

Bureau of Alcoholic Beverages and Lottery Operations
Division of Liquor Licensing & Enforcement
8 State House Station
Augusta, ME 04333-0008
Tel: (207) 624-7220 Fax: (207) 287-3434
Email inquiries: MaineLiquor@Maine.gov

NOTICE

To avoid any delay in the processing of your application and issuance of your liquor license, please make sure that:

1. You completed the application in full. (Please allow 30 days to process)
2. Application is signed by the owner(s), corporate officer.
3. The license fee is correct and you have included the \$10.00 filing fee.
4. A diagram of the premises to be licensed accompanies the application.
5. If business is located in an unorganized township, the application must be approved by the County Commissioners and the \$10.00 filing fee must be paid to them. Please be sure to include a copy of the receipt of payment with your application.
6. Corporations, limited liability companies, partnerships must complete and submit the Corporate Information Required for Business Entities who are Licensees.
7. If not a publicly traded entity, ownership must add up to 100%.



Bureau of Alcoholic Beverages and Lottery Operations
Division of Liquor Licensing & Enforcement
8 State House Station, Augusta, ME 04333-0008
10 Water Street, Hallowell, ME 04347
Tel: (207) 624-7220 Fax: (207) 287-3434
Email inquiries: MaineLiquor@Maine.gov

DIVISION USE ONLY	
License No:	
Class:	By:
Deposit Date:	
Amt. Deposited:	
Cash Ck Mo:	

Present License Expires _____

- Off-Premise Retailer – Malt Liquor\$200.00
- Off-Premise Retailer – Table Wine\$200.00
- Filing Fee\$ 10.00

NOTE: if the place of business is located in an unincorporated place, the County Commissioners must approve the application. All such applications shall be accompanied by receipt of payment of the \$10.00 filing fee to the County Treasurer.

Check Payable: Treasurer, State of Maine

ALL QUESTIONS MUST BE ANSWERED IN FULL

Corporation Name:		Business Name (D/B/A)	
APPLICANT(S) –(Sole Proprietor)	DOB:	Physical Location:	
	DOB:	City/Town	State Zip Code
Address		Mailing Address	
City/Town	State Zip Code	City/Town	State Zip Code
Telephone Number	Fax Number	Business Telephone Number	Fax Number
Federal I.D. #	Seller Certificate #: or Sales Tax #:		
Email Address: Please Print		Website:	

If business is NEW indicate opening date: _____ Business Hours: _____

List of Wholesale Value and Types of Merchandise in inventory: **(Must be answered)**

Edible Foods \$ _____ Tobacco Products \$ _____ Paper Goods \$ _____

Greeting Cards, Magazines, Newspapers \$ _____ Total of **all other** merchandise in inventory \$ _____

Is applicant a Corporation, Limited Liability Co. or Limited Partnership: Yes No

(If Yes complete Corporate Information Required for Business Entities)

If manager is to be hired give name _____

Is/Are applicant(s) citizens of the United States? Yes No

Is/Are applicant(s) residents of the State of Maine? Yes No

List name, date of birth and place of birth for all applicants and mangers. Give maiden name if married:

Name in Full (Print Clearly)	DOB	Place of Birth
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Residence address on all of the above for previous 5 years (Limit answer to city & state)

Name in Full (Print Clearly)	Address	City	State
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Use a separate sheet of paper if necessary.

Has applicant(s) or manager(s) ever been convicted of any violation of the law, other then minor traffic violations of any State of the United States? Yes No

Name: _____ Date of Conviction: _____

Offense: _____ Location: _____

Disposition: _____ Use a separate sheet of paper if necessary.

Will any law enforcement official benefit financially either directly or indirectly in our license, if issued?

Yes No If **Yes**, give name: _____

Has applicant(s) formerly held a Maine liquor license? Yes No

Do applicant(s) own the premises? Yes No If **No**, give name and address of owner: _____

Describe in detail where liquor will be stored: **(Off Premise Diagram Required)** _____

Have you received any assistance financially or otherwise (including any mortgages) from any source other than yourself in the establishment of your business? Yes No If **Yes**, give details: _____

Does any other person have any interest directly or indirectly in your business? Yes No If **Yes**, give details: _____

PAYMENTS TO THE DIVISION OF LIQUOR LICENSING & ENFORCEMENT BY CHECK SUBJECT TO PENALTY PROVIDED BY SECTION 3 OF TITLE 28A, MAINE REVISED STATUTES

NOTE: "I understand that false statements made on this form are punishable by law. Knowingly supplying false information on this form is a Class D offense under the Criminal Code, punishable by confinement of up to one year or by monetary fine of up to \$500.00 or by both."

Dated at: _____ on _____, 20____
City/Town Date Year

Signature(s) of Applicant(s) or Corporate Officer(s)

Print Name of Applicant(s) or Corporate Officer(s)

Signature(s) of Applicant(s) or Corporate Officer(s)

Print Name of Applicant(s) or Corporate Officer(s)



State of Maine
 Division of Alcoholic Beverages and
 Lottery Operations
 Division of Liquor Licensing and Enforcement

**Corporate Information Required for
 Business Entities Who Are Licensees**

For Office Use Only:	
License #:	_____
SOS Checked:	_____
100%	Yes <input type="checkbox"/> No <input type="checkbox"/>

Questions 1 to 4 must match information on file with the Maine Secretary of State's office. If you have questions regarding this information, please call the Secretary of State's office at (207) 624-7752. Please clearly complete this form in its entirety.

- Exact legal name: _____
- Doing Business As, if any: _____
- Date of filing with Secretary of State: _____ State in which you are formed: _____
- If not a Maine business entity, date on which you were authorized to transact business in the State of Maine: _____
- List the name and addresses for previous 5 years, birth dates, titles of officers, directors and list the percentage ownership: (attached additional sheets as needed)

NAME	ADDRESS (5 YEARS)	Date of Birth	TITLE	Ownership %

(Stock ownership in non-publicly traded companies must add up to 100%.)

- If Co-Op # of members: _____ (list primary officers in the above boxes)

7. Is any principal person involved with the entity a law enforcement official?
Yes No If Yes, Name: _____ Agency: _____

8. Has any principal person involved in the entity ever been convicted of any violation of the law, other than minor traffic violations, in the United States?
Yes No

9. If Yes to Question 8, please complete the following: (attached additional sheets as needed)
Name: _____
Date of Conviction: _____
Offense: _____
Location of Conviction: _____
Disposition: _____

Signature:

Signature of Duly Authorized Person

Date

Print Name of Duly Authorized Person

Submit Completed Forms To:

Bureau of Alcoholic Beverages
Division of Liquor Licensing and Enforcement
8 State House Station, Augusta, Me 04333-0008 (Regular address)
10 Water Street, Hallowell, ME 04347 (Overnight address)
Telephone Inquiries: (207) 624-7220 Fax: (207) 287-3434
Email Inquiries: MaineLiquor@Maine.gov

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DIVISION USE ONLY
<input type="checkbox"/> Approved
<input type="checkbox"/> Not Approved
BY:

OFF PREMISE DIAGRAM

In an effort to clearly define your license premise and the area that storage of liquor is allowed. The Division requires all applicants to submit a diagram of the premise to be licensed in addition to a completed license application.

Diagrams should be submitted on this form and should be as accurate as possible. Be sure to label the areas of your diagram including entrances, office area, malt and wine coolers, cold and regular storage areas, display cases and shelves, restrooms, check out register(s) and all areas that you are requesting approval from the Division for your retail liquor license.