

Bureau of Alcoholic Beverages and Lottery Operations
Division of Liquor Licensing & Enforcement
8 State House Station,
Augusta, ME 04333-0008
Tel: (207) 287-4482 or (207) 287-4492
Fax: (207) 287-3434
Liquor.Licensing@Maine.gov



<u>DIVISION USE ONLY</u>	
License No.:	
Class:	
Deposit Date:	
Amt. Deposited:	
CASH CK MO:	

Present license Expires: _____

DIRECT SHIPPER LICENSE RENEWAL

License fee: \$50.00 **Check Payable: Treasurer, State of Maine**

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:		

Do you have a federal basic permit pursuant to the Federal Alcohol Administration Act? Yes No
Do you have a License/ Permit issued by your State? Yes No Please attach a copy of current State license / Permit with this application.

I hereby acknowledge that shipments made in accordance with Chapter 55 of Title 28-A must be accompanied by a shipping label that clearly indicates the name of the direct shipper and the name and address of the recipient and that the common carrier shall obtain the signature of a person 21 years of age or older at the address listed on the shipping label prior to delivery of the shipment.
In addition the common carrier shall request photographic identification from the person signing for the shipment and verify that the person is 21 years of age or older.

I hereby acknowledge that as a direct shipper I may not ship a container of wine of less than 750 milliliters and may ship no more than 12 cases, each of which may contain no more than 9 liters or an equivalent volume, to any one recipient address in a calendar year.

I hereby acknowledge that as a direct shipper I may not ship to any address in an area identified by the Division of Liquor Licensing and Enforcement as a prohibited shipping area or a local option area.

I hereby acknowledge that any shipment of wine by a licensed direct shipper shall be made only in containers that clearly indicate on the exterior of the container the name of the direct shipper and the name and address of the recipient. Each package to be shipped in accordance with this section so that it conspicuously reads:

Sales Tax Registration and payment required

Maine Revenue Service (207) 624-9693

As a condition of receiving a certificate of approval, a shipper located outside the State shall comply with the provisions of Title 36, Part 3, including all requirements relating to registration as a seller and the collection, reporting and remittance of the sales and use taxes of this State, and shall agree to be subject to the jurisdiction of the State for purposes of the enforcement of those obligations.

I hereby acknowledge that licensed direct shippers are responsible for remitting gallonage, excise and premium taxes quarterly to the Division of Liquor Licensing & Enforcement as required by the State of Maine.

I hereby acknowledge that licensed direct shippers shall provide to the Division of Liquor Licensing & Enforcement, upon request and under penalty of perjury, a list of any wine shipped to an address within Maine, including the addressee.

I hereby acknowledge that as a direct shipper, and as a condition of licensure, I am subject to the jurisdiction and enforcement authority of the State of Maine for the purposes of enforcement of 28-A , M.R.S.A. §1403-A.

Payments to the Division by check are subject to penalty provided by Section 3-B of Title 28A, MRS.

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)

Subscribed and sworn to before me this _____ day of _____ 20____

My Commission Expires _____ Notary Public _____

CONSENT TO JURISDICTION AND VENUE

I, _____, on behalf of the above listed applicant, hereby consent to jurisdiction and venue of all actions brought before the Division of Liquor Licensing and Enforcement, any state agency or the courts of the State of Maine, such that any and all hearings, appeals and other matters relating to my direct shipper license, if issued, shall be held in the State of Maine.

Signature of Applicant

Subscribed and sworn to before me this _____ day of _____ 20____

My Commission Expires _____ Notary Public _____

WARNING: The statements on this application are made under oath or affirmation. False statements can be grounds for the refection of the application or suspension or revocation of permit / license if issued. All data, written statements, affidavits, evidence or other documents submitted in support hereof shall be deemed to be a part of this application.

For Division Use Only:

Approved Not Approved Start Date: _____ Issued by: _____