



**BUREAU OF ALCOHOLIC BEVERAGES**  
**Division of Liquor Licensing & Enforcement**  
 8 State House Station  
 Augusta, ME 04333-0008  
 Tel: (207) 624-7220 FAX: (207) 287-3434

<p><b><u>BUREAU USE ONLY</u></b></p> <p><b>License No. Assigned:</b> _____</p> <p><b>Deposit Date:</b> _____</p> <p><b>Amount Deposited:</b> _____</p> <p><b>CK/MO/CASH:</b> _____</p>
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**WHOLESALE  
 MALT/WINE APPLICATION**

**PRESENT LICENSE EXPIRES:** \_\_\_\_\_

**ALL QUESTIONS MUST BE ANSWERED IN FULL**

Indicate type of license.

- Application for Wholesale Malt Liquor License.....\$600.00
- Application for Wholesale Table Wine License.....\$600.00
- Filing Fee.....\$ 10.00

**Check Payable to: Treasurer State of Maine**

**Federal I.D.#** \_\_\_\_\_

*Print Clearly*

1. Full Name of Applicant: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Street & Number: \_\_\_\_\_ City/Town: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

2. Firm Name: \_\_\_\_\_  
 Principal place of business: - Street Number: \_\_\_\_\_  
 City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

3. Are you a citizen of the United States:  **Yes**  **No**

4. Have you been a resident of the State of Maine or, if a corporation, has your corporation been in business in the State of Maine for at least 6 months?  **Yes**  **No**

a. Are you, or any principal officer in the corporate structure of your corporation, if incorporated, a law enforcement official?  **Yes**  **No**

b. Will any law enforcement official benefit either directly or indirectly in your license, if issued:  **Yes**  **No**

5. Number of distributing centers or warehouses: \_\_\_\_\_

**Print Clearly**

Name	Street	City

6. Have you as an individual, or any member of the partnership, association or corporation, or officer thereof, or any member of your/their family or manager, ever been arrested, indicted or convicted for any violation of the law, other than minor traffic violations, of any state, or of the United States:      **Yes**    **No**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Location: \_\_\_\_\_ Offense: \_\_\_\_\_

Date of Conviction: Year \_\_\_\_\_ Month: \_\_\_\_\_ Day: \_\_\_\_\_

Disposition: \_\_\_\_\_

7. Has applicant any interest, financial or otherwise, directly or indirectly, in the business of any person holding a liquor license issued by the Liquor Licensing & Inspection Division of this State:      **Yes**    **No**   **If Yes,** \_\_\_\_\_

8. Is the applicant directly or indirectly giving aid or assistance in the form of money, property, equipment or otherwise, to the holder of any malt liquor license or any other liquor license issued by the Liquor Licensing & Inspection Division of this State?      **Yes**    **No**   **If Yes,** \_\_\_\_\_

9. Does the applicant own or control any real or personal property, which is rented, leased or used by the holder of any liquor license or other liquor license issued by the Liquor Licensing & Inspection Division of this State:      **Yes**    **No**  
**If yes,** \_\_\_\_\_

10. Is any interest in the premises for which license is desired owned or controlled, directly or indirectly, by any other person, association or corporation engaged or interested, directly or indirectly, in the manufacture, distribution, sale or transportation of malt liquors or any other liquors?      **Yes**    **No**   **If Yes,** \_\_\_\_\_

11. If a corporation, is any officer, director or stockholder of a corporation which is the holder of a manufacturer's certificate of approval from the State of Maine, in any way interested, either directly or indirectly, as a director, officer or stockholder of or in the corporation making this application for a wholesaler malt liquor license or any other liquor license issued by the Liquor Licensing & Inspection Division of this State:      **Yes**    **No**   **If Yes,** \_\_\_\_\_

**QUESTION 12 TO BE ANSWERED BY RENEWAL APPLICANTS ONLY**

12. Have there been any changes in ownership, management, or operation of the business to which this application applies during the past year?      **Yes**    **No**   **If Yes,** give details, including Maine citizenship status and address of any new person. \_\_\_\_\_

**QUESTIONS 13 – 22 INCLUSIVE TO BE ANSWERED BY NEW APPLICANTS ONLY**

13. If a partnership or association, are all members thereof citizens of the United States?  Yes  No  
 If No, who: \_\_\_\_\_

14. If a partnership or association, are all members thereof citizens of Maine?  Yes  No If No, who: \_\_\_\_\_

15. If a partnership, give name(s) and address(s) of all partners:

*Print Clearly*

Name	DOB	Street & Number	Town/City	State	Zip Code

16. If an individual or partnership, give date of birth and place of birth for all members:

*Print Clearly*

Name	DOB	Place of Birth		
		City	State	Country

17. Has applicant previously held a license issued by the Liquor Licensing & Inspection Division?  Yes  No  
 If so, When? (List each year) \_\_\_\_\_

18. Has license ever been denied to applicant by the Liquor Licensing & Inspection Division of this State?  Yes  No  
 If Yes, indicate when. \_\_\_\_\_

19. Has license ever been suspended or revoked?  Yes  No If Yes, indicate when. \_\_\_\_\_

20. If not native born, when did you become naturalized? \_\_\_\_\_

21. If a corporation, give information requested on supplementary questionnaire for corporate applicants.

22. Who owns the property or holds the lease upon the property, real or personal, used by the applicant in the operation of said business?  
 Name: \_\_\_\_\_ Street & Number: \_\_\_\_\_  
 \_\_\_\_\_ Town/City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

a. State distance from boundary of nearest dry city or town. \_\_\_\_\_

I certify that all statements above are true to the best of my knowledge. I understand that if any information given in this application is false, that the liquor license to which this application applies is subject to immediate cancellation or suspension.

Dated at \_\_\_\_\_ on \_\_\_\_\_, 20\_\_\_\_  
 City/Town State Month/Day

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

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**Printed name of Applicant(s) or Corporate Officer**

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