



**STATE OF MAINE**  
**DEPARTMENT OF AGRICULTURE, CONSERVATION & FORESTRY**  
**AGRICULTURAL RESOURCE DEVELOPMENT**  
**28 STATE HOUSE STATION**  
**AUGUSTA, MAINE 04333-0028**

**JANET T. MILLS**  
**GOVERNOR**

**AMANDA E. BEAL**  
**COMMISSIONER**

**AGRICULTURAL FAIR LICENSE APPLICATION**

Pursuant to 7 M.R.S.A. § 65, an application is hereby made for an Agricultural Fair License.  
**This application must be submitted by March 1st** to the Maine Department of Agriculture, Conservation & Forestry,  
 Attn.: Kayla Jones Agricultural Promotional Coordinator, Agriculture Resource Development Division, Deering  
 Building 90 Blossom Lane, Augusta, Maine 04333. Applications can be submitted via email to MEAgfair@maine.gov

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Name of Applicant (Individual or Society)

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Contact or Agent (Name):

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Contact or Agent (Address):

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Proposed Site of Agriculture Fair:

**Requested Dates for Agricultural Fair:**

<u>Year</u>	<u>Specific Dates</u>
<u>2026</u>	
<u>2027</u>	
<u>2028</u>	

Describe the proposed activities to be conducted. Indicate competition for premiums in broad categories. Attach additional pages as needed.  
 If, at any time after the issuance of this license, an agricultural fair wishes to change the dates assigned, it shall petition the Commissioner for a change by October 1<sup>st</sup> of the year prior to the date of its license. A licensed fair association wishing to cancel or decrease the number of days of the fair shall notify the Commissioner 60 days prior to the date assigned.  
 Please attach \$10.00 license application fee. Make checks payable to: **Treasurer, State of Maine.**

*By checking this box, I attest that this form will be submitted via email and that an accompanying check will be postmarked by March 5, 2025.*

*By signing this application, I certify that I am authorized to act on behalf of the applicant in this matter, and I am attesting that to the best of my knowledge, all information provided in the enclosed application is complete and accurate at the time of submission.*

**Name (Print):** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Authorized Signature (not printed):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**If signing digitally, sign here:** \_\_\_\_\_

**MICHELLE WEBB**  
**DIVISION DIRECTOR**  
 AGRICULTURAL RESOURCE DEVELOPMENT  
 90 BLOSSOM LANE, DEERING BUILDING



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