



## Town of Winthrop

17 Highland Avenue  
Winthrop, Maine 04364

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**Town of Winthrop  
Incorporated 1771**

Nikki Shaw, Town Clerk  
Email: [nshaw@winthropmaine.org](mailto:nshaw@winthropmaine.org)

Phone (207)377-7200  
Fax (207) 377-7201

### APPLICATION FOR SPECIAL AMUSEMENT PERMIT

Permit applied for is:                      NEW                      RENEWAL                      Fee: \$25.00

Business Name: \_\_\_\_\_

Location of Business: \_\_\_\_\_

Name of Owner(s): \_\_\_\_\_

Mailing Address of Owner: \_\_\_\_\_

Business Telephone: \_\_\_\_\_ Owners Telephone: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Detail the type of entertainment permit requested: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature of Owner

\*\*\*\*\*OFFICE USE ONLY\*\*\*\*\*

Public Hearing Date: \_\_\_\_\_ Council:                      Approved                      Disapproved

Fee Paid: \_\_\_\_\_ Permit Issued On: \_\_\_\_\_ By: \_\_\_\_\_



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**Phone (207)377-7200**  
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**Fee: \$10.00**

## D.B.A Certificate

Date: \_\_\_\_\_

Business Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Owners Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

I, \_\_\_\_\_ hereby certify that I am sole proprietor of the business  
named and located at the address state above.

Nature of Business: \_\_\_\_\_

Signature of Proprietor: \_\_\_\_\_

\*\*\*\*\* OFFICE USE ONLY \*\*\*\*\*

DATE ISSUED: \_\_\_\_\_

AUTHORIZED BY: \_\_\_\_\_



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(207) 377-7200

## VICTUALER'S LICENSE APPLICATION

**FEE: \$25.00**

Date: \_\_\_\_\_

Name of Business: \_\_\_\_\_

Business Address: \_\_\_\_\_

Name of Owner: \_\_\_\_\_

Address of Owner: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

.....

Date Approved: \_\_\_\_\_ Expiration Date: May 31, 20\_\_\_\_

Licensed Issued By: \_\_\_\_\_