



**State of Maine**  
**Bureau of Alcoholic Beverages and Lottery Operations**  
**Division of Liquor Licensing and Enforcement**  
 8 State House Station, Augusta, ME 04333-0008  
 Telephone: 207-624-7220 Fax: 207-287-3434  
 Email inquiries: [MaineLiquor@Maine.gov](mailto:MaineLiquor@Maine.gov)

BYOB #: _____ Deposit: \$ _____ CK MO: _____ CASH BY: _____
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**Application for B.Y.O.B. Permit**  
**\$10.00 (per day)**

**Check payable: Treasurer, State of Maine**  
*72 hours in advance of said event or gathering is REQUESTED*  
 Please complete this application in its entirety.

Name of Applicant \_\_\_\_\_

Complete Mailing Address \_\_\_\_\_  
 \_\_\_\_\_

Daytime Telephone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_

If Organization, name of responsible person: \_\_\_\_\_

Birth of Date of Applicant(s): \_\_\_\_\_

Location of Function: \_\_\_\_\_

Complete Physical Address of Function: \_\_\_\_\_  
 \_\_\_\_\_

Describe specific area to be licensed: \_\_\_\_\_

Number of Persons attending: \_\_\_\_\_ Seating Capacity: \_\_\_\_\_

**Date of Function:** \_\_\_\_\_ **Time of Function:** From: \_\_\_\_\_ To: \_\_\_\_\_

Indoor Event  Outside Event **(IF OUTSIDE AREA, DIAGRAM MUST BE INCLUDED)**

Describe specific indoor and/or outdoor area to be licensed: \_\_\_\_\_  
 \_\_\_\_\_

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

Dated: \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant or Responsible Person

\_\_\_\_\_  
Printed Name of Applicant or Responsible Person

For use by Municipal Officers and County Commissioners only:

**Note:** This application must be approved by the Municipal Officers, or a municipal official designated by the municipal officers, of the municipality in which the proposed additional licensed premises are located, which, notwithstanding section 653, may be granted without public notice. A public hearing is not required.

State of Maine

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

The undersigned being:                     Municipal Officers                     County Commissioners

for \_\_\_\_\_, Maine.  
(name of municipality)

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ at \_\_\_\_\_, Maine.

Signature of Officials	Printed Name and Title

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***Please provide a copy of the receipt of payment to the County Commissioners – if applicable.***

Once issued, this permit is not assignable and is valid only for use by the applicant named in this application and for the date, time, and location listed in this application. This permit is issued subject to Maine liquor laws, Title 28-A, and the Bureau's Administrative Rules. Penalties for failure to comply with the laws and rules are provided in Chapter 33 of Title 28-A.

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  
10 Water Street, Hallowell, ME 04347  
Telephone Inquiries: (207) 624-7220  
Email Inquiries: [MaineLiquor@Maine.gov](mailto:MaineLiquor@Maine.gov)

**FOR USE ONLY BY DIVISION OF LIQUOR LICENSING & ENFORCEMENT**

**RESTRICTIONS:**

[ ] **APPROVED**

**DATED:** \_\_\_\_\_

[ ] **NOT APPROVED**

**ISSUED BY:** \_\_\_\_\_