

# State of Maine

## Bureau of Alcoholic Beverages and Lottery Operations Division of Liquor Licensing and Enforcement



### Application for an Auxiliary License

Please clearly complete this form in its entirety.

1. **Type of Application:**  Golf Course  Golf Course with a mobile service bar  Ski Area

**2. Licensee Information:**

Name of Licensee: \_\_\_\_\_

License Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Physical Location Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

Email address: \_\_\_\_\_

3. Describe auxiliary premise and the location at the ski area or golf course: \_\_\_\_\_  
\_\_\_\_\_

**4. Authorized Signature:**

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name & Title: \_\_\_\_\_

**For use by Municipal Officers and County Commissioners only:**

**Note:** This application must be approved by the Municipal Officers of the municipality of the applicant or if the applicant is in an unincorporated place, by the County Commissioners. Please complete the following certification:

State of Maine

County of \_\_\_\_\_

The Officials listed below hereby certify that public notice was given and a public hearing was held on this application as required by 28-A MRS Section 653, and hereby approve this Application for an Auxiliary License.

The undersigned being:                     Municipal Officers                     County Commissioners

for \_\_\_\_\_, Maine.  
(Name of Municipality)

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ at \_\_\_\_\_, Maine.

<b>Signature of Officials</b>	<b>Printed Name and Title</b>

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Application Fee: \$100.00. Please make check payable to the Treasurer of State.

Submit Completed Forms To:            Bureau of Alcoholic Beverages  
    Division of Liquor Licensing and Enforcement  
    8 State House Station, Augusta, Me 04333-0008  
    Telephone Inquiries: (207) 624-7220 Fax: (207) 287-3434  
    Email Inquiries: [MaineLiquor@Maine.gov](mailto:MaineLiquor@Maine.gov)

<b>For Office Use Only:</b>		
Date Filed: _____	<input type="checkbox"/> Approved	<input type="checkbox"/> Not Approved
Date Issued: _____	Issued By: _____	