



CITY OF PORTLAND
Permitting and Inspections Department

Food Service Establishment License – Steps to Approval

After you submit your application to the Business Licensing Office:

- We will send your information out to the below listed departments.
- You may then proceed with arranging for inspections when your establishment is ready.
- When the Business Licensing Office has received all approvals from the required departments, we will issue your license. We will call you when the license is ready and any remaining balance is due. You may contact us for a license status update, **but please note that we must receive approvals directly from all departments on the accompanying “Steps to Approval” sheet before issuing your license.**

In order for the Business Licensing department to issue your license for a Food Service Establishment, we must receive approvals directly from the following departments:

- Health Inspections
- Fire Inspections
- Zoning/Code Enforcement
- Public Services Engineering (grease traps)
- Treasury
- Police Department

You must also apply with the state for a Food License:

- Contact the Department of Health and Human Services at 287-5675 or the Department of Agriculture at 287-3841 to obtain the correct State of Maine food license for your business.

To schedule an inspections after you apply, please contact:

- Contact Public Services department at 874-8801 for more information about grease trap requirements.
- Contact the City of Portland Health Inspections department at 756-8365 to arrange for an inspection (if applicable).
- Contact the City of Portland Fire Inspections department at 874-8400 to arrange for an inspection.

Once we have received approvals directly from the departments listed above, we will issue your license and contact you. Any balance of the license fee will be due before you receive the license. If you have any questions about this process, please contact Licensing and Registration, at 874-8557 or bl@portlandmaine.gov.



CITY OF PORTLAND
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Application for Food Service Establishment or Commissary Kitchen License
License expires annually on January 31st

| | |
|---|--|
| <input type="checkbox"/> Application Fee: \$45 | <input type="checkbox"/> FSE with Preparation or Commissary Kitchen License: \$459 |
| <input type="checkbox"/> Health Inspection \$150.00 | <input type="checkbox"/> FSE without Preparation License: \$181 <input type="checkbox"/> Beer & Wine Take-Out: \$415 |

| Business Information | |
|---|--------|
| Establishment Name (d/b/a): | Phone: |
| Location Address: | Zip: |
| If new, what was formerly at this location: | |
| Mailing Address: | Zip: |
| Contact Person: | Phone: |
| Contact Person Email: | |
| Manager of Establishment: | Phone: |
| Owner of Premises (Landlord): | |
| Address of Premises Owner: | Zip: |

Sole Proprietor/Partnership Information (If Corporation, leave blank)

| Name of Owner(s) | Date of Birth | Residence Address |
|------------------|---------------|-------------------|
| | | |
| | | |

Corporate/LLC/Non-Profit Organization Applicants (If Sole Proprietor or Partnership, leave blank)

| Corporate Name | Corporate Mailing Address | | |
|--------------------|---------------------------|---------------|-------------------|
| | | | |
| Contact Person: | Phone: | | |
| Principal Officers | Title | Date of Birth | Residence Address |
| | | | |
| | | | |
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| | |
|--|---------------|
| Type of Food Served (include a menu): | |
| Hours & Days of Operation: | |
| Certified Food Protection Manager Certificate number & expiration date: _____ If this has not yet been obtained, indicate that it is pending. Please have it ready for your health inspection. | |
| QUESTION- For Food Service Establishments ONLY: | |
| | Yes/No |
| Will you have entertainment on the premises? (If yes, a Supplemental Application for Dancing & Entertainment is required.) | Y/N |
| Will you permit dancing on the premises? | Y/N |
| Will you permit dancing after 1:00 a.m.? | Y/N |
| Will you have outside dining? (If yes, an Outdoor Dining Application is required) | Y/N |
| If yes, will the outside dining be on PUBLIC or PRIVATE property (circle one). | Y/N |
| Will you have any amusement devices (pinball, video games, jukebox)? | Y/N |
| If yes, please list the number of amusements: _____ pool tables: _____ | |
| What is your targeted opening date? | |
| Does the issuance of this license directly or indirectly benefit any City employee(s)? | Y/N |
| If Yes, list name(s) of employee(s) and department(s): | |
| Have any of the applicants, including the corporation (if applicable), ever held a business license with the City of Portland? | Y/N |
| If Yes, please list business name(s) and location(s): | |
| Is any principal officer under the age of 18? | Y/N |
| For Community Kitchen Operators ONLY: | |
| It is your responsibility to maintain a schedule of users and assure sufficient time for cleaning and sanitizing between uses. | |

Applicant, by signature below, agrees to abide by all laws, orders, ordinances, rules and regulations governing the above licensee and further agrees that any misstatement of material fact may result in refusal of license or revocation if one has been granted. Applicant agrees that all taxes and accounts pertaining to the premises will be paid prior to issuance of the license.

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. I/We, hereby authorize the release of any criminal history record information to the City Clerk's Office or licensing authority. I/We, hereby waive any rights to privacy with respect thereto.

Signature _____ Title _____ Date _____
For more information about Food Service Establishments and Community Kitchens, see Portland City Code Chapter 11 at: www.portlandmaine.gov

| For Administrative Use Only | | | |
|------------------------------------|-------------------------|----------|--------------|
| Amount: _____ | Request Date / | Approval | Notes: _____ |
| Date Paid: _____ | FD: _____ / _____ | | |
| CC _____ CA _____ CK _____ | Health: _____ / _____ | | |
| | PD: _____ / _____ | | |
| Amount: _____ | PS: _____ / _____ | | |
| Date Paid: _____ | Treasury: _____ / _____ | | |
| CC _____ CA _____ CK _____ | Zoning: _____ / _____ | | |