



Bureau of Alcoholic 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)
 Telephone: 207-624-7220 Fax: 207-287-3434
 Email inquiries: MAINELIQUOR@MAINE.GOV

NEW license Yes No

PRESENT LICENSE EXPIRES: _____

APPLICATION FOR BREWER OF MALT LIQUORS

- \$1,000.00 Brewer License Fee
- \$10.00 Filing Fee
- \$600.00 Additional Location Warehouse (1 Year Storage)

Check Payable: Treasurer, State of Maine

ALL QUESTIONS MUST BE ANSWERED IN FULL

DIVISION USE ONLY	
License No:	
Class:	By:
Deposit Date:	
Amt. Deposited:	
Cash Ck Mo:	

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

1. Is applicant a corporation, limited liability company or limited partnership? Yes No
 If Yes, complete Corporate Information Required for Business Entities.

2. Business records are located at: _____

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.

Use an additional sheet(s) if necessary

 License #

 Name of Business

 Physical Location

 City / Town

4. Is/Are applicant(s) citizens of the United States? Yes No

5. Is/Are applicant(s) citizens of the State of Maine? Yes No

6. If a corporation, does any officer, director, or stockholder of said corporation have in any way an interest, directly or indirectly, as a director or stockholder in any other corporation which is a holder of a wholesale license granted by the State of Maine? Yes No

7. Is the applicant directly or indirectly giving aid or assistance in the form of money, property, credit, or financial assistance of any sort, to any person, association, or corporation holding a liquor license granted by the State of Maine? Yes No

8. Will any law enforcement officer directly benefit financially in your license, if issued?

Yes No If **Yes**, give name: _____

9. List name, date of birth, place of birth for all applicants and managers. Provide maiden name if married

11. Has/have applicant(s) or manager ever been convicted of any violation of the law, other than minor traffic

Name in Full (Print Clearly)	DOB	Place of Birth
10. 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: _____

violations, of any State of the United States? Yes No

Name: _____ Date of Conviction: _____

Offense: _____ Location: _____

Disposition: _____ (use additional sheet(s) if necessary)

- Attach a distributor territory form and / or additional information outlining the exclusive territories for each wholesaler and products or brand that they may distribute within the area assigned.
- Each holder of a Brewer's License shall file with the application a list giving the name and address of each wholesale dealer authorized to distribute products of that Licensed Brewery and designating the exclusive territory assigned to each wholesaler within the State. Wholesalers shall not sell those products to licensees outside of the exclusive territory so allocated and designated, unless previously authorized by the Division.
- Documentation of primary source must be included with this application for every brand registered.

It is unlawful for any wholesale licensee to purchase alcoholic beverages from other than the primary source of supply within the United States. “Primary sources of supply” means the distiller, the brewer, the bottler, the brand owner or the designated agent of any distiller, brewer or brand owner.

I/We agree to comply with Title 28-A, Section 1363, MRSA, which provides, in part, that the manufacturer or holder of a certificate of approval shall not, either directly or indirectly, lend any money, credit or equivalent thereof to any wholesaler in equipping, filling out, maintaining or conducting, either in whole or in part, an establishment of business where liquors are sold, with the exception of the usual and customary credit of liquors sold and delivered.

Dated at: _____ on _____, 20_____
 (Month/Day)

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

Please be sure to include the following with your application:

- Completed original application with original signatures.
- Signed the check with the correct fees and payment made out to: Treasurer, State of Maine
- Corporate Information Required for Business Entities.
- List with name and address of each wholesale dealer authorized to distribute products of your licensed brewery.
- Attached the distributor territory form.
- Attached documentation of primary source.
- Complete the label registration form with the associated annual fees.

Submit Completed Forms To:


Bureau of Alcoholic Beverages
 Division of Liquor Licensing and Enforcement
 8 State House Station, Augusta, Me 04333-0008 (Regular address)
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 Telephone Inquiries: (207) 624-7220 Fax: (207) 287-3434
 Email Inquiries: MaineLiquor@Maine.gov

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Manufacturing Diagram
(Facility Drawing/ Floor Plan)

In an effort to clearly define your license premise and the areas that consumption and 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 following areas: • **Entrances** • **Office area** • **Malt/Wine Coolers** • **Storage areas** • **Display Cases & Shelves** • **Restroom** • **Register** • **Area of Manufacturing** • **Area of retail sales** • **Area for on premise consumption** • **Outside area/ decks** • **All other areas that you are requesting approval.**



State of Maine
 Division of Alcoholic Beverages and
 Lottery Operations
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**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: (attached 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:

Signature of Owner or Corporate Officer

Date

Print Name of Owner or Corporate Officer

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