SECONDHAND DEALER

APPLICATION FOR CITY LICENSE
CITY OF WATERVILLE, MAINE

Owner: _____

D/B/A: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Email:** _____

Business Address: _____

Hours Of Operation: _____

Manner Of Operation: _____

How Long Have You Been In Business? _____

Have You Ever Been Convicted Of Any Crime? _____

If Yes, Explain:

_____

_____

_____

_____

Owner's Signature

_____

City Clerk