



Bureau of Alcoholic Beverages and Lottery Operations
Division of Liquor Licensing and Enforcement
8 State House Station, Augusta, ME 04333-0008
Telephone: 207-624-7220 Fax: 207-287-3434
Email inquiries: MaineLiquor@Maine.gov

DIVISION USE ONLY	
License No:	
Class:	By:
Deposit Date:	
Amt. Deposited:	
Type of Payment:	

Application for a New or Renewal of a Farmers' Market License

The following information must be provided. All information must be typed or printed legibly.

Name of Farmers' Market:		
Location of Farmers' Market:		
Current License Number, if any:		
Contact Person:		
Contact Person Email:		
Municipality:	State: Maine	Zip Code:
Telephone Number:	Fax Number:	

Signature of applicant

Printed name of applicant

Date: _____

Important Note: This application must be accompanied by a diagram showing the number of booths at the farmers' market. You are required to have at least six (6) stalls or booths not including the booth for sales of wine, spirits or malt liquor.

Farmers' Market Authorization: At least thirty (30) days prior to the sale of wine, spirits or malt liquor, a farmers' market must obtain municipal approval and apply and receive authorization from the Bureau for a license to sell wine, spirits or malt liquor at farmers' markets.

For farmers' markets held on private property: If the farmers' market is held on private property, this application must include a written statement signed by the owner of the property permitting the sale of wine, spirits or malt liquor.

I, _____, the owner of the property that the above farmers' market is to be held on agrees to allow the sale of wine, spirits or malt liquor on my property during legal hours of sale of these products at the farmers' market.

Signature of property owner

Printed name of property owner

Date: _____

To be completed by Municipal Officers or County Commissioners:

The undersigned hereby approve this application for a farmers' market for the sale of wine, spirits or malt liquor for off-premises consumption.

Signature of municipal officer or county commissioner

Title

Date: _____

Check only which applies: ☐ Municipal Officer Municipality: _____

☐ County Commissioner

Name of unincorporated place: _____