

TOWN OF BETHEL, MAINE
OFFICE OF THE TOWN CLERK
PO BOX 1660
BETHEL, MAINE 04217

APPLICATION

INNKEEPER FEE:

LODGING HOUSE FEE:

VICTUALER FEE:

TOTAL DUE:

DATE:

NAME OF BUSINESS:

PHYSICAL LOCATION: _____

MAILING ADDRESS: _____

PHONE NUMBER: _____

RECORDED OWNER: _____

CONTACT PERSONS NAME: _____

NUMBER OF ROOMS: _____ SEATING CAPACITY: _____

**IS YOUR BUSINESS CONNECTED
TO THE PUBLIC SEWER SYSTEM:** _____

DATE GREASE TRAP LAST CLEANED: _____
(ATTACH PROOF)

SIGNATURE OF APPLICANT: _____