



**TOWN OF CAPE ELIZABETH MAINE**

Health Permit No. \_\_\_\_\_  
January 1 – December 31

Application for a permit to manufacture, sell, store, deliver and distribute food, or food stuffs, in the Town of Cape Elizabeth, in accordance Chapter 11 Health and Sanitation –Article I.

Applicant's name \_\_\_\_\_

Residence \_\_\_\_\_

Owner's or Lessee's Name \_\_\_\_\_

Residence \_\_\_\_\_

Business name \_\_\_\_\_

Business address \_\_\_\_\_

Kind of food establishment \_\_\_\_\_

Describe nature of undertaking \_\_\_\_\_

INDIVIDUAL \_\_\_\_\_ PARTNERSHIP \_\_\_\_\_ CORPORATION \_\_\_\_\_

Please list two character references:

Name \_\_\_\_\_ Name \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

NEW APPLICATION \_\_\_\_\_ CHANGE IN OWNERSHIP ? \_\_\_\_\_ RENEWAL \_\_\_\_\_

**PERMIT FEES**

Health Permit Fee \$50.00

Permit expires on the 31<sup>st</sup> day of December of the year issued. All fees are payable when the application is submitted to the Health Officer or his representative.

Statement: I, We, agree to abide by all laws, orders, ordinances, rules and regulations relating to the business for which a permit is required.

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

By \_\_\_\_\_ Title \_\_\_\_\_

By \_\_\_\_\_ Title \_\_\_\_\_

Approved by \_\_\_\_\_

Title \_\_\_\_\_