1. Is applicant a Corporation: □ Yes □ No
If Yes, complete and attach Corporate Information Required for Business Entities form.

2. Have any changes occurred in Ownership, Partnership or Corporate structure since last renewal? □ Yes □ No
(Please be sure to note changes on Corporate Information Required for Business Entities form.)

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: __________________________
(Please use additional sheets as needed.)

4. If a manager is to be employed, give name: __________________________
5. Is/are applicant(s) citizens of the United States?  ☐ Yes  ☐ No
6. 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, if any.

<table>
<thead>
<tr>
<th>Name in Full (Give maiden name if married)</th>
<th>DOB</th>
<th>Place of Birth</th>
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8. Residence address on all of the above for previous 5 years (Limit answer to city & state)

<table>
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<tr>
<th>Name:</th>
<th>City:</th>
<th>State:</th>
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9. Has applicant(s) or manager ever been convicted of any violation of the law, other than minor traffic violations in any State of the United States, within the past 5 years?  ☐ Yes  ☐ No  (Attach other sheets as necessary)

Name: ____________________________________________
Date of Conviction: _________________________________
Offense: __________________________________________
Location: __________________________________________
Disposition: _______________________________________

10. Will any other person have any interest either directly or indirectly in your license, if issued?  ☐ Yes  ☐ No  
If Yes, give name: _______________________________________________________________________

11. Is any principal person involved with the entity a law enforcement official?  ☐ Yes  ☐ No  
If Yes, give name: _______________________________________________________________________

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

13. Does/do applicant(s) own the premises?  ☐ Yes  ☐ No  
If No name and address of owner: __________________________________________________________
Address: __________________________________ City/Town: _____________________________ State: _______

14. Describe in detail the premise to be licensed: (Off Premise Diagram Required) ____________________________
15. What are your present hours of operation?

Sunday  Open _______AM/PM  Close _______AM/PM  Wednesday  Open _______AM/PM  Close _______AM/PM
Monday  Open _______AM/PM  Close _______AM/PM  Thursday  Open _______AM/PM  Close _______AM/PM
Tuesday  Open _______AM/PM  Close _______AM/PM  Friday  Open _______AM/PM  Close _______AM/PM
Saturday  Open _______AM/PM  Close _______AM/PM

16. List the wholesale value and types of merchandise in inventory: (Use separate sheet of paper if necessary.)
Beer: $ ___________  Wine: $ ___________  Edible Foods: $ ___________
Tobacco Products: $ ___________  Greeting Cards, Magazines, and Newspapers: $ ___________
Paper Goods: $ ___________  Total of all other merchandise in inventory: $ ___________
List current on-hand inventory of spirits, in dollars: $ ___________
List current annual dollar sales of: Retail SPIRITS sales ONLY: $ ___________

17. 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: _______________________________ _______________________________

18. Basic Federal Permit # ___________ (Must have Federal number for reselling)

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 $2,000.00, or by both.

(Sign in blue ink)

Dated at: _______________________________ on _______________________________ 20 ______
City / Town  Month / Day  Year

PLEASE SIGN IN BLUE INK

X______________________________  ______________________________
Signature(s) of Owner or Corporate Officer  Printed Name(s) of Owner or Corporate Officer

Submit Completed Forms To:

Bureau of Alcoholic Beverages
Division of Licor Licensing and Enforcement
8 State House Station, Augusta, Me 04333-0008 (Regular address)
10 Water Street, Hallowell, ME 04347 (Overnight address)
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)

<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: _______________________________________________________________________
_________________________________________________________________________________

PLEASE SIGN IN BLUE INK

Signature:

______________________________________________  ________________________________
Signature of Owner or Corporate Officer              Date

______________________________
Print Name of Owner or Corporate Officer

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
AGENCY 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 to include the following: • Entrances • Office Area • Kitchen • Storage Areas • Malt/Wine Coolers • Display Cases & Shelves • Dining Rooms • Restrooms • Retail Sales Area • All areas that you are requesting approval from the Division for liquor consumption.