



Code Enforcement and Planning & Development
208 Sanford Road, Wells, Maine 04090
Phone: (207) 646-5187, Fax: (207) 646-7046
Website: www.wellstown.org

Wells Lodging Facility Advisory Committee Meeting
Wednesday January 11, 2023, 2:00 P.M.
Littlefield Meeting Room, Town Hall
208 Sanford Road

2:00 P.M. CALL MEETING TO ORDER & DETERMINATIONS OF QUORUM

- I. OPEN TO THE PUBLIC
- II. APPROVAL OF THE MINUTES

FINAL APPROVED APPLICATION

Chapter 150- Lodging Application

1. Report from Ron Avery regarding the outcome of the meeting with BOS on December 19, 2022
 - a. Additional changes made to the application and reviewed on January 3, 2023 by the BOS.
 - b. Mission Statement Amendment
 - i. Mission Statement amendment approved by BOS on January 3, 2023.
 1. Lodging Committee has been tasked to review renewal applications and make recommendations to the BOS
 - c. Outcome of late fee for 2023 Business License year
 - d. Lodging License New Application fee

- III. ADJOURNMENT



2022 -2023 Lodging Committee Mission Tasks

The Board of Selectmen are authorizing the creation and appointment of a minimum five (5) member committee up to an eleven (11) member advisory committee to develop specific recommendations for licensing and inspections of lodging facilities.

If possible, the Board of Selectmen will consider appointing individuals as outlined below based on different types of lodging ownership, expertise, experience, and geographic location.

- 1-2 lodging facility business owner representing facilities with 20 or more units
- 1-2 lodging facility business owner representing facilities with less than 20 units
- 1 member representing a lodging facility condominium association
- 1 real-estate broker
- 2 citizens representing Drakes Island, Ocean Ave, Atlantic Ave and/or Webhannet
- 2 citizens representing citizens west of the turnpike
- 1 campground owner
- 1 restaurant and/or business owner

The Code Enforcement Officer, Town Planner/Engineer, Fire Chief and Police Chief will also attend the meetings. It will be up to the Selectmen if this should be mandatory or as requested by the Committee. The Board of Selectmen shall appoint a liaison representing the Select Board.

The Board of Selectmen request a report in January 2023 with an update from the Lodging Chairperson in a workshop setting and further dates at the request of the BOS.

The Board of Selectmen task the Committee to discuss, review and make recommendations for the following:

- Chapter 145-52 Lodging Facilities in the Land Use Code to include the definitions
- Chapter 150-81 Lodging Facilities in the Licensing Ordinance. The administration and enforcement sections should be reviewed.
- Review renewal lodging license applications for the 2023-2024 licensing season and make recommendations to the BOS regarding the issuance of each renewal.
- Consideration of a more comprehensive licensing process to include application and approval process
- Consideration of creating inspection requirements for lodging units
- Fee structure recommendations based on analysis from surrounding communities
- Review staffing needs

Staff will prepare agendas that will be posted in Town Hall and on the website on the Friday prior to the meeting. Packets will be emailed to committee members and hard copy if requested.

The Committee will determine the time and day of the week they will meet by a vote. This Committee will have a Chair and Vice Chairperson.

Main Map _____ Lot _____

TOWN OF WELLS
208 Sanford Road, Wells, ME 04090

New Application
Renewal Application

LODGING APPLICATION

BUSINESS INFORMATION:

NUMBER OF LODGING UNITS ON SITE: _____ x \$10 per unit= \$ _____ Total Due

Business Name(s): _____ DBA _____

Business Address: _____ City: _____ State: _____ Zip: _____

Business Owner: _____

Business Mailing Address: _____ City: _____ State: _____ Zip: _____

Business Phone: _____ Business Email: _____

Emergency Phone: _____ Emergency Email: _____

PROPERTY MANAGEMENT COMPANY:

LODGING / BUSINESS INFORMATION:

Management Company Name: _____

Management Contact Person: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email: _____

Emergency Phone: _____

Condominium President's Name & Phone: _____

Does the facility have an office?
On-site Off-site None

List the hours:
Winter: _____ Spring: _____
Summer: _____ Fall: _____

Does this facility close for any period of time each year? Yes No

If yes, what is the timeframe of the closure?

