

Bureau of Alcoholic Beverages and Lottery Operations
Division of Liquor Licensing & Enforcement
8 State House Station
Augusta, ME 04333-0008
Tel: (207) 624-7220 Fax: (207) 287-3434
Email inquiries: MaineLiquor@Maine.gov

NOTICE

To avoid any delay in the processing of your application and issuance of your liquor license, please make sure that:

- You completed the application in full. (Please allow up to 30 days to process)
- Application is signed by the owner(s), corporate officer.
- The license fee is correct and you have also included the \$10.00 filing fee.
- A diagram of the premises to be licensed accompanies the application.
- If the business is located in an unorganized township, the application must be approved by the County Commissioners and the \$10.00 filing fee must be paid to them. Please be sure to include a copy of the receipt of payment with your application.
- Corporations, limited liability companies, partnerships must complete and submit the Corporate Information Required for Business Entities who are Licensees.
- If not a publicly traded entity, ownership must add up to 100%.

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 Street, 3rd Floor, Suite 301-B, Augusta, ME 04333-0008 (Overnight address)

BUREAU OF ALCOHOL BEVERAGES AND LOTTERY OPERATIONS
DIVISION OF LIQUOR LICENSING AND ENFORCEMENT

DIVISION USE ONLY	
License No:	
Class:	By:
Deposit Date:	
Amt. Deposited:	
Cash Ck Mo:	
Good SOS & DBA: YES <input type="checkbox"/> NO <input type="checkbox"/>	

NEW license Yes No **Present License Expires** _____

If business is NEW indicate opening date: _____ **Business Hours** _____

- Off-Premise Retailer – Malt Liquor\$200.00
- Off-Premise Retailer – Table Wine\$200.00
- Filing Fee\$ **10.00**

NOTE: if the place of business is located in an unincorporated place, the County Commissioners must approve the application. All such applications shall be accompanied by receipt of payment of the \$10.00 filing fee to the County Treasurer.

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
Address		Code	Code
Address		Mailing Address	Same As Above? <input type="checkbox"/>
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:	

1. List of Wholesale Value and Types of Merchandise in inventory: **(must be answered)**

Edible Foods \$ _____ Tobacco Products \$ _____ Paper Goods # _____

Greeting cards, Magazines, Newspapers \$ _____ Total all other inventory \$ _____

2. Is applicant a Corporation, Limited Liability Co., or Limited Partnership? Yes No
 (If Yes complete Corporate Information Required for Business Entities)

3. If Manager is to be hired, give name: _____

PAYMENTS TO THE DIVISION OF LIQUOR LICENSING & ENFORCEMENT BY CHECK SUBJECT TO
PENALTY PROVIDED BY 28-A MRS SECTION 3.

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 \$500.00 or by both."

Dated at: _____ on _____, 20____
City/Town Date Year

PLEASE SIGN IN BLUE INK

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

Print Name of Applicant(s) or Corporate Officer(s)

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

**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 in 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: (attach 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 8, please complete the following: (attached additional sheets as needed)

Name: _____

Date of Conviction: _____

Offense: _____

Location of Conviction: _____

Disposition: _____

Signature:

PLEASE SIGN IN BLUE INK

Signature of Owner or Corporate Officer

Date

Print Name of Owner or Corporate Officer

OFF PREMISE DIAGRAM

(Facility Drawing/Floor Plan)

In an effort to clearly define your license premise and the area that 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 to follow: • **Entrances** • **Office area** • **Kitchen** • **Storage Areas** • **Malt/Wine Coolers** • **Display Cases & Shelves** • **Dining Rooms** • **Restrooms** • **All Inside areas that you are requesting approval.**

