## Division of Liquor Licensing & Enforcement 8 State House Station

Augusta, ME 04330-0008 Tel: (207) 624-7220 Fax: (207) 287-3434

#### **BOTTLE CLUB REGISTRATION APPLICATION**

Email Inquiries: MaineLiquor@Maine.gov

\$50.00 – Bottle Club Registration Fee	DIVISION USE ONLY
\$10.00 – Filing Fee per application	License No:
\$60.00 - Check Payable: Treasurer, State of Mai	ne Class: By:
	Deposit Date:
New Bottle Club ☐ Yes ☐ No	Amt. Deposited:
PRESENT REGISTRATION EXPIRES	Cash Ck Mo:
<b>ALL QUESTIONS MUST</b> Please Pri	
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 #:
Federal I.D. #  Email Address: Please Print	

Tuesday Open \_\_\_\_\_AM/PM Close \_\_\_\_\_AM/PM Friday Open \_\_\_\_\_AM/PM Close \_\_\_\_\_AM/PM

Saturday Open \_\_\_\_\_AM/PM Close \_\_\_\_\_AM/PM

ivanie				
Address:			Town/City:	
State	Zip C	code		
If yes, please list l	License Number,	Name, and physical loo	Liquor License?   Yes cation of any other Maine Li	□ No iquor
Lice	ense # Name of	of Business		
Physical Location Use an additional	sheet(s) if necess	ary.	City / Town	
6. List name, date married:	of birth, place of	birth for all applicants	s and managers. Give maider	n name if
Name	in full (Print Clearly	y) DOB	Place of Birth	
Use a separate sheet	of paper if necessary	y.		
Residen Name in Full	nce address on all of t	the above for previous 5 yea City	ars (Limit answer to city & State)	) State
		INICIDAL OFFIC	ERS & COUNTY	
TO STATE O	F MAINE MU	MICH AL OFFIC.		
		INICH AL OFFIC.		
COMMISSIO	NERS:		n 653 of Title 28-A Mai	ne
COMMISSION Hereby certify	NERS: that we have co			ne
COMMISSION Hereby certify	NERS: that we have co	omplied with Sectio pprove said applicat		ne

Signature of Officials	Printed Name and Title
7. Has applicant(s) or managers(s) ever been comminor traffic violations of any State of the Un	
Name: Date of	of conviction:
Offense: Locati	on:
Dictisc Locati	on
Disposition:	
8. Has any other person any interest, directly or in  If YES, please provide name:	ndirectly, in your business? YES \( \simeq \) NO \( \simeq \)
9. Has applicant(s) formerly held a Maine liquor	license? YES \( \square\) NO \( \square\)
NOTE: "I understand that false statements made supplying false information on this form is a Clas by confinement of up to one year or by monetary	s D offense under the criminal code, punishable
Dated at: on	,20
Dated at: on	Day Year
Signature(s) of Applicant(s) or Corporate Officer(s)	
Print Names of Applicant(s) or Corporate Officer(s)	

Bureau of Alcoholic Beverages and Lottery Operations Division of Liquor Licensing & Enforcement 8 State House Station, Augusta, ME 04333-0008 10 Water Street, Hallowell, ME 04347

Tel: (207) 624-7220 Fax: (207) 287-3434 Email Inquiries: <u>MaineLiquor@maine.gov</u>

	DIVISION USE ONLY
	Approved
	Not Approved
BY:	

#### ON PREMISE DIAGRAM

In an effort to clearly define your license premise and the area that consumption and storage of liquor is allowed. The Division requires all applicants to submit a diagram of the premise to be licensed in addition to a completed license application.

Diagrams should be submitted on this form and should be as accurate as possible. Be sure to label the areas of your diagram including entrances, office area, kitchen, storage areas, dining rooms, lounges, function rooms, restrooms, decks and all areas that you are requesting approval from the Division for liquor consumption.

# **State of Maine**

Division of Alcoholic Beverages and Lottery Operations Division of Liquor Licensing and Enforcement

For Office Use Only:
License #:
SOS Checked:
100% Yes □ No □

# **Corporate Information Required for Business Entities Who Are Licensees**

Questions 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:
2.	Doing Business As, if any:
3.	Date of filing with Secretary of State: State in which you are formed:
4.	If not a Maine business entity, date on which you were authorized to transact business in the State of Maine:
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 Birth	TITLE	Ownership %

(Stock ownership in non-publicly traded companies must add up to 100%.)

6.	If Co-Op # of members: (list primary officers in the above boxes	;)
7.	Is any principal person involved with the entity a law enforcement official?	
	Yes No If Yes, Name: Agency:	
8.	Has any principal person involved in the entity ever been convicted of any viol the law, other than minor traffic violations, in the United States?	ation o
	Yes No	
9.	If Yes to Question 8, please complete the following: (attached additional sheets as needed)	
	Name:	
	Date of Conviction:	
	Offense:	-
	Location of Conviction:	_
	Disposition:	_
Sign	ature:	_
Sign	nture of Duly Authorized Person Date	
Print	Name of Duly Authorized Person	
Subi	nit Completed Forms To:	
Divi 8 Sta 10 W Tele	au of Alcoholic Beverages sion of Liquor Licensing and Enforcement te House Station, Augusta, Me 04333-0008 (Regular address) Vater Street, Hallowell, ME 04347 (Overnight address) Schone Inquiries: (207) 624-7220 Fax: (207) 287-3434 I Inquiries: MaineLiquor@Maine.gov	

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### SUPPLEMENTARY QUESTIONNAIRE FOR CLUB APPLICANTS

1. Legal Club Nar	ne:			
2. D/B/A Name:_				
3. Complete Title, club:	, name, date of bi	rth and telephone	number for each princi	pal officer of the
Title	Na	me	Birth Date	Telephone
4. Date Club was	incorporated:			
			———— ☐ Patriotic ☐ Fraterr	nal
•				
_	_			
/. Date of electio	n of Club Officei	'S:		
8. Date elected of	fficers are installe	ed:		
9. Total Members	ship:	Annual Dues:	Payable W	/hen:
10. Does the Clul	b cater to the pub	0 1	non-members on the p	remises?
11. Excluding sala			e Club, receive any of t	the financial profits
from the sales of l			e crae, receive any or c	are imanetal profits
12. If a manager of	or steward is emp	loyed, complete th	ne following:	
Name:		Da	te of Birth:	
Please sign in blu	ıe ink			
Signature	e & Title of Club	Officer	Date	
Print Na	ame & Title of Cl	ub Officer		