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

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

PRESENT LICENSE EXPIRES: _____

WHOLESALE MALT/WINE APPLICATION

□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 Total \$610.00 or \$1,2010.00

Corporation Name:	Business Name (D/B/A)			
APPLICANT(S) (Sole Proprietor)	DOB:	Physical Location:		
	DOB:	City/Town	State	Zip Co

ALL QUESTIONS MUST BE ANSWERED IN FULL Please Print Clearly

	2	0.2.	Thysical Docation.		
	D	OB:	City/Town	State	Zip Code
Address			Mailing Address		
City/Town	State	Zip Code	City/Town	State	Zip Code
Telephone Number	Fax N	lumber	Business Telephone Number		Fax Number
Federal I.D. #			Seller Certificate #: or Sales Tax #:		
Email Address: Please Print			Website:		

1. Are you a citizen of the United States: \Box Yes \Box No

2. 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

3. Do you own or have any interest in any another Maine Liquor License? \Box Yes \Box No If yes, please list License Number, Name, and physical location of any other Maine Liquor Licenses.

License #

Name of Business

Physical Location

City / Town

Use an additional sheet(s) if necessary.

4. Are you or any principal officer in the corporate structure of your corporation, if incorporated, a law enforcement official? □ Yes □ No If Yes, please give name:

5. Will any law enforcement official benefit either directly or indirectly in your license, if issued:

🗆 Yes 🗆 No

If Yes, Please give name: _____

Number of distributing centers or warehouses:

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: \Box Yes \Box No

Name:	DOB:
Location:	Offense:
Date of Conviction: Year Mon	th: Day:
Disposition:	
(Please use additional sheet(s) as nece	essary)
7. Has applicant any interest, financial or otherwise,	lirectly or indirectly, in the business of any person holding a

liquor license issued by the Liquor Licensing & Enforcement Division of this State: \Box Yes \Box No If Yes, please name business(s):

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 & Enforcement Division of this State? \Box Yes \Box No If Yes, please give name of business(s):

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 & Enforcement Division of this State: □ Yes □ No

If yes, please give name of business(s):

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? \Box Yes \Box No If Yes, please give name of business(s): ______

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 & Enforcement Division of this State: \Box Yes \Box No If Yes, please give name of business(s):

12. Have there been any chang	es in	n own	lers	hip, 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.				

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?

 \Box Yes \Box No If No, who: ____

Name	DOB	Number & Street	Town / City	State	Zip Code
					1

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

Wholesale Malt Win Application 5-2017

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

	T	1		1	
NAME	DOB	Cl	ТҮ	STATE	COUNTRY
17. Has applicant previously held a li □ Yes □ No If so, When? (List		by the Liquor	Licensing & E	nforcement	Division?
18. Has license ever been denied to a □ Yes □ No If Yes, indicate w		e Liquor Lice	nsing & Enfor	cement Div	ision of this State?
19. Has license ever been suspended □ Yes □ No If Yes, indicate when	l				
20. If not native born, when did you	become natura	lized?			
21. If a corporation, give information22. Who owns the property or holds toperation of said business?Name:	he lease upon t	the property, mber & Street:	real or persona	ıl, used by t	he applicant in the
Town/City:	State:		Zip Code:		
Phone: ()	Em	ail Address: _			
23. State distance from boundary of n	earest dry city	or town.			
I certify that all statements ab given in this application is false, that cancellation or suspension.					
Dated at City/Town State		on		,	20
City/Town State			Month/Day		
Signature(s) of Applicant(s) or Corpor	rate Officer	-	Printed	name of Appli	cant(s) or Corporate Officer
Signature(s) of Applicant(s) or Corpor	rate Officer		Printed	name of Appli	cant(s) or Corporate Officer
Signature(s) of Applicant(s) or Corpor	rate Officer		Printed	name of Appli	cant(s) or Corporate Officer