cost is in addition to the application fee.</i>	