APPLICATION FOR CITY LICENSE
CITY OF ROCKLAND, MAINE
270 Pleasant Street
Rockland, Maine 04841

Name of Applicant_____Phone_____

Address of Applicant_____

_____

Name of Business_____Phone_____

Address of Business_____

_____

Name of Property Owner (if different)_____

Type of License(s): _____Liquor _____Victualer _____Entertainment

_____Lodging House _____Commercial Hauler _____Landscape Contractor

_____Billiard Room _____Second Hand Merchant _____Other (Specify)_____

Type of Business_____

Expiration of Current License_____

Fee(s) Paid_____ Date_____

The applicant herein agrees to conform with the provisions of the Ordinances of the City of Rockland relating to business licenses and such reasonable rules and regulations as may hereafter be adopted. The applicant hereby gives all persons and governmental agencies having information relevant to the above items permission to release the same to the City Clerk, Chief of Police, or other person(s) authorized to receive the same, and releases any claim that may be alleged to have arisen as a result of such release or disclosure.

Applicant's Signature_____ Date_____

Approved By: License # _____

_____Code Officer_____Date
_____Approved _____Inspected; See Report

_____Fire Inspector_____Date
_____Approved _____Inspected; See Report

_____Police Chief_____Date

_____City Clerk_____Date

Rockland Police & Rockland Fire

EMERGENCY BUSINESS INFORMATION

Business Name: _____

Street Address: _____ Telephone: _____

ALARM SYSTEM INFORMATION

Do you have an Alarm System: Burglary Fire None (Circle all that apply)

Alarm Company: _____ Telephone: _____

Does the alarm system automatically reset? (Circle all that apply) YES NO

KNOX BOX LOCATION (If applicable) _____

BUILDING OWNER

Name of building OWNER : _____ Telephone:_____

Owners Physical Address: _____

EMERGENCY CONTACT INFORMATION

Contact 1: NAME:_____ Telephone:_____
Physical Address: _____

Contact 2: NAME:_____ Telephone:_____
Physical Address:_____

Contact 3: NAME:_____ Telephone:_____
Physical Address:_____

HAZARDS OR DANGERS

List all flammable, combustible or explosive items in your business and their location.

Item: _____ Location:_____

Item: _____ Location:_____

Item: _____ Location:_____

WE ARE COMMITTED TO HELPING YOU PROTECT YOUR ASSETS, FALSE ALARMS ARE A SERIOUS PROBLEM.
KEEP YOUR SYSTEM MAINTAINED, AND TRAIN YOUR EMPLOYEES IN THE PROPER USE OF THE SYSTEM.
ROCKLAND CITY ORDINANCES PERMIT THE ASSESSMENT OF FINES FOR REPEATED FALSE ALARMS.