



CATERING FOOD VENDOR LICENSE APPLICATION

Town of Falmouth - Code Enforcement Office

Phone – 207-699-5310

Permit # _____ Check # _____ Fee: \$25 Int _____
Map/Lot _____ Zone _____
Received _____ Issued _____

Property Owner Information

Catering Vendor Information

Name _____ Name _____
Address _____ Address _____
Phone _____ Email _____ Phone _____ Email _____
Applicant Signature Upon Submittal _____ Date: _____

Please provide the following information

Location of Event: _____
Date(s) of Operation: _____
Hours of Operation: _____

- State License (unless otherwise exempt)
- Fees paid (Catering license - \$25)

(Please read below. The permit is not considered issued until the signed and dated below by the applicant.)

No license shall be issued unless the applicant has submitted a copy of a current State of Maine Department of Health and Human Services license to the code enforcement officer. No license shall be valid if such state license has expired.

On this date _____, I _____ have read and understand the above statement and attached ordinance requirements as well as paid for my completed permit application.

License Conditions:

Signature of Code Enforcement Officer _____ Date _____