



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

Application for a License for an Incorporated Civic Organization

Section A: Applicant Information:

1. Legal Name of Applicant: kents Hill School
2. Contact Name for Applicant: Emily George Beliveau
3. Mailing Address of Primary Office of Applicant: PO BOX 257
kents Hill, ~~04349~~ ME 04349
4. Contact Name Telephone/Mobile Number: 603-986-4023 (cell)
5. Email Address of Contact: ebeliveau@kentshill.org

Section B: Event Information:

1. Title Event: Kents Hill School Reunion Weekend
2. Purpose of Event: Bring alumni back to celebrate
3. Duration of Event (check one): One Day Multiple Days (only 1 permitted per year)
4. Type of Event: (check one) Indoor Outdoor
5. Town or City where Event will take place: Kents Hill, ME On-campus
6. Complete Physical Address of Event:
1614 Main Street
kents Hill, ME 04345
7. Date of Event: June 10-12, 2022 Time: From 5pm Fri To 11 pm Sat
Under Maine liquor laws, alcoholic beverages can only be served from 5:00 am to 1:00 am of the next day, Sunday through Saturday; event times cannot deviate from this statutory requirement.
8. Number of Persons Attending: 300 (?)



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TELEPHONE: (207) 624-7220
FAX: (207) 287-3434
EMAIL INQUIRIES: maineliquor@maine.gov

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Important Information

- A. General
 - i. The municipality in which the event will take place must have voted to approve on-premises consumption under Title 28-A, Chapter 5.
 - ii. The law requires the application to be submitted at least 24 hours in advance of the event, however, a longer notice is appreciated to allow additional time for processing.
- B. Events open to the public
 - i. Your organization must be an incorporated civic organization or a similarly purposed national organization designated under the United States Internal Revenue Code of 1986, Section 501(c)(3) and verifiable with the office of the Maine Secretary of State, Division of Corporations.

Submit completed forms to:

Bureau of Alcoholic Beverages and Lottery Operations
Division of Liquor Licensing and Enforcement

Mailing address: 8 SHS, Augusta, ME 04333-0008

Courier delivery: 19 Union Street, 3rd floor, Suite 301-B, Augusta, ME 04330

9. Describe specific indoor and/or outdoor area to be licensed: (for an outdoor event, please include a diagram of the outside space in Section F below.)

Friday BBQ with cash bar at Ski Lodge, shuttles
to/from hotels available.
Saturday Dinner w/ band with cash bar and shuttles
to and from campus to hotels + airbnbs.
Beer + wine only

- 10. Will dancing be part of the event? Yes No
- a. Does the venue have a dance license? Yes No
- b. If yes, please provide a copy of the license from the State's Fire Marshall's Office

Section C: Signature of Applicant

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: 4/26/2022

Emily George
Signature of Duly Authorized Person

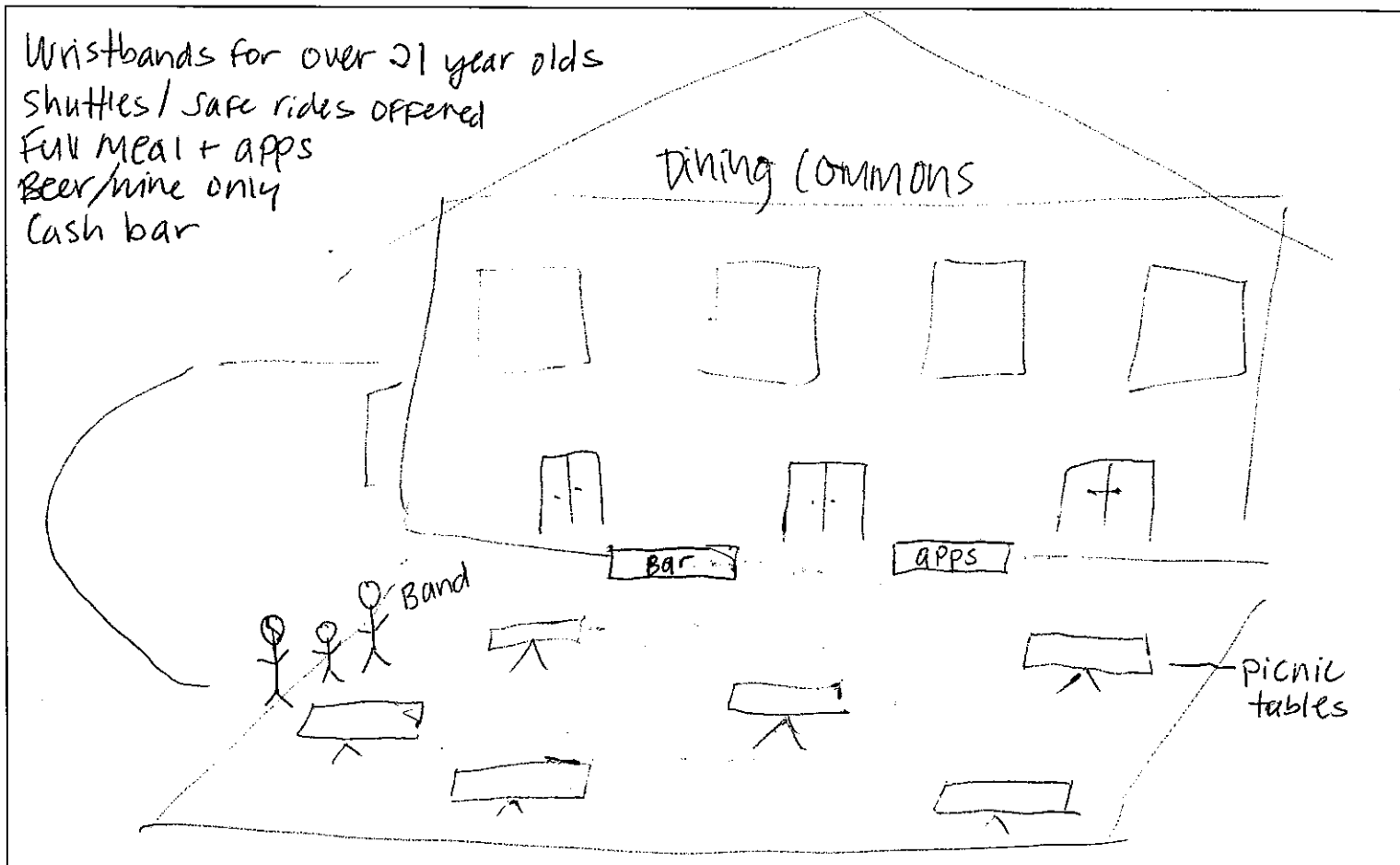
Emily George
Printed Name of Duly Authorized Person

Section F: Diagram for Outdoor Events

The following restrictions apply to outdoor events:

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

In an effort to clearly define the area that consumption and storage of liquor will occur during this outdoor event, diagrams must be submitted on this form and should be as accurate as possible. Be sure to label the areas of consumption and storage on your diagram.



For Division Use Only	
Date Filed: _____	License No: _____
<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved	Deposit Date: _____
Date Approved: _____	Amt. Deposited: _____
Approved By: _____	Payment Type: _____