

SBI _____ # _____
PPD _____
Zone _____
Fire _____
Taxes _____

City Clerk's Office
389 Congress Street
Portland, Maine 04101
(207) 874-8557

New/ Renewal fee \$35.00/ \$25.00
License fee \$140.00
SBI fee \$21.00 (per principle officer/owner)
Total Due _____

Junk Collector/Dealer, Second Hand Dealer, Pawn Dealer Application
(Annual License expires December 31)

Please check one: (Corporation/ LLC Non-profit org. _____) (Sole Proprietor _____) (Partnership _____)

Business Name: Pine Tree Auto Body Inc Phone: 7724585

Location Address: 849 Forest Ave Portland Zip 04103

Mailing Address: same Zip _____

Contact Person: David Coppersmith Phone: 7724585

Manager of Business same Home Phone # _____

Owner of Premises (landlord): Forest Ave Balcons LLC - David Coppersmith

Address of Premises Owner: _____ Zip _____

Does the issuance of this license benefit any City employee? Yes No

If yes, please list name(s) of employee(s) and City Department(s): _____

Have applicant, partners, associates, or corporate officers ever been arrested, indicted, convicted or court martialled for any violation of law? NO If yes, please explain: _____

Have any of the applicants, including the corporation if applicable, ever held a business license with the City of Portland?
 Yes _____ No. If yes, please list business name(s) and location(s):
Pine Tree Auto Body Inc

Is any principal officer under the age of 18? _____ Yes No

Please list items or general type of items for sale: Autos

SOLE PROPRIETOR/PARTNERSHIP INFORMATION: (if corporation, leave blank)

Name of Owner _____ Date of Birth _____

Resident address _____

Name of Owner _____ Date of Birth _____

Resident address _____

CORPORATE/LLC/NON-PROFIT ORGANIZATION APPLICANTS: (if sole proprietor, leave blank)

Corporation Name: Pine Tree Auto Body Inc

Corporation Mailing Address: same ZIP _____

Contact Person: same Phone Number: _____

PRINCIPAL OFFICERS:

Name David Coppersmith Title Pres. Date of Birth 12/4/62

Resident address 84 Mayer Rd Portland

Name _____ Title _____ Date of Birth _____

Resident address _____

Name _____ Title _____ Date of Birth _____

Resident address _____