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): Railroad Restaurant & Pub	Business Name (D/B/A): Railroad Restaurant & Pub
Individual or Sole Proprietor Licensee Name(s): Sandra R. Harkins	Physical Location: 695 Lisbon St. Lisbon Falls, Me 04252
License Number: CARL-2089398	Mailing address, if different: PO Box 177 Lisbon Falls, Me 042
Mailing address, if different from DBA address: 358 Newell Brook Rd, Durham Me 04222	Email Address: sandra.harkins48@gmail.com
Telephone # Fax #: 207 353-6069	Business Telephone # Fax #: 353-6069

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: Michael Wilding

   Complete mailing address: 358 Newell Brook Rd
   Durham, Me 04222

   Telephone/Mobile Number: 207 713 5095

   Email Address: None

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

   a. Temporary ☐ Inside ☐ Outside ☐

   b. Permanent ☒ Inside ☐ Outside ☒

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3. Start Date: _____ End Date *(if applicable)*: _____

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:

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: April 27, 2004

Sandra R Harkins
Signature of Licensee or Duly Authorized Person

Sandra R. Harkins
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: 5/21/24.

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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Question # 6- The reason for this request

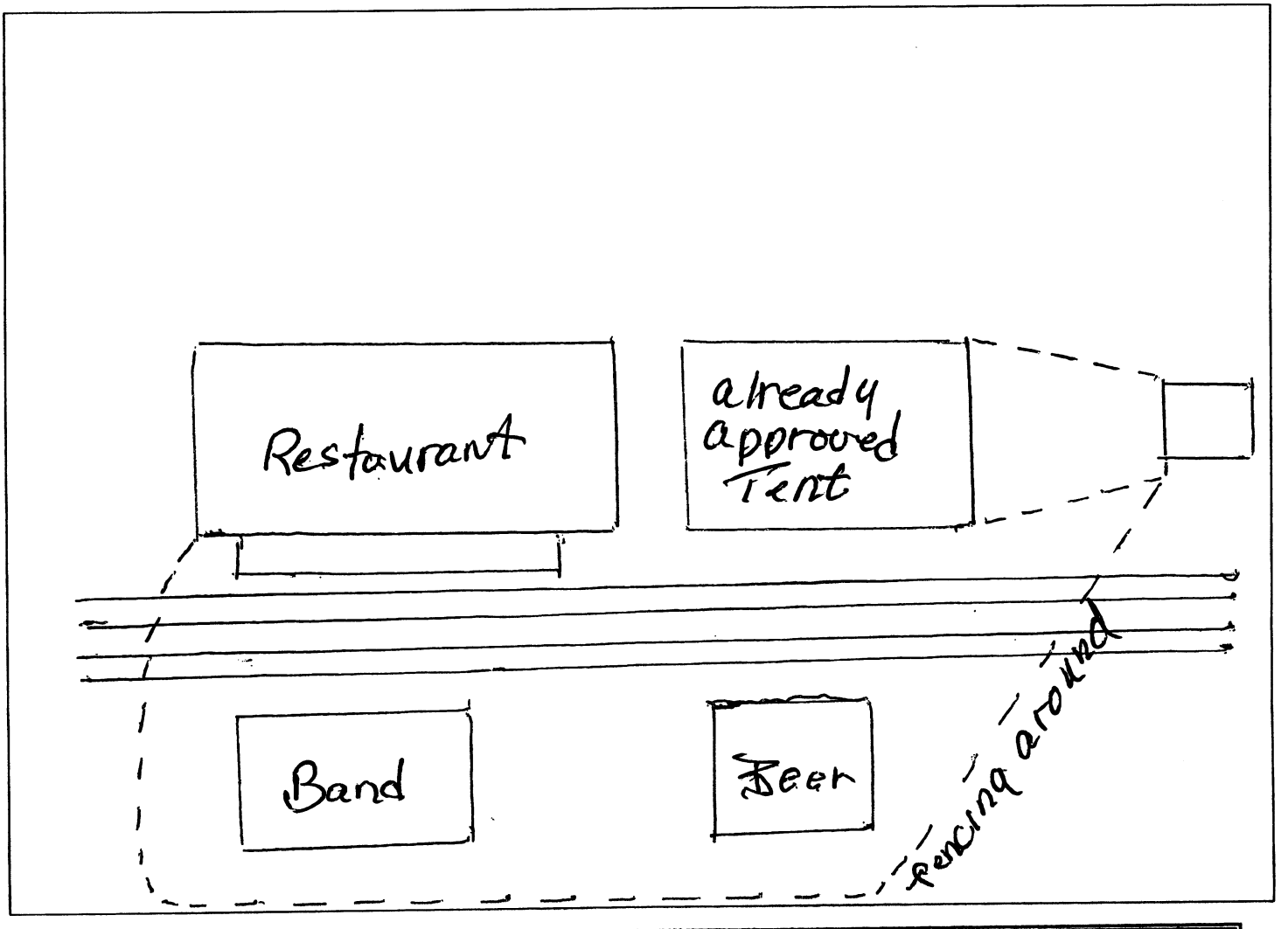
To extend premise for liquor sales at the rear of my establishment for upcoming events. These include: The Maine Blues Festival, Worumbo Earth day, Moxie Days Festival, Various Charity Fundraisers, and other upcoming events.

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