

# ALCOHOL & DRUG-FREE HOUSING LICENSE DOCUMENTS CHECKLIST:

Items are submitted to City Clerk at the same time as the COMPLETED application

A license application shall include in addition to any other required information established under Chapter 149 Licensing: (1/1/2019: current license application fee is \$100 per year)

- The name of the applicant (operator), business name, and contact information, including name, mailing address, phone number and e-mail address.
- An affidavit from the operator, which shall be a statement of having met the requirements of the section concerning the operator.
  - (*Requirements for operator per 149-13.9 of city Code*):
  - An alcohol- and drug-free house must be operated or managed by a person, firm, or corporation with at least two years' experience working with people with substance abuse disorders.
- An affidavit from the owner of the property, which shall state that the owner understands his or her property is being used for such business activity.
- Copy of the house rules for the facility, demonstrating having met the minimum standards expressed in this article or documentation of certification by the Maine Association of Recovery Residences.
  - (*minimum house rules per 149-13.10 of city Code*)
  - Absolutely no alcohol or nonprofessionally administered drug use on or off the premises;
  - Eviction for failing to submit a urine sample when asked by house staff and for committing or threatening violence;
  - No visitors allowed without manager's consent and no guests allowed overnight;
  - No borrowing money from staff or other residents;
  - Signing out when leaving and returning to house;
  - Adherence to house curfew;
  - Providing residents access to staff 24 hours a day, seven days a week;
  - Prohibition against anyone with an outstanding criminal warrant to live there;
  - Providing furnished living space to all residents;
  - Prohibiting smoking anywhere in the house;
  - Emergency procedures.
- The number of residents.

## Definitions:

### ALCOHOL- AND DRUG-FREE HOUSE

A business operated on a residential premises tailored for people in recovery from substance abuse disorders that may or may not be occupied under the definition of a family as defined by the Zoning Code, as a community living facility for eight or fewer people residing at that premises and that is not a State-licensed housing facility. An alcohol- and drug-free house is also known as a "sober house" or "recovery house."

### OPERATOR

The lawful owner of an alcohol- and drug-free house or a person, firm, or corporation employed and designated by the owner to have primary responsibility for the daily operation of such house and for maintaining standards and conditions in such house that create an environment supportive of substance use disorder recovery. The operator may be a resident of the alcohol- and drug-free house.

Clerk's office use:

Fees Paid:

Amt. \$ \_\_\_\_\_

CA - CK - CC

Date \_\_\_\_\_

Application Received

# City of Sanford, Maine

Office of the City Clerk/Registrar of Voters

919 MAIN STREET, SANFORD, MAINE 04073-3589

Phone: (207) 324-9125

Fax: (207) 324-9127

CITY CLERK & REGISTRAR  
SUSAN H. COTE

E-Mail: [shcote@sanfordmaine.org](mailto:shcote@sanfordmaine.org)

## City Of Sanford Municipal License Application

### License Applications Available:

- Pick up: City Clerk's Office, First Floor, Sanford City Hall, 919 Main Street, Sanford, ME
- Download: City of Sanford website: [www.sanfordmaine.org](http://www.sanfordmaine.org), go to 'Departments', 'Tax Collector, Treasurer & City Clerk', 'Business Licenses'
- Completed applications must be submitted with **ALL** items in the Documents Checklist, including appropriate fees to the City Clerk during business hours: 8:00 AM – 4:30 PM

### License Application Requirements:

- As stated in City Code of Ordinances Chapters: **149** Licensing, **164** Massage Establishments & Therapists, **183** Odors, **209** Restaurants & Mobile Vending Units, **232** Taxicabs, and **280** Zoning, and any other Chapter listed in the City of Sanford Codes as applicable.
- City Code Link: <https://www.ecode360.com/SA2111>

### License Fees:

- License fees are **Per License type, Per Year** and Non-Transferable. Current fees listed are subject to change by Order of the Municipal Officers or State Statute and are not pro-rated.
- Payment for publication of required Public Hearing Notice(s) is to be paid by the license applicant. A base amount may be charged and collected at the time of application and if insufficient, balance of fee owed will be billed to you once an invoice is received by newspaper.
- Additional fees for site plan, escrow accounts, and building or sign permits as may be required by other Departments.

### Acceptable Forms of Payment:

- Cash, money order, or bank check (no additional fees)
- Personal or Business check. No additional fees, unless returned by financial institution for insufficient funds.
- Debit cards will be assessed a convenience fee of **1.5%** of total transaction.
- Credit cards will be assessed a convenience fee of **2.6%** of total transaction.
  - American Express, Discover, Master Card, & Visa are accepted.

