



MOXIE FESTIVAL 2011  
FOOD VENDOR FORM  
FOR HEALTH OFFICER

SITE ASSIGNED
MAIN ST
or
MTM
LOT _____

Owner: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Owner's Home Address: \_\_\_\_\_  
\_\_\_\_\_

Residence(s) for last five years: \_\_\_\_\_

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

List Applicant / Partners / Corporate Officers:

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

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

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

Does the applicant have a valid State of Maine Food Vending License? \_\_\_\_\_ If so, when does it expire? \_\_\_\_\_ What Department issued it? \_\_\_\_\_

Does the applicant have a valid Victualer's License in any other town? \_\_\_\_\_ If so, what towns and when do they expire? \_\_\_\_\_

Has applicant's business license ever been revoked: \_\_\_\_\_ If so, why? \_\_\_\_\_  
\_\_\_\_\_

Has any applicant / partner / corporate officer ever been convicted of a felony? \_\_\_\_\_ If so, describe specific circumstances \_\_\_\_\_

I, \_\_\_\_\_ (owner's name), \_\_\_\_\_ (title) is authorized to sign on behalf of said business, and further declare that the forgoing information is accurate and true to the best of my knowledge and belief, and that the applicant does hereby acknowledge a public records check may be conducted. **Note: Inspections will occur on the morning of the event.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_