

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

Supplemental Ownership Form

28-A M.R.S. §651

All Questions Must Be Answered Completely.

1. Company or sole proprietor legal name: Hatch Point Enterprises LLC	2. Date of incorporation/registration: 08-20-2021	3. State of incorporation: Maine
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List the following information for officers, directors, owners equal to or over 10%, and persons with indirect financial interest in the applicant.

Name	Date of Birth	Phone or E-mail	Address	Title	Ownership Stake (%)
Darren Carey	01-24-1985	2078072675 - dpccarey1226@gmail.com	34 Heron Pond Lane, Freeport ME 04032	Owner - Operator	25
Kelly Carey	07-03-1983	2078077697 - kelly@thebarnathatchpoint.com	34 Heron Pond Lane, Freeport ME 04032	Owner - Operator	25
Justin Fletcher	01-16-1983	2072064088	16 Fletcher Drive, Cumberland ME	Owner	50

Affidavit

ONLY COMPLETE THIS PAGE IF THERE ARE NO OWNERS OVER 10% LISTED ON PAGE 1

The undersigned authorized representative of the applicant swears or affirms that no person that holds an ownership interest in the applicant holds an ownership interest equal to or greater than 10%.

Affiant Signature

Date

Affiant Printed Name

State of _____, County of _____

I certify that on the date set forth below, the individual named above did appear personally before me and that I did identify this applicant by: (a) comparing his/her physical appearance with the photograph on the identifying document presented by the applicant and with the photograph affixed hereto, and (b) comparing the applicant's signature made in my presence on this form with the signature on his/her identifying document.

Signature of Notary Public

Date

Printed Name of Notary Public

WARNING: The statements on this application are made under oath or affirmation. False statements can be grounds for rejection of the application or suspension or revocation of a license. False swearing is a Class D crime punishable by up to 364 days incarceration and a \$2,000 fine.



Application Copy

File Number: 129584

Job Type: New Application

LICENSE TYPE

On-Premises: Beer, Wine & Spirits

APPLICATION DATE RECEIVED

2026-03-03

SECONDARY LICENSE(S)

None selected

LICENSEE LEGAL NAME

Hatch Point Eterprises LLC

LICENSEE TYPE

Limited Liability Company

DOING BUSINESS AS

2

CORPORATE NUMBER

20224234DC

INCORPORATION DATE

2021-08-20

CORRESPONDENCE ADDRESS

PO BOX 309 Bowdoinham ME 04008

MAILING ADDRESS

PHYSICAL ADDRESS

CONTACT NAME

Kelly Carey

PREFERRED CONTACT METHOD

Email

CONTACT PHONE

(207) 807-7697

ALTERNATE PHONE

FAX

EMAIL

kelly@thebarnathatchpoint.com

CORPORATE STRUCTURE

NAME	POSITION/TITLE	PARENT COMPANY	% INTEREST
KELLY CAREY	owner/operator		50
DARREN CAREY	owner/operator		25
JUSTIN FLETCHER	owner		25

ADDITIONAL INFORMATION

MANAGED BY AGENT

No

PREMISES TYPE

Qualified Catering Service

PREMISES NAME

BARN AT HATCH POINT

OPERATOR

Kelly Carey

PHYSICAL ADDRESS

1411 RIVER ROAD BOWDOINHAM ME 04008

MAILING ADDRESS

PO BOX 309 BOWDOINHAM ME 04008

CONTACT NAME

Kelly Carey

PREFERRED CONTACT METHOD

Email

CONTACT PHONE

(207) 807-7697

ALTERNATE PHONE

FAX

EMAIL

kelly@thebarnathatchpoint.com

QUESTIONS

On-Premises: Beer, Wine & Spirit

1. Is your business (including any DBA) registered and in good standing with the Maine Secretary of State?

Answer "No" if you are a Sole Proprietor.

