

Town of Warren

Special Amusement Permit Application

Date: _____ Name of Applicant: _____

Applicants Phone #: _____ Business Name: _____

Applicants Address: _____

Property location: _____

Property Owner: _____ Phone #: _____

Owners Address: _____

Tax Map: _____ Lot #: _____ Commercial: _____ Residential: _____

Name of Business Manager: _____

Normal Hours when establishment is open for business: _____

Describe the type of Special Amusement this application is filed to allow, and the times at which it will regularly occur: _____

Describe the room(s) to be used under this permit (use back of form if more space is needed): _____

Attach a copy of the current State of Maine Liquor License, and Bureau of Public Safety occupancy permit, showing the capacity of the establishment.

Determined Maximum Occupancy: _____

Has a license by the above name applicant ever been denied or revoked to conduct the business described in this application? Yes _____ No _____ If yes, describe the circumstance specifically on a separate page and attach to the application.

Has the applicant including all partners or corporate officers ever been convicted of a felony? Yes ___ No ___

If yes, name individual and describe the circumstances on a separate page and attach to application.

Signature of Applicant: _____ Date: _____

*Note: The fee for a Special Amusement Permit is \$50.00 plus Public Notice costs

Date Received: _____ Date Advertised: _____ Hearing Date: _____

Action Taken: Approved _____ Denied: _____ Reason for Denial: _____

Melody Sainio, Code Enforcement Officer: _____ Date: _____

Selectmen signatures