APPLICATION FOR SPECIAL AMUSEMENT PERMIT UNORGANIZED TERRITORY, PENOBSCOT COUNTY

Name of Applicant:				
Mailing Address of Applicant: _				
Name of Business:				
Physical Address of Business: _				
Describe entertainment which	is to be offered at bus	siness:		
Has applicant had a State liquo	or license denied or re	voked? Yes_	No	
If yes, describe circumstances	as fully as possible:			
Has applicant had any other ar			_ Yes No	
If yes, describe circumstances	as fully as possible:			
Has applicant, any partner or c	·		•	
Please attach a copy of current payable to Treasurer, Penobsc Territory Administration, 97 H	ot County). Mail all ite	ems to: Penobscot Cou		
	Date	Signature of App	licant	
ACTION BY PENOBSCOT COUN Date of Public Hearing:		roved Deni	ed	