

Fee: \$75.00



# Town of Kennebunk Lodging License Application

## Applicant Information

\_\_\_\_\_  
Name(s) in Full – Corporation/Sole Proprietorship/Partnership

\_\_\_\_\_  
Physical Street Address (not a PO Box)

\_\_\_\_\_  
City / Town

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Mailing Address (if different)

\_\_\_\_\_  
City / Town

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Email Address

**Number of Rooms Allowed per Zoning Ordinance:** \_\_\_\_\_

## Business Information

\_\_\_\_\_  
Business Name, DBA

\_\_\_\_\_  
Business Physical Street Address (not a PO Box)

\_\_\_\_\_  
City / Town

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Business Mailing Address (if different)

\_\_\_\_\_  
City / Town

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Business Phone Number

By making an application for a Lodging License, I agree to conform to the provisions of the law relating to the business for which I am licensed, and to follow all rules and regulations as provided by the Licensing Board in reference thereto.

**Applicant Signature:** \_\_\_\_\_

**A Fee of \$75.00** must be enclosed with this completed application form. Make checks payable to "Town of Kennebunk" and mail to: Town Clerk, 1 Summer Street, Kennebunk, ME 04043. Your license, if approved, will be mailed to you.

.....  
*Office Use Only*

Renewals:

\_\_\_\_\_  
Town Manager or Designee Signature

\_\_\_\_\_  
Town Clerk or Designee Signature

Date Application Received: \_\_\_\_\_

Fee Paid: \_\_\_\_\_

Date of Public Hearing: \_\_\_\_\_

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 Victualer License for the said business establishment.

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

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

A majority of the Licensing Board of Kennebunk