Yes

20224234DC

2. What is your expected start date?

MAY 1, 2026

3. Has/have applicant(s) formerly held a Maine liquor license?

No

4. Does the licensee or applicant(s) have any interest in any other Maine Liquor License?

No

5. Is the applicant/licensee an individual, partnership, or association? (Not a corporation or LLC)

No

6. Are all licensees/applicants residents of the State of Maine?

Yes

7. Is your license for a club with a membership?

No

8. Is your license application for Vessel Corporation?

No

9. Do you have a valid and current health license issued by Maine Department of Health and Human Services OR the Department of Agriculture?"

No

10. Do you have a license from the Office of the State Fire Marshal? Contact (207) 626-3870 to determine whether licensure is necessary.

No

11 Will any law enforcement officer directly benefit financially from this license, if issued?

No

12 Is the licensee or applicant for a license receiving, directly or indirectly, any money, credit, thing of value, endorsement of commercial paper, guarantee of credit or financial assistance of any sort from any person or entity within or without the State, if the person or entity is engaged, directly or indirectly, in the manufacture, distribution, wholesale sale, storage or transportation of liquor.

No

13 Is the licensee/applicant(s) directly or indirectly giving aid or assistance in the form of money, property, credit, or financial assistance of any sort, to any person or business entity holding a liquor license granted by the State of Maine?

No

14 What is the full name and date of birth of the person managing this premises?

KELLY ANN CAREY - 07/03/1983

15 Has any of the listed applicants, an immediate family member of an applicant, or an employed manager been denied a liquor license or had a liquor license revoked within the last 5 years?

No

16 Is any of the listed applicants the spouse, father, mother, child or other immediate family member of a person whose liquor license has been revoked or denied in the last 6 months?

No

17 Has any licensee/applicant or employed manager ever been convicted of any violation of the liquor laws in Maine or any State of the United States within the last 5 years?

No

18 Has the licensee/applicant(s) or manager ever been convicted of any violation of any law, other than minor traffic violations, in Maine or any State of the United States?

No

19 Does the licensee/applicant have any arrangement such as a lease where rent is based on sales, an agreement where another party receives a portion of the revenue or profits from the business, or a right to acquire an ownership interest in the business?

No

20 At which address are your business records located?

34 HERON POND LANE, FREEPORT ME 04032

21 What will be your business hours? Please indicate each day's open and close times.

MONDAY TO SUNDAY - 11AM TO 12AM

22 Please provide the name and distance from the premises to the nearest school, school dormitory and place of place of worship, measured from the main entrance of the premises to the main entrance of the school, school dormitory and place of worship by the ordinary course of travel.

