A PARTY

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

Application for an On-Premises License

All Questions Must Be Answered Completely. Please print legibly.

Ð	ivision Use	Only	
License No.			
Class:	By		
Deposit Date			
Amt Deposi	ted		
Payment Typ	ж.		
OK with SO	S: Yes 🗆	No 🗆	

Section I:	Licensee/Applicant(s) Information:
	Type of License and Status

Legal Business Entity Applicant Name (corporation, LLC)	Business Name (D/B/A):			
Blue Hill Co-op				
Individual or Sole Proprietor Applicant Name(s):	Physical Location:			
	70 South St., Blue Hill, ME 04614			
Individual or Sole Proprietor Applicant Name(s):	Mailing address, if different:			
Mailing address, if different from DBA address:	Email Address:			
	info@bluehill.coop			
Telephone # Fax #:	Business Telephone # Fax #:			
	207-374-2165			
Federal Tax Identification Number:	Maine Seller Certificate # or Sales Tax #:			
01-0361261	26871			
Retail Beverage Alcohol Dealers Permit:	Website address:			
	https://bluehill.coop			
10 S N N N N N N N N N N N N N N N N N N				
1. New license or renewal of existing license?	New Expected Start date:			
\bowtie	Renewal Expiration Date: 04/08/2024			
2. The dollar amount of gross income for the licensure per	riod that will end on the expiration date above:			
Food: 1374589 Beer, Wine or Spirits	: 2955 Guest Rooms:			
3. Please indicate the type of alcoholic beverage to be solo	d: (check all that apply)			
Malt Liquor (bccr) Wine	☐ Spirits			

	. Indicate the type of license applying for: (choose only one)												
	×		aurant ss 1, 11, 111.	IV)		Class A Restaurant/Lounge (Class XI)		mge			Class A	\ Lounge X)	
	Anthony Control of the Control of th	Hote (Clas	1 65 I, II, III,	1V)		Hotel (Class	Food Optional I-A)				Bed & (Class	Breakfast V)	
		Golf Course (included optional licenses, please check (fupply) (Class 1, II, III, IV)				Auxilia	ıry		Mobile Cart				
	LAST NO. P.	Tave (Clas	ern ss IV)				Other:	indianin-laman-large of sp. Ngra	er tra	- -	e a agus garante e e e e e e e e e e e e e e e e e e	inness - Aprovidinaris	
		Qual	lified Cater	er			Sclf-Sponsored	Event	s (Quat	ified C	aterers ()nly)	
				Refe	r to Section	on I far	the License Fee Sche	edul <u>e on</u>	page 9				
	Is the	licens	see/applicar	ıt(s) citiz	ens of th				X	Yes		No	
3/3	N	OTE:					ate of Maine?	ates ar	X e requi	Yes red to	file for	No the license as	s a
8	Is lice	ensee/	applicant(s) a businc	ss entit	y like a	corporation or li	mited !	liability	compa	ny?		
	>	<	Yes 🗆	No	lf Y e	s, comp	blete Section VII	at the o	end of t	his app	lication		
9	9. For a licensee/applicant who is a business entity as noted in Section I, does any officer, director, member manager, shareholder or partner have in any way an interest, directly or indirectly, in their capacity in any other business entity which is a holder of a wholesaler license granted by the State of Maine?												
	-		Yes 💢	No									
	0	J	Not applie	able – lic	ensee/a	pplican	t(s) is a sole prop	rietor					

10. Is the ficensee or applicant for endorsement of commercial pa entity within or without the Sta distribution, wholesale sale, sto	per, guarantee of credit or te, if the person or entity is	financial assistance of ai engaged, directly or indi	ry sort from any person or
☐ Yes 💢 No			
If yes, please provide detail			
11. Do you own or have any intere	st in any another Maine Li	quor License?	Yes El No
If yes, please list license numb pages as needed using the sam		nplete physical location	address: (attach additional
Name of Business	License Nur	nber Complete Physic	cal Address
Blue Hill Co-op	RET-2002-1	801 70 South St., Blo	ue Hill, ME 04614
12. List name, date of birth, pla licensee applicant. Provide m format)			
Full N	ame	DOB	Place of Birth
Kevin R. Gadsby			
Residence address on all the abo			
Name Kevin R. Gadsby	Address: Blue Hill, M	13	
Name	Address:		
Name	Address:		
Name	= Address:		

 Will any law enforcement officer directly benefit finan 	cially from this license, if issued?
Yes X No	
If Yes, provide name of law enforcement officer an	d department where employed:
14. Has the licensec/applicant(s) ever been convicted of ar the United States? ☐ Yes ☒ No	y violation of the liquor laws in Maine or any State of
If Yes, please provide the following information a format.	and attach additional pages as needed using the same
Name:	Date of Conviction:
Offense:	Location:
Disposition	
15. Has the licensec/applicant(s) ever been convicted o violations, in Maine or any State of the United States? If Yes, please provide the following information format.	
Name:	Date of Conviction:
Offense:	Location:
Disposition:	
16. Has the licensee/applicant(s) formerly held a Maine li	quor license? X Yes \(\Dag{Y}\) No
17. Does the licensee/applicant(s) own the premises?	
If No, please provide the name and address of the	owner:

18. If you are applying for a liquor license for a Hotel rooms available:	or Bed & Breakfast, please provide the number of guest
 Please describe in detail the area(s) within the pre- diagram in Section VI. (Use additional pages as nee 	emises to be licensed. This description is in addition to the eded)
Cafe service counter, cafe scating area indoor	rs, cafe seating area outdoors
	nearest school, school dormitory, church, chapel or parish remises to the main entrance of the school, school dormitory, purse of travel?
Name: The Bay School & The Harbor School	ol .
Distance: Across the road on South St.	
Section II: Signature of Applicant(s)	
punishable by law. Knowingly supplying false infor	nderstands that false statements made on this application are mation on this application is a Class D Offense under Maine's one year, or by monetary fine of up to \$2,000 or by both.
Please sign and date in blue ink.	
Dated: 04/01/2024	
Signature of Duly Authorized Person	Signature of Duly Authorized Person
Kevin R. Gadsby	
Printed Name Duly Authorized Person	Printed Name of Duly Authorized Person