

APPLICATION FOR MICROPIGMENTATION LICENSE

In accordance with Maine statues, Title 32 M.R.S.A. Chapter 63-A, the undersigned hereby applies for a License to Micropigmentation.

Please print clearly or type

1. Name of Applicant: _____

2. Date and Place of Birth: _____
Date of Birth Place of Birth

3. Have you ever been convicted of a crime? _____

If yes, list offense(s), place(s) of conviction, and penalty for each conviction: _____

4. Company Name: _____

5. Company Address: _____

City/Town State Zip Code

6. Telephone: _____ Email: _____
Day Evening/Weekend

7. Location of Records: _____

8. Business Structure: _____ Proprietorship _____ Partnership _____ Corporation

Proprietors, Partners, or Directors:

Name Address Telephone Title

Name Address Telephone Title

Name Address Telephone Title

PLEASE MAKE SURE TO ATTACH YOUR STATE OF MAINE MICROPIGMENTATION CERTIFICATION

NOTE: By signing this application, I hereby affirm that I have truthfully answered all questions contained herein, in full recognition of the fact that a false statement will be grounds for revocation of the permit and will subject me to such other penalties as are provided by law.

Signature of Applicant: _____ Date: _____

Office use only: Received in Clerk's Office by: _____ Date: _____

Licensing Board: Police: _____ CEO: _____ Date: _____ Approved / Denied

Fee Paid: _____ Cash / CC / Check # _____ License Number: # _____ Expires: _____

CITY OF AUGUSTA

APPLICATION FOR MICROPIGMENTATION LICENSE

CITY OF AUGUSTA, MAINE

In accordance with Order #273 passed by the Augusta City Council November 18, 1963, all applicants upon applying for any Municipal business or professional permit or license requiring the approval of the Municipal Officers must indicate in writing whether he owes the City any past due taxes or other financial obligations. Such information shall be verified by the City Treasurer who shall state what arrangements for payment have been made thereto. Such information to be made available to the city Council at the time such application is considered.

Date: _____ Type of License Requested: _____

Name: _____

Address: _____

Check here if no outstanding taxes or accounts with the City _____

	Real Estate Taxes	Personal Tax
Present Year (Past Due)	_____	_____
Prior Years Total (List Years) _____	_____	_____

Accounts Receivables Date _____	_____	_____
Other	_____	_____
TOTAL:	_____	_____

Signature of Applicant

This is to certify that the above statement is correct. Arrangements have been made with the City Treasurer as follows:

Verified _____
City Treasurer/Tax Collector

Date _____