

State of Maine
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
 Email inquiries: MaineLiquor@Maine.gov

APPLICATION FOR WINERY..... \$ 1,000.00

The undersigned hereby applies for a Winery license to produce table wine and sparkling wine up to 24% alcoholic content exceeding 50,000 gallons per year.

APPLICATION FOR SMALL WINERY..... \$ 50.00

The undersigned hereby applies for a Winery license to produce table wine and sparkling wine up to 24% alcoholic content not to exceed 50,000 gallons per year.

ADDITIONAL LOCATION FOR SMALL WINERY (up to 2)\$ 50.00

Check Payable: Treasurer, State of Maine

PRESENT LICENSE EXPIRES _____

ALL QUESTIONS MUST BE ANSWERED IN FULL

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

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, limited liability company or limited partnership? Yes No

If Yes, complete the Corporate Information Required for Business Entities

Business records are located at: _____

The Division of Liquor Licensing & Enforcement 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.

1. Is/Are applicant(s) citizens of the United States? Yes No
2. Is/Are applicant(s) citizens of the State of Maine? Yes No
3. 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
4. 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
5. Will you maintain an additional location for tasting and retail sales other than your distillery location? Yes No
If yes, check appropriate box(s) and enclose additional fee.

Address: _____ State _____ Zip Code _____

Telephone: _____ Name of Manager _____

Email address: _____ (Please print)

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)			
Name	Address	City	State

Has/have applicant(s) or manager ever been convicted of any violation of the law, other than minor traffic violations, of any State of the United States? Yes No

Name: _____ Date of Conviction: _____

Offense: _____ Location: _____

Disposition: _____ (use additional sheet(s) if necessary)

Will any law enforcement official benefit financially either directly or indirectly in your license, if issued?

If Yes, give name: _____

Payments to the Division of liquor licensing & enforcement by check subject to penalty provided by Section 3-B of Title 28A, MRS

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