



STATE OF MAINE  
 DEPARTMENT OF ADMINISTRATIVE AND FINANCIAL SERVICES  
 BUREAU OF ALCOHOLIC BEVERAGES AND LOTTERY OPERATIONS  
 DIVISION OF LIQUOR LICENSING AND ENFORCEMENT

**Application for the Relocation  
 of an Agency Liquor Store**

Division Use Only	
License No:	<u>1061</u>
Class:	<u>VIII</u> By: <u>BB</u>
Deposit Date:	
Amt. Deposited:	
Payment Type:	<u>CASH</u>

**Part I: Licensee Information**

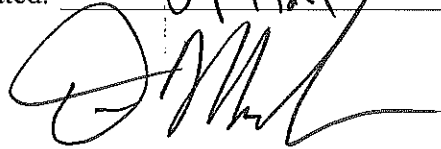
1. Name of Agency Liquor Store: Damon's Beverage and Redemption - Bangor
2. License Number: A 1061
3. Municipality in which agency liquor store is located: Bangor, ME
4. Current Physical Location: 21 Washington St  
Bangor, ME 04401
5. Relocating to within the municipality: 700 Hogan Rd  
Bangor, ME 04401
6. Proposed Relocation Effective Date: October 1, 2021
7. Name of Contact Person: David Makson  
 Telephone Number: (207) 806-9316  
 Email address: dmakson@damonsbeverage.com

**RECEIVED**  
**AUG 09 2021**  
 [Signature]

**Part II: Signature(s); Fees**

By signing this application, the licensee understands that false statements made on this application are punishable by law. Knowingly supplying false information on this application is a Class D Offense under Maine's Criminal Code, punishable by confinement of up to one year, or by monetary fine of up to \$2,000 or by both. Please sign and date in blue ink

Dated: 8/9/21



\_\_\_\_\_  
Signature of Licensee or Duly Authorized Person

\_\_\_\_\_  
Signature of Licensee or Duly Authorized Person

David Makson

\_\_\_\_\_  
Printed Name of Licensee or Duly Authorized Person

\_\_\_\_\_  
Printed Name of Licensee or Duly Authorized Person

**Please note: An incomplete application may affect the renewal of your Class VIII license.**

- Your completed application must be accompanied by the fee of \$200.00.
- Please make your check payable to the Treasurer, State of Maine
- Please return your completed application and application fee to:

Mailing address:

Bureau of Alcoholic Beverages and Lottery Operations  
Division of Liquor Licensing and Enforcement  
8 State House Station  
Augusta, ME 04333-0008

Courier/overnight address:

Bureau of Alcoholic Beverages and Lottery Operations  
Division of Liquor Licensing and Enforcement  
10 Water Street  
Hallowell, ME 04347

- For questions on this renewal application, please contact the Division at (207) 624-7220 or by email at [MaineLiquor@Maine.gov](mailto:MaineLiquor@Maine.gov).

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MaineLiquor@Maine.gov

**Part III: Certification by Municipality or County Commissioners**

- 1. Name of Municipality or County: CITY OF BANGOR
- 2. Name of Agency Liquor Store for Relocation: DAMON'S BEVERAGE
- 3. The application for relocation for the licensee named in this application has been:

Approved  Denied

Dated: 08.03.2021

  
 \_\_\_\_\_  
 Signature of Municipal or County Official

JEFF WALLACE DIRECTOR OF  
 \_\_\_\_\_  
 Title and Print Name CODE ENFORCEMENT

\_\_\_\_\_  
 Signature of Municipal or County Official

\_\_\_\_\_  
 Title and Printed Name


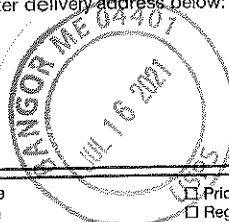
**Part IV: Required Documentation; Criteria**


Maine liquor law, Title 28-A, Section 453-D, subsection 1 provides the following requirements for an application for relocation to be approved by the Bureau:

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 AUG 09 2021  
 BUREAU OF ALCOHOL & THUNDER

- The licensee has held the license and operated as an agency liquor store for no less than one year at the currently licensed location, unless the relocation is directly related to retroactive zoning or unintentional destruction of the property that prevents rebuilding at the current location;
- The proposed location of the agency liquor store meets all applicable criteria for licensure for an agency liquor store; and
- The application includes proof of notification, in the form of a certified mail receipt, that all agency liquor stores in the same municipality as the licensee's proposed relocation site were notified of the proposed relocation.

