

APPLICATION FOR LICENSE

ACCOUNTANCY FIRM OR BRANCH



Department of Professional and Financial Regulation
Office of Licensing and Registration

BOARD OF ACCOUNTANCY

35 State House Station
Augusta, ME 04333-0035

Office Telephone: (207)624-8627
Hearing Impaired: (207) 624-8563
e-mail: sandra.a.leach@state.me.us

Office located at: 122 Northern Avenue, Gardiner, Maine

APPLICATION INSTRUCTIONS

Accountancy Firm or Branch

COMPLETING THE APPLICATION FORM – Answer all questions and return the following to this office:

- License application and payment for \$25.00 for a Firm License and \$15.00 for a Branch License

Incomplete applications will be returned.

LICENSING INFORMATION:

All firms with offices in this State, and all other firms that provide accounting services for which a license is required pursuant to the law, to clients with principal offices in this State, must be licensed.

All firm/branch office licenses expire December 31 annually.

The Board requires that you indicate on the application the name and individual permit number of each partner, member, officer or shareholder who regularly works in this State, and the name and individual permit number of each employee holding a certificate who regularly works in this State.

Any individual who is responsible for the conduct of any engagement to deliver service for which a license is required pursuant to the law, to clients with offices in this State, shall be deemed to regularly work in this State.

Every firm holding a valid permit issued by the Board of Accountancy shall notify the Board in writing of the following changes. Such notification to be made within 30 days from the effective date of said change.

- Change or modification of firm name;
- Change of business address;
- Establishment of new or additional office(s);
- Change of organization form;
- Change of ownership; and
- In the case of firms without offices in this State, any change in the list of partners, members, officers, shareholders or employees who regularly work in this State.

ACCOUNTANCY FIRM OR BRANCH LICENSE APPLICATION



STATE OF MAINE
DEPARTMENT OF PROFESSIONAL & FINANCIAL REGULATION
OFFICE OF LICENSING AND REGISTRATION
BOARD OF ACCOUNTANCY
35 STATE HOUSE STATION
AUGUSTA, ME 04333
TEL: (207)624-8627 FAX: (207)624-8637
HEARING IMPAIRED: (207)624-8563

Office Use Only	
Ck # _____	_____
Amount: _____	_____
Cash #: _____	_____
<input type="checkbox"/> 4110-1423 (Firm)	
<input type="checkbox"/> 4110-1424 (Branch)	

PLEASE CHECK TYPE OF LICENSE APPLYING FOR:

ACCOUNTANCY FIRM ACCOUNTANCY BRANCH

LICENSE FEE: \$25.00 - FIRM
\$15.00 - BRANCH

Make Checks Payable to: Treasurer State of Maine

Social Security Number or Federal ID #: _____

The following statement is made pursuant to the Privacy Act of 1974, Section 7(B). Disclosure of your social security number is mandatory. Solicitation of your social security number is solely for tax administration purposes pursuant to 36 M.R.S.A. Section 175 as authorized by the tax reform act of 1976 (42 U.S.C. Section 405(C)(2)(C)(I)). Your social security number will be disclosed to the State Tax Assessor or an authorized agent for use in determining filing obligations and tax liability pursuant to Title 36 of the Maine Revised Statutes. No further use will be made of your social security number and it shall be treated as confidential tax information pursuant to 36 M.R.S.A. Section 191.

NOTE: INCOMPLETE APPLICATIONS WILL BE RETURNED.

Name of Firm/Branch Office: _____		
Check one of the following:		
<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Professional Association <input type="checkbox"/> Limited Liability Company		
Mailing Address: _____		
City: _____	State: _____	Zip Code: _____
County: _____	Work Telephone: (____) _____ - _____	

Name of Person in Charge of this Firm/Branch: _____
Permit Number of Person in Charge of this Firm/Branch: _____
The Person in Charge of this Firm/Branch is licensed in the following state(s): _____
Person in Charge of Firm/Branch is in Good Standing in States Licensed? <input type="checkbox"/> YES <input type="checkbox"/> NO

LIST ALL PARTNERS/SHAREHOLDERS OF FIRM/BRANCH

NAME OF ALL PARTNERS/SHAREHOLDERS	LICENSE JURISDICTION	PERCENTAGE OF OWNERSHIP	INDICATE IF ACTIVE PARTICIPANT OF FIRM

ATTACH SEPARATE SHEET IF ADDITIONAL SPACE IS NEEDED

LIST NAME OF EACH LICENSEE WHO REGULARLY WORKS IN THIS STATE TO INCLUDE PARTNER, OFFICER, SHAREHOLDER OR EMPLOYEE

NAME	LICENSE JURISDICTION	LICENSE NUMBER

ATTACH SEPARATE SHEET IF ADDITIONAL SPACE IS NEEDED

I HEREBY CERTIFY THAT THIS APPLICATION CONTAINS NO WILLFUL MISREPRESENTATION OR FALSIFICATION AND THAT THE INFORMATION GIVEN BY ME IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND THAT ANY PERSON WHO PROCURES A LICENSE BY FRAUD IS GUILTY OF A MISDEMEANOR AND MAY BE PUNISHED BY A FINE, IMPRISONMENT, OR BOTH.

_____ Date: _____
 (Signature of Person in Charge of Firm/Branch)



ANGUS S. KING, JR.
GOVERNOR

STATE OF MAINE
DEPARTMENT OF PROFESSIONAL
AND FINANCIAL REGULATION
OFFICE OF LICENSING AND REGISTRATION
BOARD OF ACCOUNTANCY
35 STATE HOUSE STATION
AUGUSTA, MAINE
04333-0035

ANNE L. HEAD
DIRECTOR



AUTHORIZATION OF CREDIT CARD PAYMENT

Fees owed to this Department may be paid by the use of a credit card. If you wish to pay your fee(s) with your credit card, please complete this form and send it with your application. Payment through credit cards will not be processed without this authorization form.

Name of applicant: (fees being paid for)		
Mailing Address of applicant: (fees being paid for)		
City:	State:	Zip Code:
County:	Telephone #: (____) _____ - _____	
Name of cardholder: (if other than applicant)		
Mailing Address: (if other than applicant)		
City:	State:	Zip Code:

I authorize the State of Maine, Department of Professional and Financial Regulation, Office of Licensing and Registration to charge my:

Visa MasterCard _____
Card number

Expiration date: _____ / _____ / _____ in the amount of: \$ _____

Signature: _____ Date: _____ / _____ / _____

PHONE: (207)624-8627
(Office Phone)



PRINTED ON RECYCLED PAPER

(207)624-8653 (HEARING IMPAIRED)

FAX: (207)624-8637