| BUREAU OF ALCOHOLIC BEVERAGES DIVISION OF LIQUOR LICENSING & ENFORCEMENT | DEPARTMENT USE ONLY |
|--|---------------------|
| 8 STATE HOUSE STATION AUGUSTA, ME 04333-0008 | License No.: |
| Liquor.Licensing@Maine.gov | Class: |
| (207) 624-7220 | Deposit Date: |
| NEW APPLICATION ONLY | Amt. Deposited: By: |
| Renewals must be submitted on the industry portal https://www1.maine.gov/cgi-bin/online/bablo/liquor/index.pl | CASH Ck Mo: |
| | |

APPLICATION FOR CERTIFICATE OF APPROVAL

| Certificate of Approval – Malt Liquor | \$1000 |
|--|--------|
| Certificate of Approval – Table Wine | \$1000 |
| Certificate of Approval – Table Wine (120 gallons or less per year) | \$100 |
| Certificate of Approval - Malt Liquor (120 gallons or less per year) | \$100 |
| Filing Fee – per application | \$10 |

Make Check Payable to: Treasurer State of Maine

The undersigned hereby applies for a certificate of approval for selling, transporting and shipping into the State of Maine liquors to Maine wholesale licensees in accordance with the provisions of **28-A M.R.S. §1361**.

| Corporation Name: | | | Business Name (D/B/A) | | |
|----------------------------|-------|------------|--|-------|------------|
| APPLICANT(S) (Sole Proprie | tor) | 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: | | | Website: | | |

ALL OUESTIONS MUST BE ANSWERED IN FULL

List all Corporate officers, Partners, etc.:

| NAME: | PRINT CLEARLY | DOB |
|-------|---------------|-----|
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1. Is any officer, director, or stockholders of said corporation in any way interested, directly or indirectly as a director or stockholder, in any other corporation, which is the holder of a wholesale or retail license for the sale of liquors, granted by the State of Maine? \Box YES \Box NO

2. Is the applicant directly or indirectly giving aid or assistance in the form of money, property, credit (other than the usual commercial credit), or financial assistance of any sort, to any person, association, or corporation holding a liquor license granted by the State of Maine? \Box YES \Box NO

3. Do you own or have any interest in any another Maine Liquor License? \Box YES \Box NO If yes, please list License Number, Name, and physical location of any other Maine Liquor Licenses. Use an additional sheet(s) if necessary.

License #

Name of Business

Physical Location

City / Town

4. Each holder of a certificate of approval shall file with his application a list giving the name and address of each wholesaler authorized to distribute products of that certificate holder and designating the exclusive territory assigned to each wholesaler within the State. Wholesalers shall not sell those products to licensees outside of the exclusive territory so allocated and designated, unless previously authorized by the department.

| NAME | PRINT CLEARLY | ADDRESS |
|------|---------------|---------|
| | | |
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ATTACH ADDITIONAL INFORMATION OUTLINING THE EXCLUSIVE TERRITORIES FOR EACH WHOLESALER AND PRODUCTS OR BRANDS THEY MAY DISTRIBUTE WITHIN THE AREA.

5. It is unlawful for any wholesale licensee to purchase alcoholic beverages from other than the primary source of supply within the United States. "Primary source of supply" means the distillers, the bottler, the brewer, the brand owner or designated agent of any distiller, brewer or brand owner.

6. Do you intend to maintain special in-state storage warehouse facilities?

YES INO

If yes, please check the appropriate box, complete the following section and enclose required additional fee.

| Certificate of Approval for in-state storage warehouse, Malt Only \$6 | 600 |
|---|-----|
|---|-----|

□ Certificate of Approval for in-state storage warehouse, Wine Only ------ \$600

Certificate of Approval for in-state storage warehouse, Spirits Only ------ \$600

7. Address of Maine warehouse: Street: _____ City/Town: _____

Zip Code: _____ Telephone Number: _____

Name of manager or person in charge: ______Email : ______

 Dated at: ______ on Month/Day ______ 20____

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

Print Name

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

Print Name