**Input by agency liquor store in the municipality of the relocation.** The bureau has established a process by which an agency liquor store in the same municipality as the licensee's proposed relocation may declare support of or objections to a proposed relocation. The rules established by the Bureau for this process can be viewed on its website at <https://www.maine.gov/dafs/bablo/liquor-lottery-rules-statutes> – see Chapter. 4: Rules Governing the Process to Provide Input by Agency Liquor Stores in the same municipality of a Relocation Request under State Liquor Rules. To view information provided by you and other agency liquor stores in your municipality, see the Bureau's website at <https://www.maine.gov/dafs/bablo/liquor-lottery-rules-statutes/agency-liquor-store-relocation>.

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY																
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature  <input checked="" type="checkbox"/> X <i>CMR</i> <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)  <i>C/S C/9</i></p> <p>C. Date of Delivery</p>																
<p>1. Article Addressed to:</p> <p><i>Shaws  353 Main St  Banger ME 04401</i></p>  <p>9590 9402 6079 0125 0033 82</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes  If YES, enter delivery address below: <input type="checkbox"/> No</p> 																
<p>2. Article Number (Transfer from service label)</p> <p>0 1290 0002 1023 2896</p>	<p>3. Service Type</p> <table border="0"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Return Receipt for Merchandise</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</td> <td></td> </tr> </table>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Return Receipt for Merchandise	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Insured Mail		<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	
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<p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>																


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<p>1. Article Addressed to:</p> <p><i>Hannaford 8109  1133 Union St  Banger ME 04401</i></p>  <p>9590 9402 6079 0125 0033 51</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes  If YES, enter delivery address below: <input type="checkbox"/> No</p>																
<p>2. Article Number (Transfer from service label)</p> <p>20 1290 0002 1023 2865</p>	<p>3. Service Type</p> <table border="0"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Return Receipt for Merchandise</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</td> <td></td> </tr> </table>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Return Receipt for Merchandise	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Insured Mail		<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	
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1. Article Addressed to:  Freshies - Airport 1187 Union St Bangor ME 04401	B. Received by (Printed Name) J BRACK	C. Date of Delivery 7-15-14
2. Article Number (Transfer from service label) 120 1290 0002 1023 2827	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
PS Form 3811, July 2015 PSN 7530-02-000-9053	3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery	

Domestic Return Receipt

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1. Article Addressed to:  Circle K 4767020 545 Main St Bangor ME 04401	B. Received by (Printed Name) Dore E Fraser	C. Date of Delivery 7/15
2. Article Number (Transfer from service label) 120 1290 0002 1023 2841	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
PS Form 3811, July 2015 PSN 7530-02-000-9053	3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery	

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<p>1. Article Addressed to:</p> <p>Hannaford 8110  773 Stillwater Ave  Bangor ME 04401</p>  <p>9590 9402 6079 0125 0033 68</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes  If YES, enter delivery address below: <input type="checkbox"/> No</p>																
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<p>1. Article Addressed to:</p> <p>Hannaford 8107  653 Broadway  Bangor ME 04401</p>  <p>9590 9402 6079 0125 0033 44</p>	<p>D. Is delivery address different from item 1? <input checked="" type="checkbox"/> Yes  If YES, enter delivery address below: <input type="checkbox"/> No</p>																
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- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Sam's Club  
 47 Haskell Rd  
 Bangor, ME 04401



9590 9402 6079 0125 0033 75

2. Article Number (Transfer from service label)

7020 1290 0002 1023 2889

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X A. Estreda  Agent  Addressee

B. Received by (Printed Name)

D. Sargent

C. Date of Delivery

7-16-21

D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

3. Service Type

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Return Receipt for Merchandise
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

Track Another Package +

Track Packages Anytime, Anywhere

Get the free Informed Delivery® feature to receive automated notifications on your packages

Learn More

(https://reg.usps.com/xsell?

app=UspsTools&ref=homepageBanner&appURL=https%3A%2F%2Finformeddelivery.usps.com/box/pages/intro/start.action)

Tracking Number: 70201290000210232834

Remove X

Your item was delivered to an individual at the address at 11:11 am on July 16, 2021 in BANGOR, ME 04401.

Delivered, Left with Individual

July 16, 2021 at 11:11 am BANGOR, ME 04401

- Text & Email Updates
- Tracking History
- Product Information

See Less ^

Can't find what you're looking for?

Go to our FAQs section to find answers to your tracking questions.

FAQs

Feedback

7020 1290 0002 1023 2834

U.S. Postal Service™  
**CERTIFIED MAIL® RECEIPT**  
 Domestic Mail Only

For delivery information, visit our website at [www.usps.com](http://www.usps.com)®.

**OFFICIAL USE**

Certified Mail Fee	\$ 3.50
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	\$ 7.50
Total Postage and Fees	\$ 11.00

Sent To: Cigarette Shopper  
 Street and Apt. No., or PO Box No. 1231 Broadway  
 City, State, ZIP+4® Bangor ME 04401

PS Form 3800, July 2015 PSN 7530-02-000-9047 See Reverse for Instructions