Town of Castine
P.O. Box 204
Castine, ME 04421

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Facsimile (207) 326-9465
www.castine.me.us
townoffice@castine.me.us

APPLICATION FOR MOBILE VENDING UNIT (MVU)

DATE:_____ APPLICANT NAME:_____

BUSINESS NAME:_____

PHONE:_____ EMAIL:_____

ADDRESS:_____

START DATE: _____ DAY(S): M T W TH F S S

PERMIT TYPE: # OF DAYS: ☐ (CHECK BOX IF APPLICABLE) SEASONAL: ☐ SPECIAL EVENT/FESTIVAL: ☐

MVU LENGTH:_____ FOOD TYPE: _____ MENU SAMPLE ATTACHED: ☐

(REQUIRED) COPY OF REG/INSURANCE/LIABILITY CERT ATTACHED: ☐ (REQUIRED) CURRENT COPY OF DHHS INSPECTION ATTACHED: ☐

HAVE YOU EVER HAD A LICENSE TO CONDUCT BUSINESS DENIED OR REVOKED? YES ☐ NO ☐
IF YES, EXPLAIN:

_____

_____

_____
Signature of Applicant

For Office Use

DATE RECEIVED: _____ DATE OF HEARING: _____

PERMIT FEE:

UP TO 4 CONSECUTIVE DAYS	= $50
UP TO 14 CONSECUTIVE DAYS	= $200
SEASONAL (5/1 – 10/15)	= $2,500
SPECIAL EVENT/FESTIVIAL	= $25

RESULTS OF HEARING: ☐ APPROVED ☐ DENIED

A MVU License is hereby granted for a term not to exceed one year.
This License is granted under and subject to the Rules & Regulation of the
Town of Castine Mobile Vending Unit License Policy/Ordinance.
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_____ _____ _____

CASTINE SELECTBOARD