



Bureau of Alcoholic Beverages and Lottery Operations
Division of Liquor Licensing and Enforcement
 8 State House Station, Augusta, ME 04333-0008
 Telephone: 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:	

APPLICATION FOR SMALL BREWERY

\$50.00 Check Payable: Treasurer, State of Maine

NEW license Yes No

Present license expires: _____

The undersigned hereby applies for a Small Brewery License to produce malt liquors containing 25% or less Alcohol by volume not to exceed 50,000 gallons per year or their metric equivalent.

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:		

1. Is applicant a corporation, limited liability company or limited partnership? Yes No

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

2 Business records are located at: _____

The Division of Liquor Licensing & Inspection 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.

3. Is/Are applicant(s) citizens of the United States? Yes No

4. Is/Are applicant(s) citizens of the State of Maine? Yes No

5. 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

6. 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

Each applicant shall file with the application a list giving the name and address of each wholesale dealer authorized to distribute products and designate the exclusive territory assigned to each wholesale dealer. Attach a distributor territory form or additional information outlining the exclusive territory for each wholesaler and the products they may distribute within the area.

7. Will you maintain an additional location for on premise consumption? Yes No

Name of Premise D/B/A _____
Address: _____ State _____ Zip Code _____
Telephone: _____ Name of Manager _____
Type of Premise _____

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 in Full (Print Clearly)	Address	City	State
.....			
.....			
.....			

Use a separate sheet of paper if necessary.

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 a separate sheet of paper if necessary.

Will any law enforcement official benefit financially either directly or indirectly in your license, if issued?
 Yes No 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