Are guests required to sign in & out of a registry when arriving and departing? Yes No

Is the registry used in accordance with all State Ordinances? Yes No

Is the registry used in accordance with all Local Ordinances? Yes No

STATE LICENSE INFORMATION: Provide the following information about any relevant State licenses:

LICENCE TYPE:	I.D. #	EXPIRATION DATE
Lodging/ Health (State of ME)		
Pool Certification (State of ME)		
Other:		

ATTENTION: CONDOMINIUM OWNERSHIP REQUIREMENTS: Please attach to this application a list of unit owners with the following information for each:

Full name; contact information; e-mail address and phone number(s) listed by unit number. Also provide the Condominium President's information including full name and contact information.

Note: The most up to date Federal and State licenses need to be provided with this application

* <https://www.maine.gov/sos/cec/rules/10/144/144c206.doc> (see chapter 10: Records/ Sub-Chapter 10-A)
** <https://ecode360.com/7613240> Town of Wells, Licensing Ordinance §150-82

TOWN OF WELLS

208 Sanford Road, Wells, ME 04090

LODGING APPLICATION

The following questions are not necessarily code compliance questions. The information will be used to assess how familiar you are with the operation of the property.

1. Does the facility have a living unit for the manager on site? (Do not count in the total unit count)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2. Does any other employee(s) live at the site?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3. Does the facility have residential dwellings that are not lodging units on site?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4. Are any lodging units being used as a dwelling unit (residence) by an owner or guest?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5. Do you have a copy of the approved site plan? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, do you have a copy?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
6. Are you knowledgeable of the requirements of the site plan?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
7. Do you have any plans showing building locations on the property?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
8. Has the facility had any operational issues in the last 2 years?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
9. Have the issues been corrected to the Town's satisfaction?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
10. Does the facility have a fire alarm system?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
11. If yes, is the system monitored? Yes <input type="checkbox"/> No <input type="checkbox"/> Monitoring company _____		
12. Is the facility plowed during the winter months for emergency vehicles?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
13. Does the facility have a sprinkler system?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
14. If yes, when was the last inspection performed & by whom? _____		
15. Does your facility have an automatic sprinkler system in service during the winter months?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
16. Does each unit have working smoke detectors? Yes <input type="checkbox"/> No <input type="checkbox"/> carbon monoxide detectors? Yes <input type="checkbox"/> No <input type="checkbox"/>		
17. If yes, are the smoke detectors hardwired?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
18. How often are the detectors tested? _____ By whom? _____		
19. Does the property have an electronic gate? Yes <input type="checkbox"/> No <input type="checkbox"/> Does the property have a knox box? Yes <input type="checkbox"/> No <input type="checkbox"/>		
20. Have any changes occurred to the property, including use, and/or ownership change, since the last application? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, explain: _____		

Please read the following, sign, and date to complete your application (must be returned by February 15th).

I understand that a license is required before operating or conducting any business or activity governed by the Town's Lodging Licensing Ordinance and that ongoing compliance with the provisions of the Town's Lodging Licensing Ordinance and other applicable local and state codes is required throughout the entire license period.

I understand that this Business License Application must be filled out completely, all fees must be paid, and all necessary department inspections must be completed and passed before the license(s) will be considered by the Selectboard.

Authorized Signer: _____

Date: _____

Print Name: _____

Date: _____

NOTE: BUSINESS LICENSES ARE NON-TRANSFERRABLE. THE APPROVED LICENSE MUST BE POSTED AT THE PROPERTY IN A VISIBLE LOCATION. It is the license holder's responsibility to notify any guests of any scheduled inspection(s). The inspection process must be completed by all applicable Town departments within forty-five (45) days of submitting a new application in order to be considered for approval by the Selectboard.

FOR CODE AND CLERK'S OFFICE USE ONLY		DATE OF RECEIPT: _____
Fees		Amount
Application Fee		
License fee		
Late Fee		
Clerk's Office: Date received _____		
CEO: _____	Recommendation to Issue: Yes <input type="checkbox"/> No <input type="checkbox"/>	Date: _____