



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

**Application for Sales Representative License**

Please complete this application in its entirety; missing information will slow the process of licensure.

1. Type of Application:     New                                       Renewal

**If this is a NEW application, please attach a letter from the company / suppliers listed in Item #3 below, confirming that the salesperson in Item # 2 below is authorized to represent them in Maine.**

2. Personal and Contact Information for Sales Representative:

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

Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Daytime Telephone: \_\_\_\_\_ Fax number: \_\_\_\_\_

Email address: \_\_\_\_\_

*Please Print*

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ State or Country \_\_\_\_\_

Type of liquor that you sell (check all that apply)     Malt             Wine             Spirits

3. Name and address of all Company and Suppliers who you are employed as a liquor sales representative:  
**(Attach more pages as necessary)**

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

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Daytime Telephone: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email address: \_\_\_\_\_

*Please Print*

4. Has this person been trained:  Yes  No
5. In the past 5 years, have you been arrested, indicted or convicted of any violation of state or federal law, other than a minor traffic violation in any State?

Yes  No

If yes, please provide details on when, where and the type of violation:

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(Attach more pages as necessary)

\_\_\_\_\_  
Signature of sales representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of sales representative

Application Fee: \$50.00. Please make check payable to the Treasurer, State of Maine.

Submit Completed Forms To: Bureau of Alcoholic Beverages  
 Division of Liquor Licensing and Enforcement  
 8 State House Station  
 Augusta, Me 04333-0008  
 Telephone Inquiries: (207) 624-7220  
 Fax Inquiries: (207) 287-3434  
 Email Inquiries: [MaineLiquor@Maine.gov](mailto:MaineLiquor@Maine.gov)

**For Division Use Only:**

Date Filed: \_\_\_\_\_ Date Issued: \_\_\_\_\_

Approved  Not Approved

License #: \_\_\_\_\_ Vendor #: \_\_\_\_\_

Deposit Date: \_\_\_\_\_ Amount Deposited: \$ \_\_\_\_\_

Cash CK MO: \_\_\_\_\_ By: \_\_\_\_\_

Sent Card to:  Company  Individual Issued By: \_\_\_\_\_