



**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:

Title	Name	Birth Date	Telephone

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: \_\_\_\_\_

**Sign in blue ink**

\_\_\_\_\_  
 Signature & Title of Club Officer

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Print Name & Title of Club Officer