

**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 (Courier/Overnight Mail)**  
**TEL: (207) 624-7220 FAX: (207) 287-3434**  
**EMAIL INQUIRIES: [MAINELIQUOR@MAINE.GOV](mailto:MAINELIQUOR@MAINE.GOV)**

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

**PRESENT LICENSE EXPIRES** \_\_\_\_\_

- Public Service, Class I Spirituous, Vinous & Malt.....\$900.00
- Public Service, Class II Spirituous Only.....\$550.00
- Public Service, Class III Vinous Only .....\$220.00
- Public Service, Class IV Malt Liquor Only.....\$220.00
- Filing Fee .....\$10.00

***ALL QUESTIONS MUST BE ANSWERED IN FULL***

<b>Corporation Name:</b>			<b>Business Name (D/B/A)</b>		
<b>APPLICANT(S)</b> –(Sole Proprietor) <b>DOB:</b>			<b>Physical Location:</b>		
<b>DOB:</b>			<b>City/Town</b>	<b>State</b>	<b>Zip Code</b>
<b>Address</b>			<b>Mailing Address</b>		
<b>City/Town</b>	<b>State</b>	<b>Zip Code</b>	<b>City/Town</b>	<b>State</b>	<b>Zip Code</b>
<b>Telephone Number</b>		<b>Fax Number</b>	<b>Business Telephone Number</b>		<b>Fax Number</b>
<b>Federal I.D. #</b>			<b>Seller Certificate #:</b> <b>or Sales Tax #:</b>		
<b>Email Address:</b> <b>Please Print</b>					

1. Has applicant ever held a liquor license, which was revoked?  Yes  No  
 If **Yes**, give date and record \_\_\_\_\_
  
2. Has applicant ever been refused a license by this Division?  Yes  No
  
3. Is applicant a Corporation, Limited Liability Co. or Limited Partnership?  Yes  No  
 If **Yes**, complete Corporate Information Required for Business Entities who are licensees.

4. 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.

5. If business is **New** indicate opening date: \_\_\_\_\_

6. The undersigned hereby applies for a license as \_\_\_\_\_ to sell alcoholic beverages.  
(*Steamboat, Railroad Dining Cars, Pullman Cars or Aircraft*)

**NOTE:** A separate approval must be obtained for **each** municipality in which you desire to sell and dispense alcoholic beverages. All applications approved by municipal officers must be submitted to the Liquor Licensing & Enforcement Division before alcoholic beverages may be dispensed in any port.

**NOTE: PLEASE PROVIDE ALL OF THE REQUESTED INFORMATION BELOW**

**STATE OF MAINE**

Dated at: \_\_\_\_\_, Maine \_\_\_\_\_  
City/Town County

On: \_\_\_\_\_  
Date

The undersigned being:  Municipal Officers  County Commissioners

of the  City  Town  Plantation  Unincorporated Place of: \_\_\_\_\_, Maine

Hereby certify that we have given public notice on this application and held public hearing thereon as required by Section 653 Title 28A, Maine Revised Statutes and hereby approve said application.

_____	_____
_____	_____
_____	_____

**THIS APPROVAL EXPIRES IN 60 DAYS**