Bureau of Alcoholic Beverages  
Division of Liquor Licensing & Enforcement  
8 State House Station  
Augusta, ME 04333-0008  
Tel: (207) 624-7220  Fax: (207) 387-3434

SUPPLEMENTARY QUESTIONNAIRE FOR CLUB APPLICANTS

1. Legal Club Name: _____________________________________________________________

2. D/B/A Name: ________________________________________________________________

3. Complete Title, name, date of birth and telephone number for each principal officer of the club:

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<th>Title</th>
<th>Name</th>
<th>Birth Date</th>
<th>Telephone</th>
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4. Date Club was incorporated: ______________________

5. Purpose of Club: ☐ Social  ☐ Recreational  ☐ Patriotic  ☐ Fraternal

6. Date regular meetings are held: ________________________________

7. Date of election of Club Officers: ________________________________

8. Date elected officers are installed: ________________________________

9. Total Membership: __________  Annual Dues: ______________  Payable When: __________

10. Does the Club cater to the public or to groups of non-members on the premises?  Yes ☐  No ☐

11. Excluding salaries, will any person, other than the Club, receive any of the financial profits from the sales of liquors?  Yes ☐  No ☐

12. If a manager or steward is employed, complete the following:

Name: ____________________________  Date of Birth: ____________________________

Name: ____________________________  Date of Birth: ____________________________

Sign in blue ink

_________________________________  ____________________________
Signature & Title of Club Officer  Date

_________________________________
Print Name & Title of Club Officer