



Bureau of Alcoholic Beverages and Lottery Operations
Division of Liquor Licensing and Enforcement
 8 State House Station, Augusta, ME 04333-0008 (Regular Mail)
 10 Water Street, Hallowell, ME 04347 (Overnight Mail)
 Telephone: 207-624-7220 Fax: 207-287-3434
 Email inquiries: MAINELIQUOR@MAINE.GOV

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

NEW license Yes No

PRESENT LICENSE EXPIRES: _____

APPLICATION FOR LARGE DISTILLERY

- \$1,000.00 Distillery License Fee** *The undersigned hereby applies for a Large Distillery License to produce Spirituous Liquor exceeding 50,000 gallons per year.*
- \$10.00 Filing Fee**
- \$1000.00 Additional Location Warehouse (1 Year Storage)**

Check Payable: Treasurer, State of Maine

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 Basic Permit #:			Seller Certificate #: or Sales Tax #:		
Email Address: Please Print			Website:		

1. Is applicant a corporation, limited liability company or limited partnership? Yes No
 If Yes, complete the Corporate Information Required for Business Entities
2. Business records are located at: _____
3. Do you own or have any interest in any another Maine Liquor License? Yes No
 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. Is/Are applicant(s) citizens of the United States? Yes No
- 5. Is/Are applicant(s) citizens of the State of Maine? Yes No
- 6. 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
- 7. 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

8. Will you maintain an additional warehouse location?
 Yes No If yes, check appropriate box(s) (top of form) and enclose additional fee.

Address: _____ State _____ Zip _____

Code _____

Telephone: _____ Name of

Manager _____

Email address: _____ (Please print)

9. Will any law enforcement officer directly benefit financially in your license, if issued?
 Yes No If **Yes**, give name: _____

10. 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

11. Residence address on all of the above for previous 5 years (Limit answer to city & state)

Name: _____	City: _____	State: _____
Name: _____	City: _____	State: _____
Name: _____	City: _____	State: _____

12. 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)

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

Please be sure to include the following with your application:

- Completed original application with original signatures.
- Signed check with the correct fees and payment made out to: Treasurer, State of Maine
- Corporation Information Required for Business Entities. (if applicable)
- List with name and address of each wholesale dealer authorized to distribute products of your licensed distillery.
- Attached the distributor territory form.
- Attached documentation of primary source.
- Complete the label registration form with the associated annual fees.

Submit Completed Forms To:

Bureau of Alcoholic Beverages
Division of Liquor Licensing and Enforcement
8 State House Station, Augusta, Me 04333-0008 (Regular address)
10 Water Street, Hallowell, ME 04347 (Overnight address)
Telephone Inquiries: (207) 624-7220 Fax: (207) 287-3434
Email Inquiries: MaineLiquor@Maine.gov

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Manufacturing Diagram
(Facility Drawing/ Floor Plan)

In an effort to clearly define your license premise and the areas 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 following areas: • **Entrances** • **Office area** • **Malt/Wine Coolers** • **Storage areas** • **Display Cases & Shelves** • **Restroom** • **Register** • **Area of Manufacturing** • **Area of retail sales** • **Area for on premise consumption** • **Outside area/ decks** • **All other areas that you are requesting approval.**



State of Maine
 Division of Alcoholic Beverages and
 Lottery Operations
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**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. Legal Entity's FEIN #: _____
4. Date of filing with Secretary of State: _____ State in which you are formed: _____
5. If not a Maine business entity, date on which you were authorized to transact business in the State of Maine:

6. 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%.)

7. If Co-Op # of members: _____ (list primary officers in the above boxes)

8. 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 No

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

Name: _____ Date of Conviction: _____

Offense: _____

Location of Conviction: _____

Disposition: _____

Signature:

Signature of Owner or Corporate Officer

Date

Print Name of Owner or Corporate Officer

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