P.O. Box 263 Long Island, Maine 04050

050 207-766-5820 FAX: 207-766-5400

e-mail: townhall@townoflongisland.us

website: www.townoflongisland.us

FEE \$20 PER DAY PPLICATION BYOB/LIQUOR SUPPLIED FUNCTION

Name of Applicant	_Phone/Cell #
Address	
If Organization, name of person responsible	
Birth Date of Applicant(s)	
Location of Function	
Address	
Describe specific area to be licensed	Main Room/Porch/Grounds
Date of FunctionTime:	FromTo
Description of Event:	# of Persons Attending
Signature of Person Responsible	Dated
NOTE: THIS APPLICATION MUST BE SIGNAUTHORIZED OFFICER OF THE CORPORATION APPROVED BY THE MUNICIPAL OFFICERS A ISLAND" 72 HOURS IN ADVANCE OF SAID EVEN A FEE OF \$20.00 PER DAY.	ON EXECUTING THE APPLICATION AND AND FILED WITH THE "TOWN OF LONG
Cumberland County, ss Dated at: Long Island,	Maine onDate
The undersigned Municipal Officers, Town of Lo	ong Island, Maine 04050
TOWN SEAL	
Town Clerk Signature	