

Bureau of Alcoholic Beverages

Division of Liquor Licensing & Enforcement

164 State House Station Augusta, ME 04330-0164

Tel: (207) 624-7220 Fax: (207) 387-3424

APPLICATION FOR LICENSE FOR INCORPORATED CIVIC ORGANIZATION

\$50.00 Fee / \$10.00 Filing Fee Check Payable: Treasurer State of Maine

1.	(a)	Full Name of Applicant: Piding To The Top Therapeutic Riding Center (Corporate Name)			
	, ,	(Corporate Name)			
		Corporate Address: P.O. BOX 1928 Windham Me 04062 Street Address City/Town State Zip Code			
		Street Address City/Town State Zip Code			
	(c)	Authorized Corporate Office: Riding To The Top Therapeute Riding Center			
	(d)	Address: 14 Lilac Dr. Windham, Maine 04062 Street Address Town/City State Zip Code			
		Telephone Number: 207 - 892 - 28/3 EXH 21 Fax: 207 - 892 - 6523 Susan Cole			
		INFORMATION PERTAINING TO SPECIAL EVENTS OR GATHERINGS			
2.	(a)	Title and Purpose of Event: Triple B - Boots, Band + BBQ. Fundraising			
		event to beneft clients horses + prayrams of PTT			
	(b)	Date of Event: 10/18/14 Time - From: 6 AM/PM To: 1/ AM/PM			
	(c) Anside Outside Event (If Outside, attach diagram of area)				
		Location of Event: Riding To The Top arena			
	(e)	Number of Persons Attending: 350			
	(f)	Name and Address of Sponsor: Piding To The Top Therapeutic Idin Centre			
		Address: 14 Cilac Drive Town/City: Windham State: Me			
	(g)	Name and Address of Caterer: Food: Denny-Mikes BBQ			
		Name and Address of Caterer: Food: Denny-Mikes BBQ Address: Westbrook Town/City: Maine State:			
		(If other than licensee): Lyons Club bartendar			
		(If food is to be served):			
	(h)	Type of building to be occupied: Inder arena			

(i) Area to be licensed: ————————————————————————————————————	avena		
Dated at: Windham ME Town/City, State	on	Month/Day	, 20 / 4/
NOTE: This application must be signed by a duly authorized approved by the Municipal Officer/Country Commission			he application and
NAME OF CORPORATION BY: CORPORATE OFFICER'S SIGNATURE - TITLE	Hice Ng	3 E Rebec PRINTED NAME 8	caBisest
STATE O	OF MAINE	PRINTED NAME &	Office Har
Dated at: Windham City/Town On: July J 2014 Date			ss ss
The undersigned being: Municipal Office	es 🖆 County	/ Commissioners	of the
் City 🗸 Town ் Plantation ் Unincorpora	ted Place of: _	Wirdham	, Maine
Hereby certify that we have given public notice on this by Section 653 Title 28A, Maine Revised Statutes and			,
Signature		Print	

72 Hours in Advance of Said Event or Gathering REQUESTED

Note: If said event or gathering is located in an unincorporated place, the application must be approved by the County Commissioners of the County wherein the event or gathering is to take place and the above approval form may be changed in accordance with the fact.