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)
10 Water Street, Hallowell, ME 04347 (Overnight address)
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

<table>
<thead>
<tr>
<th>Corporation Name:</th>
<th>Business Name (D/B/A)</th>
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<tbody>
<tr>
<td>APPLICANT(S) –(Sole Proprietor)</td>
<td>DOB:</td>
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<td></td>
<td>Physical Location:</td>
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<tr>
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<td>DOB:</td>
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<td>City/Town Code</td>
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<td>State</td>
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<td>Address</td>
<td>Mailing Address</td>
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<td>City/Town</td>
<td>State</td>
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<td>Telephone Number</td>
<td>Fax Number</td>
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<tr>
<td>Federal I.D. #</td>
<td>Seller Certificate #: or Sales Tax #:</td>
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<tr>
<td>Email Address:</td>
<td>Website:</td>
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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: ________________________________________________
4. Is/Are applicant(s) citizens of the United States? Yes ☐ No ☐
5. Is/Are applicant(s) residents of the State of Maine? Yes ☐ No ☐
7. List name, date of birth, place of birth for all applicants and managers. Give maiden name if married.

<table>
<thead>
<tr>
<th>Name in Full (Print Clearly)</th>
<th>DOB</th>
<th>Place of Birth</th>
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<tr>
<th>Residence address on all of the above for previous 5 years (Limit answer to city &amp; state)</th>
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<tbody>
<tr>
<td>Name:</td>
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<td>City:</td>
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<td>City:</td>
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<td>State:</td>
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Use a separate sheet of paper if necessary.

8. Has applicant(s) or manager(s) 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 a separate sheet of paper if necessary.

9. Will any law enforcement official benefit directly in your license, if issued? Yes ☐ No ☐
   If Yes, give name: __________________________________

10. Has applicant(s) formerly held a Maine liquor license? Yes ☐ No ☐

11. Do applicant(s) own the premises? Yes ☐ No ☐
    If No, give name and address of owner: ______________

12. Describe in detail where liquor will be stored: **(Off Premise Diagram Required)**

13. Have you received any assistance financially or otherwise (including any mortgages) from any source other than yourself in the establishment of your business? Yes ☐ No ☐
    If Yes, give details: ________________________________

14. 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.

<table>
<thead>
<tr>
<th>License #</th>
<th>Name of Business</th>
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Use an additional sheet(s) if necessary.
15. Does any other person have any interest directly or indirectly in your business (husband, wife, child, etc)?
Yes ☐ No ☐ If Yes, give details _____________________________________________________________
__________________________________________________________________________________________

PAYMENTS TO THE DIVISION OF LIQUOR LICENSING & ENFORCEMENT BY CHECK SUBJECT TO
PENALTY PROVIDED BY SECTION 3 OF TITLE 28A, MAINE REVISED STATUTES

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)

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

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
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 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: (attach additional sheets as needed)

<table>
<thead>
<tr>
<th>NAME</th>
<th>ADDRESS (5 YEARS)</th>
<th>Date of Birth</th>
<th>TITLE</th>
<th>Ownership %</th>
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(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

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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)
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.**