STATE OF MAINE
BUREAU OF ALCOHOLIC BEVERAGES AND LOTTERY OPERATIONS
DIVISION OF LIQUOR LICENSING AND ENFORCEMENT
8 STATE HOUSE STATION
AUGUSTA, MAINE 04333-0008
Tel: (207) 287-4482 or (207) 287-4492
Fax: (207) 287-3434

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

☐ **APPLICATION FOR DISTILLERY……. $1000.00**

The undersigned hereby applies for a Large Distillery License to produce Spirituous Liquor exceeding 50,000 gallons per year.

☐ **SMALL DISTILLERY…….…… $ 100.00**

The undersigned hereby applies for a Small Distillery License to produce Spirituous Liquor not to exceed 50,000 gallons per year.

ADDITIONAL LOCATIONS (up to 2)….……..$ 100.00 EACH

Check Payable: Treasurer, State of Maine

PRESENT LICENSE EXPIRES_____

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, limited liability company or limited partnership? ☐ Yes ☐ No
If Yes, complete the Corporate Information Required for Business Entities

1. 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.

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

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

4. 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

5. 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

6. 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

7. 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)

8. 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