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

# Request for Extension of License Privileges for an On-Premises Establishment

## Section I: Licensee Information:

| | |
|---|---|
| Legal Business Entity Licensee Name (corporation, LLC):<br>LOttamoxieInc | Business Name (D/B/A):<br>Franks |
| Individual or Sole Proprietor Licensee Name(s):<br>Camdan Poisson | Physical Location:<br>2 Main Street Lisbon Falls 04252 |
| License Number:<br>Carl-2024-15716 | Mailing address, if different:<br>41 Huston Street Lisbon Falls 04252 |
| Mailing address, if different from DBA address:<br>N/A | Email Address:<br>Camdansrealty@gmail.com |
| Telephone # Fax #: N/A<br>207-576-2016 | Business Telephone # Fax #: N/A<br>207-407-4606 |

## Section II: Extension of Privileges Information:

1. Name, Address, and Contact Information of Property Owner (if property is rented or leased, please provide a copy of rental/lease agreement):

   Name: Camdan Poisson, Jordan Ott

   Complete mailing address: 41 Huston Street Lisbon Falls ME 04252

   Telephone/Mobile Number: 207-576-2016

   Email Address: Camdansrealty@gmail.com

2. Type of Extension of Privileges: (check only one)

   a. Temporary ☐ Inside ☐ Outside ☐

   b. Permanent ☒ Inside ☐ Outside ☒

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3. Start Date: April 1 2024 End Date (if applicable): Until Cold

4. Will dancing be permitted in this area? Yes ☐ No ☒
   a. If yes, does the establishment have a dance license? Yes ☐ No ☒
   b. If yes, please provide a copy of the license from the State's Fire Marshall's Office

5. Will there be live entertainment in this area? Yes ☒ No ☐

6. Reason for this request: People from the town enjoy Frank's outdoor seating in the past, so we would love for the opportunity to do so again!

**Section III: Signature of Licensee**

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: 3/21/24

Signature of Licensee or Duly Authorized Person

Camden Poisson

Printed Name of Licensee or Duly Authorized Person

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

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## Section IV: Approval by Municipal/County Officers

**Please note:** The municipal/county officers where your establishment is located must approve all requests for extension of license privileges prior to filing with the Bureau. If your license is issued in an unorganized township, the county commissioners must approve this request, otherwise, it would be your municipal (town or city) officials.

The undersigned hereby certifies that we have complied with the process outlined in 28-A M.R.S. §653 and approve this extension of privileges for this on-premises licensee on this date: _____.

Check only one: ☐ City ☑ Town ☐ Unorganized Territory

Name of City/Town/Unorganized Territory: Lisbon

Who is approving this application? ☒ Municipal Officers

☐ County Commissioners of _____ County

☐ **Please Note:** The Municipal Officers or County Commissioners must confirm that the records of Local Option Votes have been verified that allows this type of license to be issued by the Bureau for the type of alcohol to be sold for the appropriate days of the week. Please check this box to indicate this verification was completed.

| Signature of Officials | Printed Name and Title |
|---|---|
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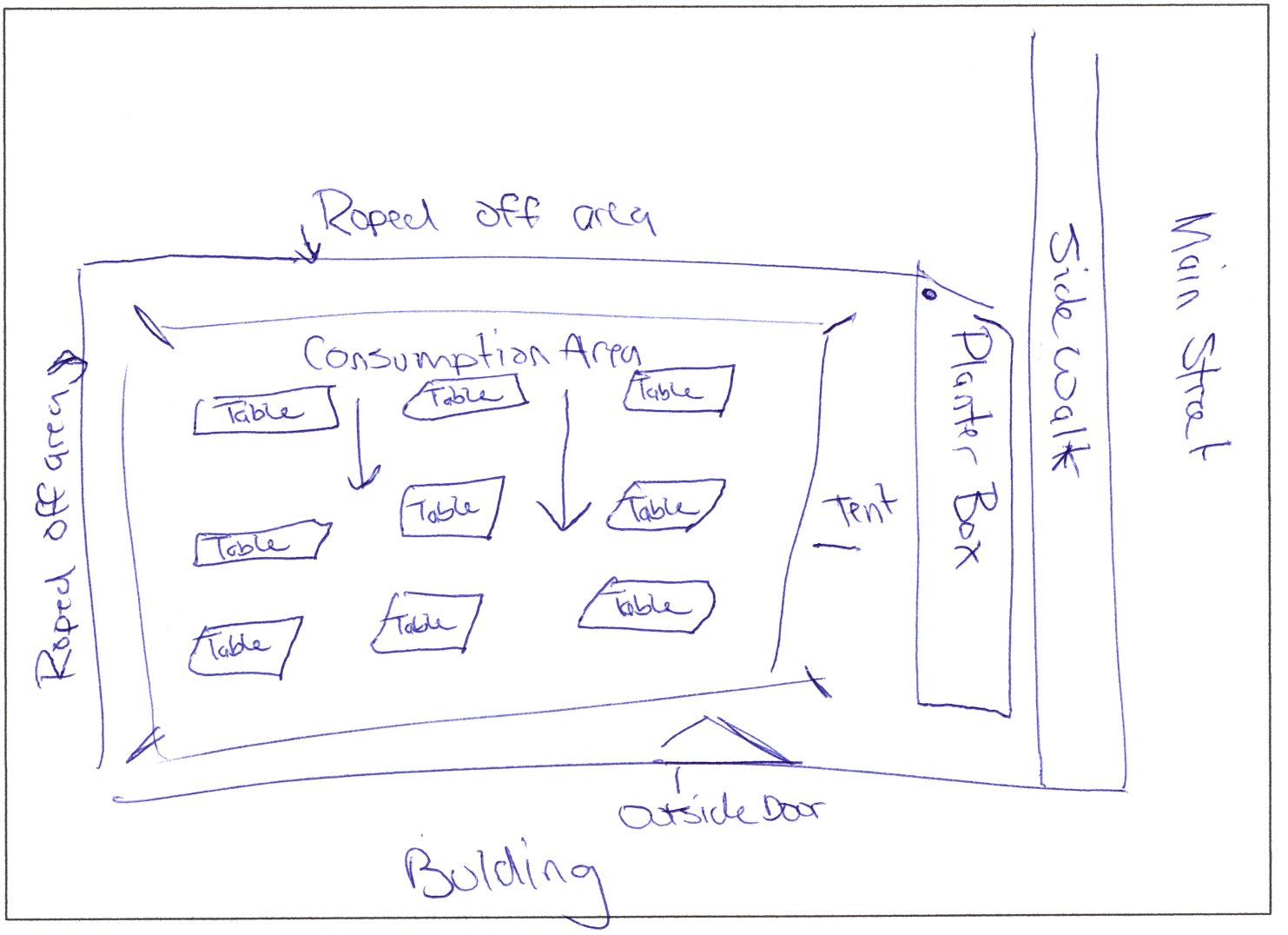
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## Diagram for Extension of Privileges Area

**The following restrictions apply to outdoor extension of privileges:**

- 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 extension area of premises who would be able to control and monitor the area.

In an effort to clearly define your extension please draw a diagram below that will include the area you want for a temporary / permanent license premise. Diagrams should be submitted on this form and should be as accurate as possible. Be sure to label the areas of your where consumption will occur including methods of monitoring and containment of the area(s).




**For Office Use Only:**

Date Filed: _____ Date Issued: _____ Issued By: _____

☐ Approved ☐ Not Approved