

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](mailto: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)  
10 Water Street, Hallowell, ME 04347 (Overnight address)

**BUREAU OF ALCOHOL 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)**  
**TEL: (207) 624-7220 FAX: (207) 287-3434**  
**EMAIL INQUIRIES: [MAINELIQUOR@MAINE.GOV](mailto:MAINELIQUOR@MAINE.GOV)**

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**

<b>Corporation Name:</b>		<b>Business Name (D/B/A)</b>	
<b>APPLICANT(S) –(Sole Proprietor)                      DOB:</b>		<b>Physical Location:</b>	
DOB:		<b>City/Town Code</b>	<b>State                      Zip</b>
<b>Address</b>		<b>Mailing Address</b>	<b>Same As Above? <input type="checkbox"/></b>
<b>City/Town</b>	<b>State                      Zip Code</b>	<b>City/Town Code</b>	<b>State                      Zip</b>
<b>Telephone Number                      Fax Number</b>		<b>Business Telephone Number                      Fax Number</b>	
<b>Federal I.D. #</b>		<b>Seller Certificate #: or Sales Tax #:</b>	
<b>Email Address:</b>		<b>Website:</b>	

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.

Name in Full (Print Clearly)	DOB	Place of Birth

**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:

*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.

License # \_\_\_\_\_ Name of Business \_\_\_\_\_

Physical Location \_\_\_\_\_ City / Town \_\_\_\_\_

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)

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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 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)

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

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**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.**

