



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

License #: _____
Exp Date: _____

Qualified Catering Organization Application for Catered Function

72 Hours in Advance of Said Event or Gathering is REQUESTED

License No.: _____ Name of Qualified Caterer: _____

DBA Name: _____

Mailing Address: _____

Town/ City: _____ State: _____ Zip Code: _____

Telephone: _____ Fax: _____

Email Address: _____

(Please Print)

Title and Purpose of Event: _____

Location of Event: _____

Physical Address of Event: _____

Town/City: _____ State: _____ Zip Code: _____

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

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

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

Number of Persons Attending: _____

Name of Sponsor: _____

Address: _____ Town/City: _____

State: _____ Zip Code: _____ Telephone Number: _____

Signature of Licensee or Corporate Officer

Date

Print Name of Licensee or Corporate Officer

TO MUNICIPAL OFFICERS & COUNTY COMMISSIONERS:

This application must be approved by the Municipal Officers of the municipality in which the function is to be held or, if held in an unincorporated place, by the County Commissioner. Title 28A, Section 1076, Subsection 7D grant authority for this approval without public notice.

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

Signature of Officials	Printed Name and Title

FOR USE ONLY BY DIVISION OF LIQUOR LICENSING & ENFORCEMENT

RESTRICTIONS:

[] **APPROVED**

DATED: _____

[] **NOT APPROVED**

ISSUED BY: _____