ACADIA'S 27th ANNUAL OKTOBERFEST 2024

27th Annual Oktoberfest

Saturday, October 12

Noon to 5pm

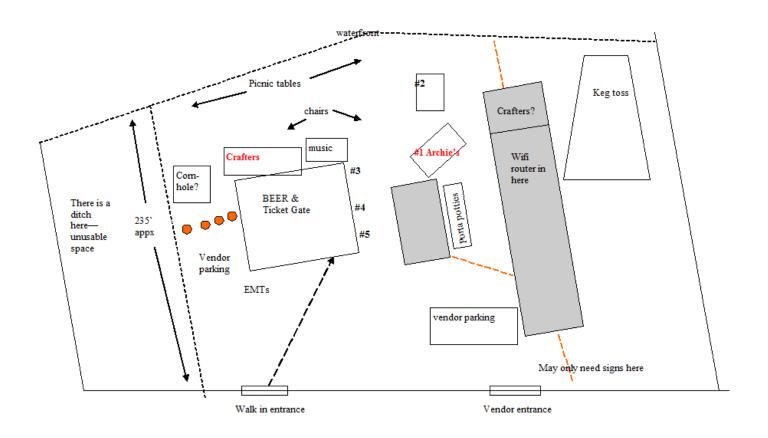
OPEN

Organized by the Southwest Harbor & Tremont Chamber of Commerce At Archie's Lobster in Bass Harbor, Maine

BREWER/VINTNER REGISTRATION AND AGREEMENT

Address:					
Contact:	ntact: Telephone:				
E-mail:	Website/Facebook Page:				
Registrations accepted by post	or e-mail. Included	d: 1 8' table	and 2 free admission tickets.		
Extra admission tickets needed	: \$30 x	_=	(please include payment)		
Please specify the beers/wines yo	ou plan on bringing:	1)			
		2)			
		3)			
AcadiaChamber will reimburse	you for up to three	1/6th kegs	(or equivalent) or for 3 cases of wine.		
Note: There will be ice available	to help keep your	beer cold.	You must provide your own tubs or bins.		
 Brewer receives 2 parking Brewers receive 2 passes discounted admission rate Acadia Chamber will file for Acadia Chamber will prove Insurance and personal scertificate with this form. 	g passes to be display to the beer tent and the server badges a the required spectaride server badges a the responsible serving beer.	ayed in your d 2 beer tasi cial Taste Te s required b possibility of t No one wh	sting glasses. Additional tickets available at sting Event Liquor License on behalf f the brewers. by law he vendor. Please send us a copy of your insurance to is visibly drunk shall be served.		
Your Signature:			Date:		

Southwest Harbor & Tremont Chamber of Commerce PO Box 1143 Southwest Harbor, ME 04679 207-244-9264 email: office@acadiachamber.com Visit our website: www.acadiaoktoberfest.com



Basic Event Layout Map

Section 3: Maine Licensed Manufacturer, Wholesaler or Certificate of Approval Licensee

This section must be completed by a Maine licensed manufacturer, wholesaler or certificate of approval licensee.

•	Name of Applicar	t:			
•	Doing Business A	s:			
•	Maine Liquor Lice	ense Number:			
•	Complete Mailing	Address:			
•	Contact Person:				
•	Phone Number:		Cell:	Fax:	
		representative will be pouring verify the licensing and serve			name of the
This ap	oplication must be	signed by a duly authorized p	person of the licensee.		
Duly A	uthorized Person (Signature)	Date		
Duly A	uthorized Person (I	Printed Name)			

In order to timely process your application, you must file this application <u>at least 15 days prior to the event</u>. The Bureau reserves the right to reject an application not submitted by this time.

Once issued, this license is not assignable and is valid only for use by the licensee(s) named in this application and for the date, time, and location listed in this application. This license is issued subject to Maine liquor laws, Title 28-A, and the Bureau's Administrative Rules. Penalties for failure to comply with the laws and rules are provided in Chapter 33 of Title 28-A. A license under this application may be filed jointly by multiple licensees.

Permit Fee: \$20.00 per applicant listed on this application. Please make check payable to the Treasurer, State of Maine. Submit Completed Forms To:
Bureau of Alcoholic Beverages
Division of Liquor Licensing and Enforcement
8 State House Station
Augusta, Me 04333-0008

Email Inquiries: MaineLiquor@Maine.gov

Telephone Inquiries: (207) 624-7220, Fax: (207) 287-3434

Section 4: Sponsored Licensee Information

This section only needs to be completed if a non-Maine licensed certificate of approval holder or manufacturer is sponsored by a Maine licensed certificate of approval or manufacturer. A sponsored licensee must provide a copy of its state and federal licenses or permits authorizing the manufacture of alcoholic beverages.

Name of Sponsored Applicant:		
Complete Mailing Address		
- Daytime Telephone Number:	Fax:	
Email Address:		
State where sponsored applicant	is licensed:	
Name of Sponsoring Licensee:		
•	entative will be pouring beer, wine or spirits at the event licensing and server training of the sales represer	•
This section must be signed by a	duly authorized person of the licensee.	
Duly Authorized Person (Signatur	re) Date	
Duly Authorized Person (Printed	name)	

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