BUREAU OF ALCOHOLIC BEVERAGES DIVISION OF LIQUOR LICENSING & ENFORCEMENT

Promise by any person that he or she can expedite a liquor license through influence should be completely disregarded.

To avoid possible financial loss an applicant, or prospective applicant, should consult with the Division before making any substantial investment in an establishment that now is, or may be, attended by a liquor license.

DIVISION USE ONLY	
LICENSE NUMBER:	CLASS:
DEPOSIT DATE:	
AMT. DEPOSITED:	BY:
CK/MO/CASH:	

PRESENT LICENSE EXPIRES_____

APPLICATION FOR SMALL BREWERY
$50.00
Check Payable: Treasurer State of Maine

The undersigned hereby applies for a Small Brewery License to produce malt liquors containing 25% or less Alcohol by volume not to exceed 50,000 gallons per year or their metric equivalent.

ALL QUESTIONS MUST BE ANSWERED IN FULL

1. APPLICANT(S) –(Sole Proprietor, Corporation, Limited Liability Co., etc.) **DOB:**	**2. Business Name (D/B/A)**
DOB:	
DOB:	**Location (Street Address)**
Address	**City/Town State Zip Code**
	Mailing Address
City/Town State Zip Code	**City/Town State Zip Code**
Telephone Number Fax Number	**Business Telephone Number Fax Number**
Federal I.D. #	**Federal basic permit number.**

2. Is applicant a corporation, limited liability company or limited partnership? _____Yes _____No

   If YES, complete Supplementary Questionnaire.

3. Business records are located at:_____

4. Is/Are applicant(s) citizens of the United States? _____Yes _____ No

5. Is/Are applicant(s) citizens of the State of Maine? _____Yes _____ No

6. If a corporation, does any officer, director or stockholder of said corporation have in any way an interest, directly or indirectly, as a director or stockholder in any other corporation which is a holder of a wholesale license granted by the State of Maine?

   _____Yes _____No.

7. Is the applicant directly or indirectly giving aid or assistance in the form of money, property, credit, or financial assistance of any sort, to any person, association, or corporation holding a liquor license granted by the State of Maine?

   _____Yes _____No

8. Each applicant shall file with the application a list giving the name and address of each wholesale dealer authorized to distribute products and designate the exclusive territory assigned to each wholesale dealer. Attach a distributor territory form or additional information outlining the exclusive territory for each wholesaler and the products they may distribute within the area.

9. Will you maintain an additional location for on-premise consumption?

_____Yes _____No

Name of Premise D/B/A_____

Address:_____State_____Zip Code_____

Telephone:_____ Name of Manager_____

Type of Premise_____

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

Name in Full (Print Clearly)	**DOB**	**Place of Birth**

Residence address on all of the above for previous 5 years (Limit answer to city & state)

_____

_____

11. Has/have applicant(s) or manager 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: _____

14. Will any law enforcement official benefit financially either directly or indirectly in your license, if issued?
Yes ☐ No ☐ If **Yes**, give name: _____

The Division of Liquor Licensing & Inspection is hereby authorized to obtain and examine all books, records and tax returns pertaining to the business, for which this liquor license is requested, and also such books, records and returns during the year in which any liquor license is in effect.

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 $2,000 or both."

Dated at: _____ on _____, 20 _____
Town/City, State Date

Please sign in blue ink

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

_____ _____
Print Name Print Name