



CITY OF PORTLAND
Permitting and Inspections Department
Application for Marijuana Food Service Establishment License

<input type="checkbox"/> Application Fee: \$45	<input type="checkbox"/> Marijuana FSE with Prep: \$459
<input type="checkbox"/> Health Inspection \$150	

Business Information	
Business Name (d/b/a):	Phone:
Location Address:	Zip:
If new, what was formerly at this location:	
Mailing Address:	Zip:
Contact Person:	Phone:
Contact Person Email:	
Manager of Establishment:	Phone:
Owner of Premises (Landlord):	
Address of Premises Owner:	Zip:

Sole Proprietor/Partnership Information (If Corporation, leave blank)

Name of Owner(s)	Date of Birth	Residence Address

Corporate/LLC/Non-Profit Organization Applicants (If Sole Proprietor or Partnership, leave blank)

Corporate Name	Corporate Mailing Address		
Contact Person:		Phone:	
Principal Officers	Title	Date of Birth	Residence Address



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Type of Food Made (include a menu):	
Hours & Days of Operation:	
Certified Food Protection Manager Certificate number & expiration date: _____	
If this has not yet been obtained, indicate that it is pending. Please have it ready for your health inspection.	
QUESTION- For Food Service Establishments ONLY:	Yes/No
Does the issuance of this license directly or indirectly benefit any City employee(s)?	Y/N
If Yes, list name(s) of employee(s) and department(s):	
Have any of the applicants, including the corporation (if applicable), ever held a business license with the City of Portland?	Y/N
If Yes, please list business name(s) and location(s):	
Is any principal officer under the age of 18?	Y/N

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 Permitting and Inspections Department. I/We, hereby waive any rights to privacy with respect thereto.

Signature _____ Title _____ Date _____

For more information about Food Service Establishments and Community Kitchens, see Portland City Code Chapter 11 at:
www.portlandmaine.gov

Date Received in Office: _____