



**STATE OF MAINE**

DEPARTMENT OF ADMINISTRATIVE AND FINANCIAL SERVICES  
BUREAU OF ALCOHOLIC BEVERAGES AND LOTTERY OPERATIONS  
DIVISION OF LIQUOR LICENSING AND ENFORCEMENT

**Supplemental Ownership Form**

[28-A M.R.S. §651](#)

*All Questions Must Be Answered Completely.*

<b>1. Legal name of applicant:</b>	
<b>2. Date of incorporation or registration:</b>	<b>3. State of incorporation: (if outside Maine)</b>

**4. List the name, address, birth date, and title of officers, directors, owners over 10%, and persons with indirect financial interest in the applicant. (use additional pages, if needed)**

Name	Address	Date of Birth	Title	Ownership Stake (%)

NOTE: If no person holds an ownership interest equal to or greater than 10% complete the affidavit on the next page.