**City Of Sanford Municipal License Application**

**Date:** \_\_\_\_\_

**Applicant Information**

CONTACT NAME:

CONTACT ADDRESS:

DAYTIME TELEPHONE: (    ) \_\_\_\_\_ ALTERNATE TELEPHONE: (    ) \_\_\_\_\_

EMAIL ADDRESS:

**Business Information**

PREFERED METHOD OF NOTIFICATION (check or rank order): Phone \_\_\_\_\_ Email \_\_\_\_\_ Postal Mail \_\_\_\_\_

BUSINESS NAME:

BUSINESS TELEPHONE: (            )

BUSINESS DAYS & HOURS OF OPERATION:

BUSINESS LOCATION, INCLUDING UNIT LOCATION WITHIN THE PREMISES:

MAILING ADDRESS (if different):

WEBSITE:

**Owner Information** (if applicant is NOT owner)

CONTACT NAME:

CONTACT ADDRESS:

DAYTIME TELEPHONE:

EMAIL ADDRESS:

**City Of Sanford Municipal License Application**

**Business Location Property Owner Information**

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OWNER IF DIFFERENT FROM CONTACT LISTED ON PREVIOUS PAGE:  
(i.e.: Mid-Town Mall, Center for Shopping or other commercial property)

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CONTACT NAME:

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CONTACT ADDRESS:

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DAYTIME TELEPHONE:

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EMAIL ADDRESS:

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**\* \* \* \* \* QUESTIONS? \* \* \* \* \***

**CITY CLERK: 207-324-9125**

**CODE ENFORCEMENT: 207-324-9145**

**FIRE MARSHAL: 207-324-5293**

**PLANNING DEPARTMENT: 207-324-9150**

**POLICE DEPARTMENT: 207-324-9170 X 291 OR X 200**

**\* \* \* \* \* NOTE \* \* \* \* \***

Additional permits, fees or other requirements (not listed on this application) may be requested from the Code Enforcement Office, Planning Department, Office of the Fire Marshal, or Police Department, or any other City Official involved in the business license application process.

**\* \* \* \* \* NOTE \* \* \* \* \***

**APPLICANT MUST COMPLY WITH ALL APPLICABLE LOCAL, STATE AND FEDERAL ORDINANCES, RULES AND LAWS FOR THE LICENSE BEING REQUESTED.**

**\* \* \* \* \* NOTE \* \* \* \* \***

ALCOHOL & DRUG FREE HOUSING LICENSE APPLICATION AFFIDAVIT

I solemnly swear that I am the Property Owner of the Alcohol and Drug Free House located at the address shown below, and understand that property is being used for such business activity as outlined in Sanford City Code Chapter 149, Article XIII Alcohol- and Drug-Free Housing.

OWNER INFO:

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
(street #/name) (Town/City & State) (Zip)

\_\_\_\_\_  
(MAILING ADDRESS IF DIFFERENT)

DRIVERS LICENSE (STATE ISSUED-LIC #-EXP. DATE): \_\_\_\_\_

DAYTIME PHONE: (\_\_\_\_) \_\_\_\_\_ EVENING PHONE: (\_\_\_\_) \_\_\_\_\_

FACILITY INFO:

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
(street #/name) (Town/City & State) (Zip)

My signature below attests that all of the above statements are true fact.

\_\_\_\_\_  
Signature of Applicant

**THIS FORM MUST BE NOTARIZED**

State of \_\_\_\_\_ County of \_\_\_\_\_

Personally appeared before me \_\_\_\_\_

this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_ who made oath to the truth of the foregoing statements.

\_\_\_\_\_  
Signature of Notary

Commission Date: \_\_\_\_\_

ALCOHOL & DRUG FREE HOUSING LICENSE APPLICATION AFFIDAVIT

I solemnly swear that I am the Operator of the Alcohol and Drug Free House located at the address shown below, and have met the requirements of Sanford City Code Chapter 149, Section 13.9, Requirements for operator of an alcohol-and drug-free house.

OPERATOR INFO:

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
(street #/name) (Town/City & State) (Zip)

\_\_\_\_\_  
(MAILING ADDRESS IF DIFFERENT)

DRIVERS LICENSE (STATE ISSUED-LIC #-EXP. DATE): \_\_\_\_\_

DAYTIME PHONE: (\_\_\_\_) \_\_\_\_\_ EVENING PHONE: (\_\_\_\_) \_\_\_\_\_

FACILITY INFO:

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
(street #/name) (Town/City & State) (Zip)

My signature below attests that all of the above statements are true fact.

\_\_\_\_\_  
Signature of Applicant

**THIS FORM MUST BE NOTARIZED**

State of \_\_\_\_\_ County of \_\_\_\_\_

Personally appeared before me \_\_\_\_\_

this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_ who made oath to the truth of the foregoing statements.

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