

TOWN OF GRAY  
OFFICE OF TOWN CLERK  
APPLICATION FOR FSE CLASS A – RESTAURANT WITH LIQUOR

*It is the responsibility of the Applicant to complete all questions and return this form to the Gray Town Office, 24 Main St., Gray, Maine 04039 to complete the application process.*

Name of Applicant: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Birthplace: \_\_\_\_\_ Birth Date: \_\_\_\_\_

NOTE: If the Applicant is a Partnership, Association or Corporation, list names, residences, birthplaces and birth date, as well as the title of each person on page 3 of this form.

Business Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Business Address: \_\_\_\_\_

Name and Address of Contact Person: \_\_\_\_\_

Owner of Premises and Address: \_\_\_\_\_

Seating Capacity: \_\_\_\_\_ Public Assemblage: \_\_\_\_\_ Minors Employed #: \_\_\_\_\_

No. of Employees: \_\_\_\_\_ Is a Supervisor on duty at all times? \_\_\_\_\_

Types of Food Served: \_\_\_\_\_ Hours of Operation: \_\_\_\_\_

Has the Applicant, any partners of a partnership Applicant or any corporate officers, directors or shareholders of a corporate Applicant ever been convicted of any Class A, B or C crime? \_\_\_\_\_ If the answer to the question is yes, please provide the date of the conviction(s) and the details of each crime:

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If you serve alcoholic beverages, do the hours of the business vary from the food service hours? \_\_\_\_\_ If yes, state difference: \_\_\_\_\_

Applicant by signature below agrees to abide by all laws, orders, ordinances, governing the above license, and further agrees that any misstatement of material fact may result in the refusal of said License or Revocation, if one has been granted.

Applicant agrees that all taxes and accounts pertaining to the premises will be paid in full prior to the issuance of the License.

Business Name: \_\_\_\_\_

Signed By: \_\_\_\_\_

Fee: \_\_\_\_\_

Paid: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

Birthplace: \_\_\_\_\_

Birth date: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

Birthplace: \_\_\_\_\_

Birth date: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

Birthplace: \_\_\_\_\_

Birth date: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

Birthplace: \_\_\_\_\_

Birth date: \_\_\_\_\_