

Portland, Maine



Yes. Life's good here.

Permitting and Inspections Department  
Michael A. Russell, MS, Director

**Business Licensing • 389 Congress St. Room 307 • Portland, ME 04101  
(207) 874-8557 • [www.portlandmaine.gov](http://www.portlandmaine.gov)**

**City of Portland and State of Maine Combined License Application For Temporary Food Service Events**  
**Applications must be received at least 7 days before the event.**

**All vendors must prepare food on site at the event or in a State or City-licensed kitchen.**

**City & State Fees:**

- ☐ If applicant is licensed in the **City of Portland** – No charge.
- ☐ If applicant is not licensed in the **City of Portland** - \$89/event. *(Note: Old Port Festival vendors do not need to pay this fee; it is included with your registration.)*
- ☐ If applicant is **selling** prepared food and does not have a **State of Maine** mobile license –Add \$60/event.
- ☐ If applicant is a 501(c)(3) non-profit & 100% of the proceeds are going to support the non-profit – No charge.  
Please provide a copy of documentation showing 501(c)(3) status.

**Additional Permits/Info:**

- Health Inspections: For questions about food preparation requirements, call 756-8365.
- Recreation & Facilities Management: Contact for use of public space or street closings at 874-8826.
- Building Inspections: Contact for use of tents or stages at 874-8703.

<b>Applicant Information:</b>	
Business/Group Name(s):	
Business Address:	
Mailing Address:	
Contact Person's Name:	Contact Phone #:
Business E-mail:	Contact E-mail:
Phone Number day of event:	Contact Fax #:

**Licensing Information:**

This business (check one):

- ☐ is new and has never been licensed.
- ☐ is presently licensed by the Department of Agriculture ☐ was previously licensed. Provide license ID# \_\_\_\_\_.
- ☐ is presently licensed by the Department of Health and Human Services ☐ was previously licensed. Provide license ID# \_\_\_\_\_.
- ☐ Yes ☐ No My business is in good standing with the Secretary of State and all State Licensing Boards.

<b>Event Information:</b>					
Name of Festival/Event:	Old Port Festival				
Location of Event:	Old Port – Portland, Maine				
Date of Event:	Sunday, June 10, 2018				
Time of Event (start to finish):	11:00am – 5:00pm	Time of Set-up:	Must be completely set-up at 7am. Food inspections begin at 8am.	Estimated Attendees:	40,000

<b>Food Information:</b>		
Food will be prepared (circle one of the following).	Off-site	At the event    Both
Type of food to be served (be as detailed as possible):		
Name and location of the licensed kitchen where food is being prepared:		
Date(s) and time(s) of food preparation at licensed kitchen:		

Attach the following if applicant is **not** licensed in the City of Portland:

- A copy of the State license for kitchen/restaurant being used and
- A copy of the City license for the kitchen/restaurant being used.
- If applicant does not have either of the above, a letter from the owner of the licensed kitchen authorizing use of that kitchen by the applicant.

Does the issuance of this license benefit any City employee? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

**Read Carefully & Sign:**

Applicant, by signature below, understands that this application does not constitute a permit to serve food. The applicant further agrees to abide by all laws, orders, ordinances, rules and regulations governing the above license and further agrees that any misstatement of material fact may result in refusal of license or revocation if one has been granted.

It is understood that this and any application(s) shall become public record and the applicant(s) hereby waive(s) any rights to privacy with respect thereto.

Signature \_\_\_\_\_

Date \_\_\_\_\_

*For more information about the City Code regarding the Temporary Food Service Establishment License, please see Chapter 11 of the Code of Ordinances at [www.portlandmaine.gov](http://www.portlandmaine.gov).*

**Email Sent:**

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\_\_\_\_\_

**Dept.**

Fire  
Health  
PD  
Public Services  
Treasury  
Zoning

**Approval Received:**

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**Fee:**

Cash: \_\_\_\_\_  
Check #: \_\_\_\_\_  
Charge: \_\_\_\_\_