

BUREAU OF ALCOHOLIC BEVERAGES AND LOTTERY OPERATIONS
DIVISION OF LIQUOR LICENSING AND ENFORCEMENT
8 STATE HOUSE STATION
AUGUSTA, MAINE 04333-0008
TEL: (207) 624-7220 FAX: (207) 287-3434
EMAIL INQUIRIES: MAINELIQUOR@MAINE.GOV

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

AGENCY RENEWAL APPLICATION --- CLASS VIII STORE

AGENCY, MALT, VINOUS \$710.00

RESELLING AGENT \$ 50.00 (Must have Federal Basic Permit)

Check Payable: Treasurer, State of Maine

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	Website:		

Is applicant a Corporation: Yes No

If **Yes**, complete and attach Corporate Information Required for Business Entities form.

Have any changes occurred in Ownership, Partnership or Corporate structure since last renewal? Yes No
(Please be sure to note changes on Corporate Information Required for Business Entities form.)

If a manager is to be employed, give name: _____

Is/are applicant(s) citizens of the United States? Yes No

Is/are applicant(s) residents of the State of Maine? Yes No

List name, date of birth, place of birth for all applicants and managers, if any. 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)

Name: _____ City: _____ State: _____

Has applicant(s) or manager ever been convicted of any violation of the law, other than minor traffic violations in any State of the United States, within the past 5 years? Yes No (Attach other sheets as necessary)

Name: _____ Date of Conviction: _____

Offense: _____ Location: _____

Disposition: _____

Will any other person have any interest either directly or indirectly in your license, if issued? Yes No

If **Yes**, give name: _____

Is any principal person involved with the entity a law enforcement official?

YES NO If Yes, give name: _____

Has/have applicant(s) formerly held a Maine liquor license? Yes No

Does/do applicant(s) own the premises? Yes No If **No** give name and address of owner: _____

Describe in detail the premise to be licensed: **(Off Premise Diagram Required)**

What are your present hours of operation? From _____AM/PM To _____AM/PM **Sun Mon Tue Wed Thu Fri Sat**

List the wholesale value and types of merchandise in inventory: (Use separate sheet of paper if necessary.)

Beer: \$ _____ Wine: \$ _____ Edible Foods: \$ _____ Tobacco Products: \$ _____

Paper Goods: \$ _____ Greeting Cards, Magazines, and Newspapers: \$ _____

Total of all other merchandise in inventory: \$ _____

List current on-hand inventory of spirits, in dollars: \$ _____

Have you received any assistance financially or otherwise, (including any mortgages), from any source other than yourself in the establishment of your business? Yes No If **Yes**, give details: _____

List current annual dollar sales of: **Retail SPIRITS sales ONLY:** \$ _____

Wholesale (sales to other licensees only) sales: \$ _____

Basic Federal Permit # _____ (Must have Federal number for reselling)

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 \$2,000.00, or by both.

(Sign in blue ink)

Dated at: _____ on _____ 20 _____

City/Town, State

Month/Day

Year

X _____

X _____

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

Printed Name(s)



State of Maine
 Division of Alcoholic Beverages and
 Lottery Operations
 Division of Liquor Licensing and Enforcement

**Corporate Information Required for
 Business Entities Who Are Licensees**

For Office Use Only:	
License #:	_____
SOS Checked:	_____
100% Yes	<input type="checkbox"/> No <input type="checkbox"/>

Questions 1 to 4 must match information on file with the Maine Secretary of State's office. If you have questions regarding this information, please call the Secretary of State's office at (207) 624-7752. Please clearly complete this form in its entirety.

- Exact legal name: _____
- Doing Business As, if any: _____
- Date of filing with Secretary of State: _____ State in which you are formed: _____
- If not a Maine business entity, date on which you were authorized to transact business in the State of Maine: _____
- List the name and addresses for previous 5 years, birth dates, titles of officers, directors and list the percentage ownership: (attached additional sheets as needed)

NAME	ADDRESS (5 YEARS)	Date of Birth	TITLE	Ownership %

(Stock ownership in non-publicly traded companies must add up to 100%.)

- If Co-Op # of members: _____ (list primary officers in the above boxes)
- Is any principal person involved with the entity a law enforcement official?
 Yes No If Yes, Name: _____ Agency: _____

8. Has any principal person involved in the entity ever been convicted of any violation of the law, other than minor traffic violations, in the United States?

Yes No

9. If Yes to Question 8, please complete the following: (attached additional sheets as needed)

Name: _____

Date of Conviction: _____

Offense: _____

Location of Conviction: _____

Disposition: _____

Signature:

Signature of Duly Authorized Person

Date

Print Name of Duly Authorized Person

Submit Completed Forms To:

Bureau of Alcoholic Beverages
Division of Liquor Licensing and Enforcement
8 State House Station, Augusta, Me 04333-0008 (Regular address)
10 Water Street, Hallowell, ME 04347 (Overnight address)
Telephone Inquiries: (207) 624-7220 Fax: (207) 287-3434
Email Inquiries: MaineLiquor@Maine.gov

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Division of Liquor Licensing & Enforcement
8 State House Station, Augusta, ME 04333-0008
10 Water Street, Hallowell, ME 04347
Tel: (207) 624-7220 Fax: (207) 287-3434
Email Inquiries: MaineLiquor@maine.gov*

DIVISION USE ONLY	
<input type="checkbox"/>	Approved
<input type="checkbox"/>	Not Approved
BY:	

OFF PREMISE DIAGRAM

In an effort to clearly define your license premise and the area that storage of liquor is allowed. The Division requires all applicants to submit a diagram of the premise to be licensed in addition to a completed license application.

Diagrams should be submitted on this form and should be as accurate as possible. Be sure to label the areas of your diagram including entrances, office area, malt and wine coolers, cold and regular storage areas, display cases and shelves, restrooms, check out register(s) and all areas that you are requesting approval from the Division for your retail liquor license

