



**Bureau of Alcoholic Beverages and Lottery Operations**  
**Division of Liquor Licensing and Enforcement**  
 8 State House Station Augusta, ME 04333-0008 (Regular Mail)  
 10 Water Street Hallowell, ME 04347 (Overnight Mail)  
 Telephone: (207) 624-7220 Fax: (207) 287-3434  
 Email: [MaineLiquor@Maine.gov](mailto:MaineLiquor@Maine.gov)

## Qualified Catering Organization Application for Catered Function

**(Note: This application is for Qualified Caterers ONLY. If you are a Class A Restaurant, Restaurant/Lounge, Lounge, Hotel, Club, or Bed & Breakfast please complete form number 5.5 or 5.6.)**

**The law requires the application to be submitted at least 24 Hours prior to the function, however a longer notice is appreciated to allow additional time for processing.**

License No.: \_\_\_\_\_ DBA Name: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 Town/ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

### Event Details

Title and Purpose of Event: \_\_\_\_\_  
 Location of Event: \_\_\_\_\_  
 Physical Address of Event: \_\_\_\_\_  
 Town/City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Check One:     Indoor Event       Outside Event **(If outside, a diagram must be included)**  
 Describe specific indoor and/or outdoor area to be licensed: \_\_\_\_\_  
 \_\_\_\_\_

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

Name of Person or Entity contracting your services: \_\_\_\_\_

Number of Persons Attending: \_\_\_\_\_

Address: \_\_\_\_\_ Town/City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Will Dancing be offered during the event? YES  NO

Does the venue have a dance license? YES  NO  (If yes, please provide a copy of the license)

\_\_\_\_\_  
**Signature of Licensee or Corporate Officer**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Print Name of Licensee or Corporate Officer**

**DIAGRAM**

In an effort to clearly define your license premise and the area that consumption and storage of liquor is allowed. Diagrams should be submitted on this form and should be as accurate as possible. Be sure to label the areas of your diagram that you are requesting approval.

**Outdoor Catering Restrictions:**

1. There must be a stanchion or fence completely enclosing the area.
2. Signs must be posted stating "No alcohol beyond this point".
3. There must be sufficient employees at the event to control and monitor the area.

**For Municipal Approval Only**

**TO STATE OF MAINE MUNICIPAL OFFICERS & COUNTY COMMISSIONERS:**

Hereby certify that we have complied with Section 653 of Title 28-A Maine Revised Statutes and hereby approve said application.

**NOTE: PLEASE PROVIDE ALL OF THE REQUESTED INFORMATION BELOW**

Dated at: \_\_\_\_\_, Maine \_\_\_\_\_  
City/Town County

On: \_\_\_\_\_  
Date

The undersigned being:     Municipal Offices            of the Brunswick  
    Town

Signature of Officials	Printed Name and Title

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

[   ] **APPROVED**  
[   ] **NOT APPROVED**

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