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

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

PRESENT LICENSE EXPIRES _____

☐ Public Service, Class I Spirituous, Vinous & Malt.....$900.00
☐ Public Service, Class II Spirituous Only.....$550.00
☐ Public Service, Class III Vinous Only.....$220.00
☐ Public Service, Class IV Malt Liquor Only.....$220.00
☐ Filing Fee (must accompany all applications).....$10.00

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**	

1. Has applicant ever held a liquor license, which was revoked? ☐ Yes ☐ No
   If **Yes**, give date and record _____

2. Has applicant ever been refused a license by this Division? ☐ Yes ☐ No

3. Is applicant a Corporation, Limited Liability Co. or Limited Partnership? ☐ Yes ☐ No

   If **Yes**, complete Corporate Information Required for Business Entities who are licensees.

4. If business is **New** indicate opening date: _____

5. The undersigned hereby applies for a license as _____ to sell alcoholic beverages.
   (Steamboat, Railroad Dining Cars, Pullman Cars or Aircraft)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Dated at _____ on _____ 20_____

Town/City State — Month/Day — Year

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