



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

**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: [Liquor.Licensing@Maine.gov](mailto: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**

ALL QUESTIONS MUST BE ANSWERED IN FULL *Please Print Clearly*

<b>Corporation Name:</b>		<b>Business Name (D/B/A)</b>	
<b>APPLICANT(S)</b> (Sole Proprietor) <b>DOB:</b>		<b>Physical Location:</b>	
<b>DOB:</b>		<b>City/Town</b>	<b>State      Zip Code</b>
<b>Address</b>		<b>Mailing Address</b>	
<b>City/Town</b>	<b>State      Zip Code</b>	<b>City/Town</b>	<b>State      Zip Code</b>
<b>Telephone Number</b>	<b>Fax Number</b>	<b>Business Telephone Number</b>	<b>Fax Number</b>
<b>Federal I.D. #</b>		<b>Seller Certificate #: or Sales Tax #:</b>	
<b>Email Address: Please Print</b>		<b>Website:</b>	

- Are you a citizen of the United States:     **Yes**    **No**
- 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**
- 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: \_\_\_\_\_

4. 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: \_\_\_\_\_

*Print Clearly*

Name	Street	City

5. 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:  Yes  No

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Location: \_\_\_\_\_ Offense: \_\_\_\_\_

Date of Conviction: Year \_\_\_\_\_ Month: \_\_\_\_\_ Day: \_\_\_\_\_

Disposition: \_\_\_\_\_  
(Please use additional sheet(s) as necessary)

6. Has applicant any interest, financial or otherwise, directly or indirectly, in the business of any person holding a liquor license issued by the Liquor Licensing & Enforcement Division of this State:  Yes  No If Yes, please name business(s): \_\_\_\_\_

7. 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?  Yes  No If Yes, please give name of business(s): \_\_\_\_\_

8. 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): \_\_\_\_\_

9. 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?  Yes  No If Yes, please give name of business(s): \_\_\_\_\_

10. 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:  Yes  No If Yes, please give name of business(s): \_\_\_\_\_

11. Have there been any changes in ownership, 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. \_\_\_\_\_

12. If a partnership or association, are all members thereof citizens of the United States?  **Yes**  **No**  
 If No, who: \_\_\_\_\_

13. If a partnership or association, are all members thereof citizens of Maine?  **Yes**  **No** If No, who: \_\_\_\_\_

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

Name	DOB	Number & Street	Town / City	State	Zip Code

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

NAME	DOB	CITY	STATE	COUNTRY

16. Has applicant previously held a license issued by the Liquor Licensing & Enforcement Division?  **Yes**  **No**  
 If so, When? (List each year) \_\_\_\_\_

17. Has license ever been denied to applicant by the Liquor Licensing & Enforcement Division of this State?  **Yes**  **No**  
 If Yes, indicate when. \_\_\_\_\_

18. Has license ever been suspended or revoked?  **Yes**  **No** If Yes, indicate when. \_\_\_\_\_

19. If not native born, when did you become naturalized? \_\_\_\_\_

20. If a corporation, give information requested on supplementary questionnaire for corporate applicants.

