| DIVISION USE ONLY |
| :--- |
| License No: $\quad$ By: |
| Class: |
| Deposit Date: |
| Amt. Deposited: |
| Cash Ck Mo: |

## 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
PRESENT LICENSE EXPIRES: $\qquad$
Email inquiries: Liquor.Licensing@Maine.gov

## WHOLESALE MALT/WINE APPLICATION

Application for Wholesale Malt Liquor License .\$ 600.00Application for Wholesale Table Wine License. . 600.00Filing Fee . 10.00Check Payable to: Treasurer, State of Maine Total \$610.00 or \$1,210.00
ALL QUESTIONS MUST BE ANSWERED IN FULL Please Print Clearly

| 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 $\quad$ 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: <br> Please Print | Website: |

1. Are you a citizen of the United States: $\quad \square$ Yes $\square$ No
2. 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? $\square$ Yes No
3. Do you own or have any interest in any another Maine Liquor License?Yes If yes, please list License Number, Name, and physical location of any other Maine Liquor Licenses.

License \#
Name of Business

Physical Location
City / Town
Use an additional sheet(s) if necessary.
4. Are you or any principal officer in the corporate structure of your corporation, if incorporated, a law enforcement official? $\quad \square$ Yes $\square$ No If Yes, please give name:
5. Will any law enforcement official benefit either directly or indirectly in your license, if issued:

If Yes, Please give name: $\qquad$
Number of distributing centers or warehouses: $\qquad$

| Name | Print Clearly |  |
| :--- | :--- | :--- |
| Street |  |  | City |  |  |
| :--- | :--- |
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6. 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:


Name: $\qquad$ DOB: $\qquad$
Location: $\qquad$ Offense: $\qquad$
Date of Conviction: Year $\qquad$ Month: $\qquad$ Day: $\qquad$
Disposition:
(Please use additional sheet(s) as necessary)
7. 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: please name business(s):

8. 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? $\square$ Yes $\square$ No If Yes, please give name of business(s):
9. 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:
$\square$ Yes $\square$ No
If yes, please give name of business(s):
10. 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? $\quad \square$ Yes $\square$ No If Yes, please give name of business(s): $\qquad$
11. 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: $\quad \square$ Yes $\square$ No If Yes, please give name of business(s):
12. Have there been any changes in ownership, management, or operation of the business to which this application applies during the past year? $\quad \square$ Yes $\square$ No If Yes, give details, including Maine citizenship status and address of any new person.
13. If a partnership or association, are all members thereof citizens of the United States?
$\square$ Yes $\square$ No If No, who:
14. If a partnership or association, are all members thereof citizens of Maine?
$\square$ Yes $\square$ No If No, who: $\qquad$
15. If a partnership, give name(s) and address(s) of all partners: Print Clearly

| Name | DOB | Number \& Street | Town / City | State | Zip Code |
| :--- | :--- | :--- | :--- | :--- | :--- |
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16. If an individual or partnership, give date of birth and place of birth for all members: Print Clearly

| NAME | DOB | CITY | STATE | COUNTRY |
| :---: | :---: | :---: | :---: | :---: |
|  |  |  |  |  |
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17. Has applicant previously held a license issued by the Liquor Licensing \& Enforcement Division?

Yes $\square$ No If so, When? (List each year)
18. Has license ever been denied to applicant by the Liquor Licensing \& Enforcement Division of this State?

Yes $\square$ No If Yes, indicate when.
19. Has license ever been suspended or revoked?
$\square$ Yes $\square$ No If Yes, indicate when.
20. If not native born, when did you become naturalized?
21. If a corporation, give information requested on supplementary questionnaire for corporate applicants.
22. Who owns the property or holds the lease upon the property, real or personal, used by the applicant in the operation of said business?
Name: $\qquad$ Number \& Street: $\qquad$
Town/City: $\qquad$ State: $\qquad$ Zip Code: $\qquad$
Phone: (___) $\qquad$ Email Address: $\qquad$
23. State distance from boundary of nearest dry city or town.

I certify that all statements above are true to the best of my knowledge. I understand that if any information given in this application is false, that the liquor license to which this application applies is subject to immediate cancellation or suspension.


Signature(s) of Applicant(s) or Corporate Officer

Signature(s) of Applicant(s) or Corporate Officer

Printed name of Applicant(s) or Corporate Officer

Printed name of Applicant(s) or Corporate Officer


# State of Maine <br> Division of Alcoholic Beverages and <br> Lottery Operations <br> Division of Liquor Licensing and Enforcement 

## Corporate Information Required for

 Business Entities Who Are LicenseesQuestions 1 to 4 must match information on file with the Maine Secretary of State's office. If you have questions regarding this information, please call the Secretary of State's office at (207) 624-7752. Please clearly complete this form in its entirety.

1. Exact legal name: $\qquad$
2. Doing Business As, if any: $\qquad$
3. Legal Entity's FEIN \#: $\qquad$
4. State in which you are formed: $\qquad$
5. List the name and addresses for previous 5 years, birth dates, titles of officers, directors and list the percentage ownership: (attached additional sheets as needed)

| NAME | ADDRESS (5 YEARS) | Date of <br> Birth | TITLE |
| :--- | :--- | :--- | :--- | :--- |

Ownership in non-publicly traded companies must add up to $100 \%$ and ownership must be listed to the individual level. (e.g., if ABC LLC owns $50 \%$ of the licensee, ABC LLC's owners must be listed. Repeat until no entities are listed and only individuals remain.)
6. Has any principal person involved in the entity ever been convicted of any violation of the law, other than minor traffic violations, in the United States?

## Yes $\square$ No $\square$

7. If Yes to Question 8, please complete the following: (attached additional sheets as needed)

Name: $\qquad$
Date of Conviction: $\qquad$
Offense: $\qquad$

Location of Conviction: $\qquad$
Disposition: $\qquad$
$\qquad$

Name: $\qquad$

Date of Conviction: $\qquad$
Offense: $\qquad$
Location of Conviction: $\qquad$

Disposition: $\qquad$
$\qquad$

Submit Completed Forms To:
Bureau of Alcoholic Beverages
Division of Liquor Licensing and Enforcement
8 State House Station, Augusta, Me 04333-0008 (Regular address)
19 Union St., 3rd Fl Augusta, ME 04330 (Overnight address)
Telephone Inquiries: (207) 624-7220
Email Inquiries: liquor.licensing@,maine.gov

