



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

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**OFF PREMISE TRANSFER APPLICATION**

The undersigned, who is the holder of an Off Premise Liquor License under the provisions of Title 28-A MRSA § 605, hereby respectfully requests that said license be transferred from his present location:

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Street Address

TO:

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New Street Address

Both premises being within the same municipality of:

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City/Town

Permanent License #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name of Business: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ FAX Number: \_\_\_\_\_

Requested Transfer Date: \_\_\_\_\_

Dated at: \_\_\_\_\_ On \_\_\_\_\_, 20\_\_\_\_  
City /Town Date

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Signature of Individual(s) or Duly Authorized Officer(s)  
Of Corporation, or if Partnership by Members of  
Partnership

Office Located at 10 Water Street, HALLOWEL, ME 04347

(207) 624-7220

(207) 287-3434 FAX

