TOWN OF MOUNT DESERT APPLICATION FOR SPECIAL AMUSEMENT PERMIT

DATE:	FEE: <u>\$100.00</u>
*APPLICANT:	MANAGER:
**RESIDENCE ADDRESS:	TELEPHONE:
NAME OF BUSINESS:	NATURE OF BUSINESS:
MAILING ADDRESS	
LOCATION OF BUSINESS PREMISE (street address):	
LIQUOR LICENSE EVER DENIED OR REVOKED? YES	
EVER CONVICTED OF FELONY or LIQUOR LAW VIOLATION?	
IF YES, CIRCUMSTANCES:	
Class A: Single instrumentalist without mechanical an	nplification
Class B: Single instrumentalist and vocalist without m	echanical amplification
Class C: One or more vocalists and/or instrumentalist	without mechanical amplification
Class D: Any one of the above with mechanical ampli	fication
Class E: Dancing with any of the above or accompani	ied by music produced by radio or other mechanical device
Signature	*/**See reverse side for requirements
Permit shall be valid only for the license year of the applie	
The Selectmen of the Town of Mount Desert hereby approv	e deny
the application for a Special Amusement Permit for:	
Selectmen, Town of Mount Desert:	Date:

Applicant requirements:

*If applicant is a Corporation, partnership, Limited Liability Company or other legal entity, the application **shall** include the names and addresses of the entity's principal officers, together with the names and state of residence of all principals.

For this purpose any person or entity owning or controlling a 10% or greater interest shall be deemed a principal of the applicant.

**If applicant is corporation, etc., principal office address

For Town Office use only:

Permit Fee of \$100.00 date paid	
Newspaper ad placed, edition date:	
Names and addresses of the entity's principal officers, together with the names and state of residence of all principals	
If applicant is corporation, etc., principal office address	
Copy of all alcohol licenses currently held by applicant or, if license is pending, a copy of the application,	
Term of current liquor license	
If initial application required:	
Date of inspection:	
Results of inspection:	