



# Office of the Town Clerk

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## BUSINESS LICENSE APPLICATION

Every person, firm, corporation, LLC, professional association or partnership doing business within the Town of Wiscasset must complete this Application.

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Name/Title of Business: \_\_\_\_\_

New Business  Existing Business  \_\_\_ years in operation Ownership/Location Change

Location of business: \_\_\_\_\_ Map/Lot \_\_\_\_\_

Preferred mailing address: \_\_\_\_\_

Business phone number: \_\_\_\_\_

Description of Business: \_\_\_\_\_

Owner's name: \_\_\_\_\_ Owner's phone: \_\_\_\_\_

Owner's home address: \_\_\_\_\_

\*Emergency contact person: \_\_\_\_\_

\*Emergency phone numbers: home: \_\_\_\_\_ cell: \_\_\_\_\_

\*This information will be shared with 911 so you can be contacted in case of after hour emergencies.

\*If you are an existing business and would like to be placed on the Town of Wiscasset Website please complete the section in the "New Business" box below.

### NEW BUSINESSES ONLY COMPLETE BELOW INFORMATION

Have you seen the Code Enforcement Officer and Town Planner for approval? \_\_\_\_\_

Will you need a sign permit? \_\_\_\_\_

Will this business be a home occupation? \_\_\_\_\_

This business will be a: Corporation or LLC \_\_\_\_\_ Partnership \_\_\_\_\_ Sole proprietor \_\_\_\_\_

Would you like a link to your business placed on the Town of Wiscasset Website? Yes  No

Provide e-mail and/or web address: \_\_\_\_\_

Please be aware that State licenses and permits may be required. This application must be updated every three years with the Town of Wiscasset.

I, \_\_\_\_\_, state that I am \_\_\_\_\_ of the above name firm or business, and make oath that the information stated above is true and I am aware that all applicable local, state and federal ordinances, laws, rules, and regulations must be complied with before this License can be issued.

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

### (TOWN CLERK SECTION BELOW)

DATE RECEIVED: \_\_\_\_\_ DATE APPROVED: \_\_\_\_\_ ASSESSING: \_\_\_\_\_ WEB/LIST: \_\_\_\_\_