

TOWN OF GRAY
OFFICE OF TOWN CLERK
APPLICATION FOR FSE CLASS A – RESTAURANT WITH LIQUOR

It is the responsibility of the Applicant to complete all questions and return this form to the Gray Town Office, 6 Shaker Rd., Gray, Maine 04039 to complete the application process.

Name of Applicant: _____ Phone: _____

Address: _____

Birthplace: _____ Birth Date: _____

NOTE: If the Applicant is a Partnership, Association or Corporation, list names, residences, birthplaces and birth date, as well as the title of each person on page 3 of this form.

Business Name: _____ Phone: _____

Business Address: _____

Name and Address of Contact Person: _____

Owner of Premises and Address: _____

Seating Capacity: _____ Public Assemblage: _____ Minors Employed #: _____

No. of Employees: _____ Is a Supervisor on duty at all times? _____

Types of Food Served: _____ Hours of Operation: _____

Has the Applicant, any partners of a partnership Applicant or any corporate officers, directors or shareholders of a corporate Applicant ever been convicted of any Class A, B or C crime? _____ If the answer to the question is yes, please provide the date of the conviction(s) and the details of each crime:

If you serve alcoholic beverages, do the hours of the business vary from the food service hours? _____ If yes, state difference: _____

Applicant by signature below agrees to abide by all laws, orders, ordinances, governing the above license, and further agrees that any misstatement of material fact may result in the refusal of said License of Revocation, if one has been granted.

Applicant agrees that all taxes and accounts pertaining to the premises will be paid in full prior to the issuance of the License.

Business Name: _____

Signed By: _____

Fee: _____

Paid: _____

Name: _____

Title: _____

Address: _____

Birthplace: _____

Birth date: _____

Name: _____

Title: _____

Address: _____

Birthplace: _____

Birth date: _____

Name: _____

Title: _____

Address: _____

Birthplace: _____

Birth date: _____

Name: _____

Title: _____

Address: _____

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