



**CITY OF SACO**  
**City Clerk's Office 300 Main St. Saco Me. 04072**  
**2009 - Application for Business Registration**

**Individuals or entities who secure a license with the State pursuant to Title 32 of Maine's Revised Statutes ( e.g. doctors, lawyers, accountants, optometrists, etc) or Maine Corporations which are registered with the Secretary of State, need to file an application, and send along proof of due licensing by the State of Maine. NO FEE is required.**

**If you have a Vendor or Victualer License with us, you need to file an application. NO fee.**

**All other individuals or entities must file an application with a \$15.00 fee.**

NAME OF BUSINESS:			
NAME OF CORPORATION:			
TYPE OF BUSINESS AND DESCRIPTION OF BUSINESS BEING CONDUCTED:			
HOURS OF OPERATION:			
STREET ADDRESS OF BUSINESS:			
MAP# & LOT # :			
MAILING ADDRESS OF BUSINESS:			
PHONE:	FAX:	E-MAIL:	
NAME OF OWNER:		HOME PHONE:	
OWNER'S ADDRESS :			
NAME OF MANAGER, IF DIFFERENT:			
CIRCLE ONE:	Partnership	Sole Proprietor	Corporation
IF PARTNERSHIP, LIST PARTNERS & THEIR ADDRESS:			
IF CORPORATION, LIST OFFICERS & IDENTIFY CLERK:			
FEDERAL IDENTIFICATION NUMBER:			
<b>FOR OFFIEC USE ONLY</b>			
<b>DATE PAID:</b>		<b>FEE PAID:</b>	
<b>ASSESSING:</b>	PASS    FAIL	<b>SIGNATURE:</b>	<b>DATE:</b>
<b>BUILD. INSPCT:</b>	PASS    FAIL	<b>SIGNATURE:</b>	<b>DATE:</b>
<b>TAX COLLECTOR:</b>	<b>SIGNATURE:</b> _____		<b>DATE:</b> _____
	PERSONAL TAXES PAID	YES	NO
	REAL TAXES PAID	YES	NO
	WASTEWATER PAID	YES	NO
	OUTSTANDING LIENS	YES	NO
<b>CITY CLERK SIGNATURE:</b>			<b>DATE:</b>
<b>ISSUING CLERK'S SIGNATURE:</b>			<b>DATE ISSUED:</b>
<b>COMMENTS: (List Dept. Name)</b>			