Town of Falmouth
New Food Establishments and All Liquor Licenses
Victualer/Food Service Establishment and Liquor License Application Process

What is needed to Apply:

• Letter of intent, addressed to the Members of the Town Council;

• Town of Falmouth application for a New Food Service Establishment License;

• Town of Falmouth Special Amusement application for entertainment (if applicable); *No licensee for sale of liquor to be consumed on the premises may allow any live music, dancing or entertainment of any sort. "Entertainment is defined as "any amusement, performance, exhibition, or diversions for patrons or customers of the licensed premises, whether provided by professional entertainers or by full-time or part time employees of the license whose incidental duties include activities with an entertainment value.*

• State application for alcohol (including Corporate Supplement, if applicable); *this application must be signed by the Municipal Officers of Falmouth before sending it to Augusta for your State license.*

• Payment of all fees, including all taxes pertaining to the premises.

The application must be complete in order to be accepted and processed.
Applications must be submitted at least four (4) weeks prior to the Council meeting.

The Process:

- All new food establishments **require a Public Hearing.**
- All new Beer, Wine, and/or Liquor licenses **require a Public Hearing.**
- Once the complete application packet and fees are received, the notice for a public hearing will be placed.
- The public hearing and the new license application will be put on the Town Council agenda for review/approval by the Falmouth Town Council.
- You will be required to attend the Town Council meeting

The Council meets on the 2nd and the 4th Monday of each month, (except holidays) and the month of June.

If the Town Council approves your application for a new Food Service Establishment and new Liquor License, the Town Clerk's Office will issue a Victualer/Food Establishment License and will grant their approval on your State Liquor License application.

What the Applicant Should Do:
For State Liquor Licenses visit the Liquor License and Compliance Division, Department of Public Safety at:

• http://maine.gov/dps/liqr/applying.html or Call 207-624-7220 and tell them exactly what kind of alcohol and food will be served and if the food will be served during the same hours as the alcohol. They can then tell you what class license you should apply for. If you do not tell them the correct information, it may delay your opening, due to applying for the wrong class license. Should this happen, the State will make you get the correct license as they will be inspecting your establishment.
After receiving approval at the Town Council hearing and the Clerk has signed the State of Maine Liquor License application, send the application, along with your appropriate payment, to the Department of Public Safety in Augusta.

For Food Establishments:
• You will need to obtain a State of Maine Food Service License. That license can be obtained by contacting the Department of Health and Human Services (DHHS) at 207-287-5671.

Town of Falmouth

Application for a New Food Service Establishment With Alcoholic Beverages

Type of Liquor License Applying for:_____
Please check one: (Corporation/ LLC/ Non-profit org. ____) (Sole Proprietor ____) (Partnership ____)

Business Name (d/b/a): _____
Phone: _____
LocationAddress:_____
Mailing Address: _____
Contact Person: _____ Phone:_____
Contact Email: _____
Manager of Establishment: _____Phone: _____
Owner of Premises (landlord): _____
Address of Premises Owner: _____
_____

Is any principal officer under the age of 18? _____Yes _____No
Have applicant, partners, associates, or corporate officers ever been *arrested*, *indicted*, or *convicted* for any violation of law? _____ If yes, please explain:
_____

SOLE PROPRIETOR / PARTNERSHIP INFORMATION: (if corporation, leave blank)
Name of Owner(s): _____ DOB _____ Residence Address
_____
Name of Owner(s): _____ DOB _____ Residence Address
_____
Name of Owner(s): _____ DOB _____ Residence Address
_____

CORPORATE / LLC / NON-PROFIT ORGANIZATION APPLICANTS: (if sole proprietor, leave blank)
Corporation Name: _____
Corporation Mailing Address: _____
Contact Person: _____Phone:_____

PRINCIPAL OFFICERS: (if more space is needed, please attach a separate page)
Name _____ Title _____ DOB _____ Residence Address
_____
Name _____ Title _____ DOB _____ Residence Address
_____
Name _____ Title _____ DOB _____ Residence Address
_____
Name _____ Title _____ DOB _____ Residence Address
_____
Name _____ Title _____ DOB _____ Residence Address
_____
Name _____ Title _____ DOB _____ Residence Address
_____

Type of Food Served:
_____
Please check all that will be served: Beer _____ Wine _____ Liquor _____
Hours and Days of operation:
_____
Will full-course meals, only capable of consumption with the use of tableware, be served the entire time the establishment is open? Yes _____ No _____.
If no, please explain _____
Is the establishment less than 300 feet from a school, dormitory, church or parish house, or similar establishment? Yes _____ No _____ If yes, give the distance_____
Will you have outside dining? Yes _____ No _____. If yes, please indicate location on diagram.

Will you have entertainment on the premises? Yes _____ No _____
Will you permit dancing on the premises? Yes _____ No _____

(If yes, a separate Special Amusement application is required.)

