

Fee: \$75.00



Town of Kennebunk Special Amusement Permit Application

(A copy of your current liquor license must be attached)

APPLICANT(S) INFORMATION

Applicant Name: _____ Phone: _____

Mailing Address: _____ Email: _____

As the applicant, have you ever had a license to conduct business herein described either denied or revoked?

(If YES, describe specific circumstances on the back of this application) YES NO

As the applicant (including any partner or corporate officer) have you ever been convicted of a felony?

(If YES, describe specific circumstances on the back of this application) YES NO

BUSINESS INFORMATION

Business Name (dba): _____

Business Physical Address: _____

Business Mailing Address: _____

Days/Hours of Operation: _____ Phone: _____

Nature of Business: _____

Description of Premises: _____

Describe in detail the kind of entertainment you will have: _____

Signature of Individual or Duly Authorized Officer (if Corporation)

Date

.....
Office Use Only

Date Application Received: _____ Fee Paid: _____ Date of Public Hearing: _____

Town Clerk: _____ See minutes from: _____

We, the undersigned officials of the Town of Kennebunk, members of the Licensing Board, do authorize the Town Clerk to issue the above-named applicant a Special Amusement Permit for the said business establishment.

A majority of the Licensing Board of Kennebunk