State of Maine
Bureau of Alcoholic Beverages and Lottery Operations
Division of Liquor Licensing and Enforcement

Application for License for Incorporated Civic Organization

$50.00 Fee / $10.00 Filing Fee - Check Payable: Treasurer State of Maine

1. (a) Full Name of Applicant: _____
(Corporate Name)

(b) Corporate Address: _____
Street Address City/Town State Zip Code

(c) Authorized Corporate Office: _____

(d) Address: _____
Street Address Town/City State Zip Code

(c) Telephone Number: _____ Fax: _____

INFORMATION PERTAINING TO SPECIAL EVENTS OR GATHERINGS

2. (a) Title and Purpose of Event: _____

_____

(b) Date of Event: _____ Time: From: _____AM/PM To: _____AM/PM

(c) ☐ Inside ☐ Outside Event (If **Outside**, attach diagram of area)

(d) Location of Event: _____

(e) Number of Persons Attending: _____

(f) Name and Address of Sponsor: _____

Address: _____ Town/City: _____ State: _____

(g) Name and Address of Caterer: _____

Address: _____ Town/City: _____ State: _____

(If other than licensee): _____

(If food is to be served): _____

(h) Type of building to be occupied: _____

(i) Area to be licensed: _____

Dated at: _____ on _____, 20_____
Town/City, State Month/Day

NOTE:
This application must be signed by a duly authorized officer of the corporation executing the application and approved by the Municipal Officer/Country Commissioners and filed with the Division.

_____
NAME OF CORPORATION

BY: _____ _____
CORPORATE OFFICER'S SIGNATURE – TITLE PRINTED NAME & TITLE

STATE OF MAINE

Dated at: _____, Maine _____ ss
City/Town (County)
On: _____
Date

The undersigned being: ☐ Municipal Offices ☐ County Commissioners of the

☐ City ☐ Town ☐ Plantation ☐ Unincorporated Place of: _____, Maine

Hereby certify that we have given public notice on this application and held public hearing thereon as required by Section 653 Title 28A, Maine Revised Statutes and herby approve said application.

Signature	**Print**

72 Hours in Advance of Said Event or Gathering
REQUESTED

Note: If said event or gathering is located in an unincorporated place, the application must be approved by the County Commissioners of the County wherein the event or gathering is to take place and the above approval form may be changed in accordance with the fact.

Name of Licensee: _____ License #: _____

Complete Mailing Address: _____

Daytime Telephone Number: _____ Fax: _____

Email Address: _____

Location of Event: _____

Complete Physical Address of Event: _____

Date of Event: _____ Time of Event: From: _____ To: _____

(Note: By law, liquor can only be served from 5:00am to 1:00am of the next day, Monday through Saturday, and 9:00am to 1:00am the next day on Sunday. Event times cannot deviate from this statutory requirement.)

Number of people attending: _____ Request _____ of 100 for this licensure year.

Dated: _____

_____
Signature of Licensee

_____
Printed Name of Licensee

Under Name of Licensee above, you must provide the name as it appears on your license. In order to timely process this notice, you must file this application at least 72 hour prior to the event. The Bureau reserves the right to reject a notice not submitted by this time.

Submit Completed Forms To:

Bureau of Alcoholic Beverages and Lottery Operations
Division of Liquor Licensing and Enforcement
8 State House Station, Augusta, ME 04333-0008
Telephone Inquiries: (207) 624-7220
Email Inquiries: MaineLiquor@Maine.gov

For Office Use Only:

Date Filed: _____ Date Issued: _____ Issued By: _____

☐ Approved ☐ Not Approved