

State of Maine

Bureau of Alcoholic Beverages and Lottery Operations

Division of Liquor Licensing and Enforcement

Notice of Self-Sponsored Event by Qualified Caterer

Name	e of Licensee:		License #:	
Comp	olete Mailing Address:			
City:		State:	Zip Code:	
Daytime Telephone Number:		Fax: _		
Emai	l Address:			
Locat	tion of Event:			
Comp	plete Physical Address of Ever	nt:		
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, Sunday through Saturday. Event times cannot deviate from this statutory requirement.)				
Number of people attending:		Request	of 100 for this licensure year.	
Dated	l:	_		
Signature of Licensee		Printed Name of Lice	nsee	
process this notice, you must file this a right to reject a notice not submitted by Submit Completed Forms To: Bu Di 8.5		Bureau of Alcoholic Beverages and Lo Division of Liquor Licensing and Enfo 8 State House Station, Augusta, ME 0- Telephone Inquiries: (207) 624-7220	the event. The Division reserves the ottery Operations orcement 4333 Fax: (207) 287-3434	
Г	Email Inquiries: MaineLiquor@Maine.gov For Office Use Only:			
	Date Filed:	•	Issued By:	
		☐ Approved ☐ Not Approve	ed	