MARCIA BUKER SCHOOL - RICHMOND 1.4 MILES

23 Is your application for a Hotel or Bed & Breakfast?

No

24 Do you have a food menu?

No

25 How many seats do you have? Include indoor and outdoor seating.

175

26 How many bathrooms do you have available to the public?

3 - 6 TOILETS & 5 HANDWASH SINKS

DOCUMENTS

TYPE

FILE NAME

DESCRIPTION

Premises Floor Plan

Hatch Point Premises.pdf

Premises - License Area

Supplemental Ownership Form

102 Supplemental
Ownership Form and
Affidavit-2.pdf

Ownership

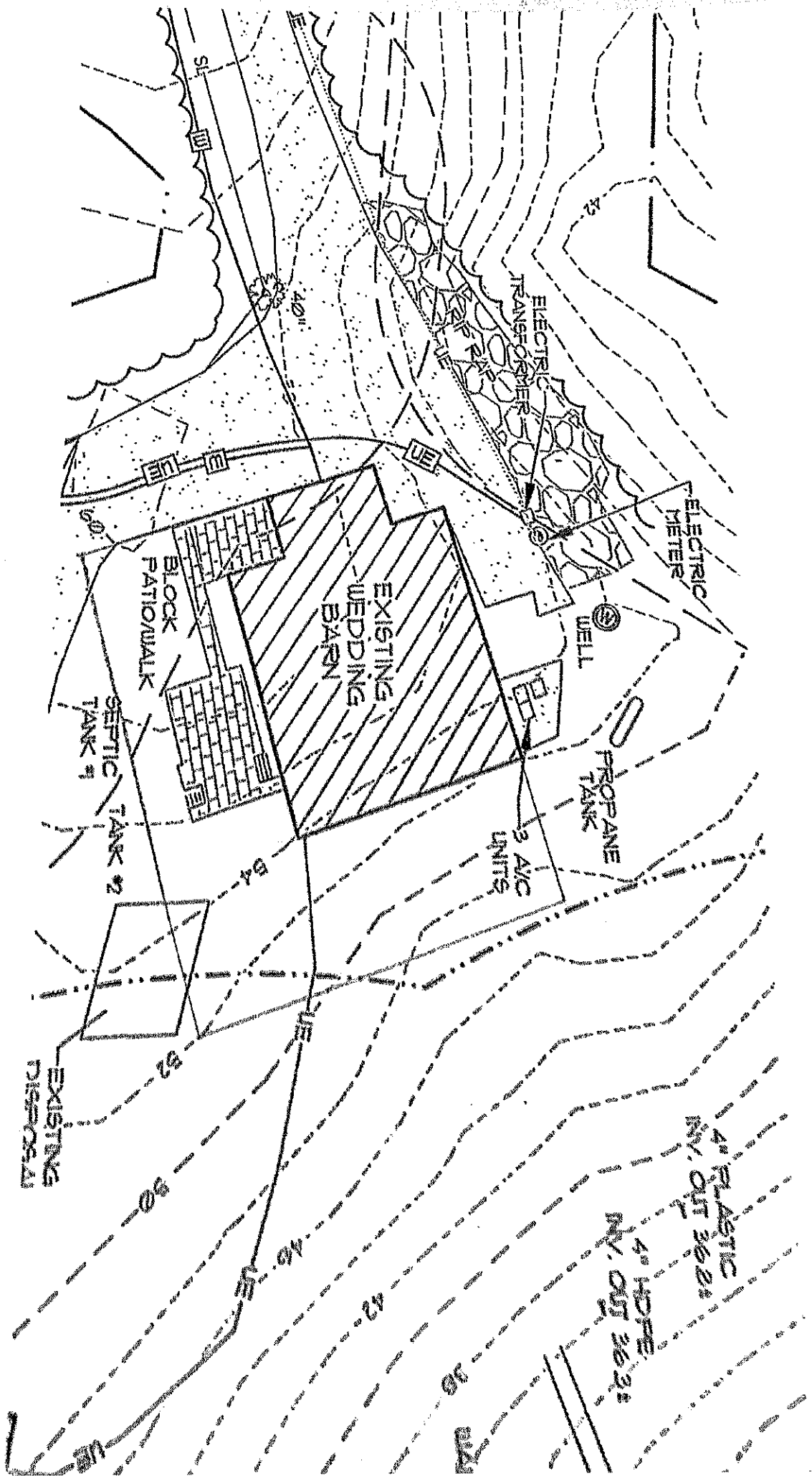
APPLICANT

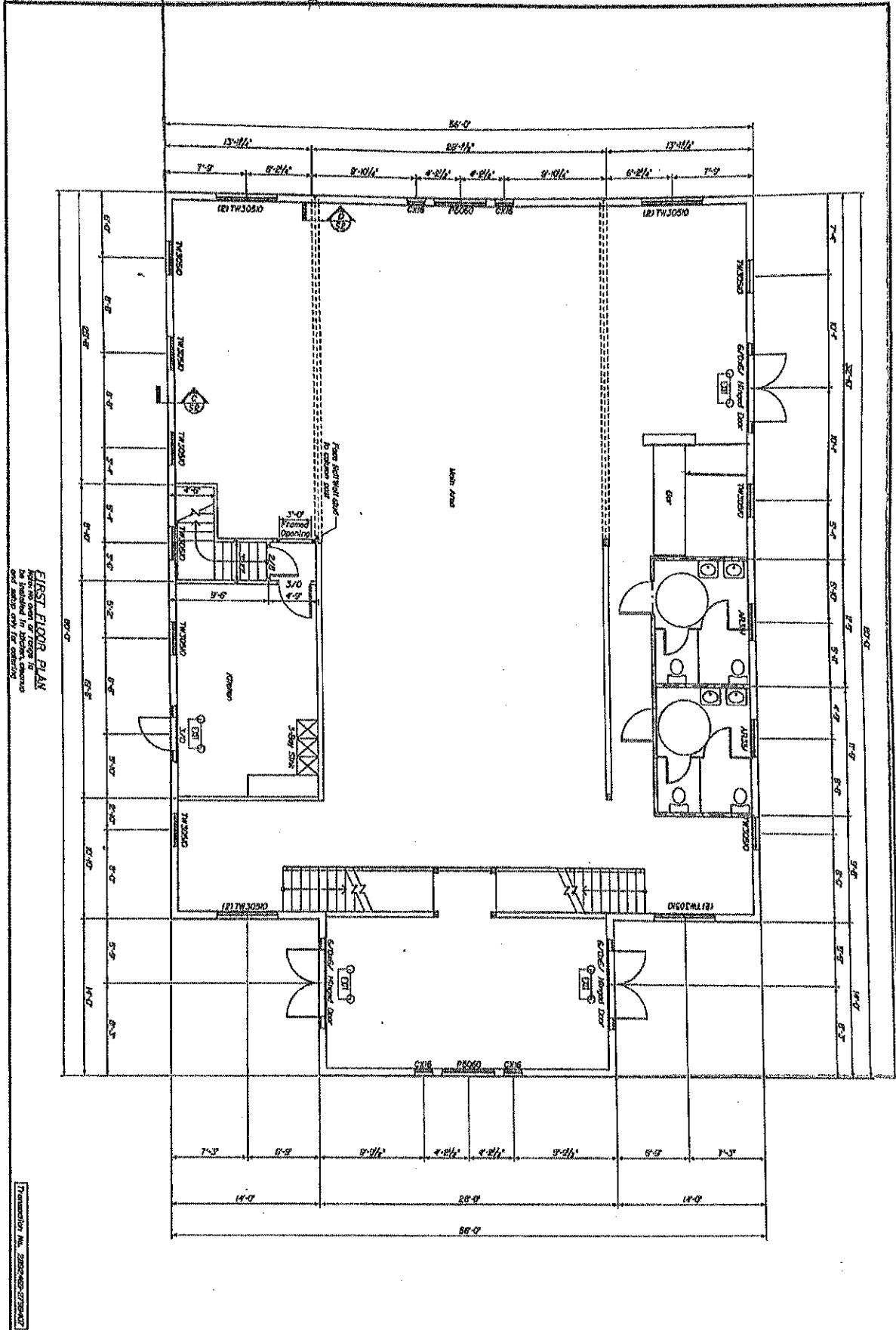
Kelly Carey

DECLARATION

- I certify that I am the applicant as described in this application, or that I am duly authorized to submit this application on the applicant's behalf.


All information provided in this application is accurate and correct. I understand 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.





FIRST FLOOR PLAN
 Note: No part of this plan
 be published in whole, in part,
 or copied, by any means, without
 the written consent of the engineer.

Transaction No. 2022-09-07

F2	SHEET NUMBER	BOWDOINHAM WEDDING BARN	NO. 1	DATE		CALDERWOOD ENGINEERING, ETC. STRUCTURAL ENGINEERING • DRAFTING SERVICES 222 RIVER ROAD, BOWDOINHAM, ME 04011-4561 PREPARED FOR: DARREN GARREY BOWDOINHAM WEDDING BARN
		FLOOR PLAN	BY	DATE		