Will you have any amusement devices (pinball, video games, juke box)? Yes _____ No _____
If yes, please list, # of pinball: # of amusements: # of pool tables:
What is your targeted opening date? : _____
Applicant, by signature below, agrees to abide by all laws, orders, ordinances, rules and regulations governing the above licensee and further agrees that any misstatement of material fact may result in refusal of license or revocation if one has been granted. Applicant agrees that all taxes and accounts pertaining to the premises will be paid prior to issuance of the license.
It is understood that this and any application(s) shall become public record and the applicant(s) hereby waive(s) any rights to privacy with respect thereto.
I/We, hereby authorize the release of any criminal history record information to the Town of Falmouth, Clerk's Office or licensing authority. I/We, hereby waive any rights to privacy with respect thereto.
Signature _____ Title_____
Date_____

Check the proper category for the license requested:

(a) Restaurant or victualer serving malt beverages on the premises and seating capacity is less than 50. **$25.00 _____**

(b) Same as (c) except where the total seating capacity is more than 50. **$50.00 _____**

(c) Class A Restaurant, as defined by the Revised Statutes of Maine, serving both malt liquor and spirituous and vinous liquor. **$50.00 _____**

(d) Any business establishment such as, but not limited to, retail grocery stores, food storage warehouses, bakeries, delicatessen stores and dairy product stores where food is stored and kept for **$25.00 _____**

sale and where the total area of the establishment is less than 10,000 square feet.

(e) Same as (f) except where the total area of the establishment is more than 10,000 square feet.	**$50.00 _____**
(f) Establishments operated by non-profit organizations.	**$25.00 _____**
(g) Cart or mobile establishment	**$25.00_____**

CHECKS PAYABLE TO THE "TOWN OF FALMOUTH

ADMINISTRATION:

Approval granted by the Town Council of Falmouth, Maine at their meeting held on _____

_____ at the Falmouth Town Hall.

Town of Falmouth

Application for a New Food Service Establishment Without Alcoholic Beverages

Please check one: (Corporation/ LLC/ Non-profit org. ____) (Sole Proprietor ____) (Partnership ____)

Business Name (d/b/a): _____
Phone: _____
LocationAddress:_____
Mailing Address: _____
Contact Person: _____ Phone:_____
Contact Email: _____
Manager of Establishment: _____Phone: _____
Owner of Premises (landlord): _____
Address of Premises Owner: _____
_____
Is any principal officer under the age of 18? _____Yes _____No
Have applicant, partners, associates, or corporate officers ever been *arrested*, *indicted*, or *convicted* for any violation of law? _____ If yes, please explain:
_____

SOLE PROPRIETOR / PARTNERSHIP INFORMATION: (if corporation, leave blank)
Name of Owner(s): _____ DOB _____ Residence Address
_____
Name of Owner(s): _____ DOB _____ Residence Address
_____
Name of Owner(s): _____ DOB _____ Residence Address
_____

CORPORATE / LLC / NON-PROFIT ORGANIZATION APPLICANTS: (if sole proprietor, leave blank)
Corporation Name: _____
Corporation Mailing Address: _____
Contact Person: _____Phone:_____

PRINCIPAL OFFICERS: (if more space is needed, please attach a separate page)
Name _____ Title _____ DOB _____ Residence Address
_____
Name _____ Title _____ DOB _____ Residence Address
_____
Name _____ Title _____ DOB _____ Residence Address
_____
Name _____ Title _____ DOB _____ Residence Address
_____
Name _____ Title _____ DOB _____ Residence Address
_____

Type of Food Served:
_____

Hours and Days of operation:
_____

Will you have outside dining? Yes _____ No _____. If yes, please indicate location on diagram.

What is your targeted opening date? : _____

Applicant, by signature below, agrees to abide by all laws, orders, ordinances, rules and regulations governing the above licensee and further agrees that any misstatement of material fact may result in refusal of license or revocation if one has been granted. Applicant agrees that all taxes and accounts pertaining to the premises will be paid prior to issuance of the license. It is understood that this and any application(s) shall become public record and the applicant(s) hereby waive(s) any rights to privacy with respect thereto.
I/We, hereby authorize the release of any criminal history record information to the Town of Falmouth, Clerk's Office or licensing authority. I/We, hereby waive any rights to privacy with respect thereto.
Signature _____ Title_____
Date_____

Check the proper category for the license requested:

(a) Restaurant or victualer seating capacity is less than 50.	**$25.00 _____**
(b) Restaurant or victualer seating capacity is more than 50.	**$50.00 _____**
(c) Any business establishment such as, but not limited to, retail grocery stores, food storage warehouses, bakeries, delicatessen stores and dairy product stores where food is stored and kept for sale and where the total area of the establishment is less than 10,000 square feet.	**$25.00 _____**
(d) Same as (f) except where the total area of the establishment is more than 10,000 square feet.	**$50.00 _____**
(e) Establishments operated by non-profit organizations.	**$25.00 _____**
(f) Cart or Mobile Establishment	**$25.00_____**

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ADMINISTRATION:

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_____ at the Falmouth Town Hall.