



Town of Damariscotta
21 School Street
Damariscotta, ME 04543
T: 207-563-5168
F: 207-563-6862

Application for Public Vending License

Date: _____

Owner's Name: _____

Business Name: _____

Phone Number: _____ **Maine State License #** _____

Business Mailing Address: _____

Business/Owner's Email Address: _____

Products to be Sold: _____

Sales Location: _____

Hours of Operation: _____

If selling food, list health or other precautions being taken to preserve the quality of the items being sold:

Vendor Signature: _____

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Fee Paid: _____ **License Expires:** _____

Application has been _____ **Approved** _____ **Denied**

Date: _____

Town Manager or Town Clerk