





Signature of Officials	Printed Name and Title

7. Has applicant(s) or managers(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:  
\_\_\_\_\_

8. Has any other person any interest, directly or indirectly, in your business? YES  NO

If YES, please provide name:  
\_\_\_\_\_

9. Has applicant(s) formerly held a Maine liquor license? YES  NO

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 both.

Dated at: \_\_\_\_\_ on \_\_\_\_\_, 20\_\_\_\_  
City/ Town Day Year

\_\_\_\_\_  
Signature(s) of Applicant(s) or Corporate Officer(s)

\_\_\_\_\_  
Print Names of Applicant(s) or Corporate Officer(s)

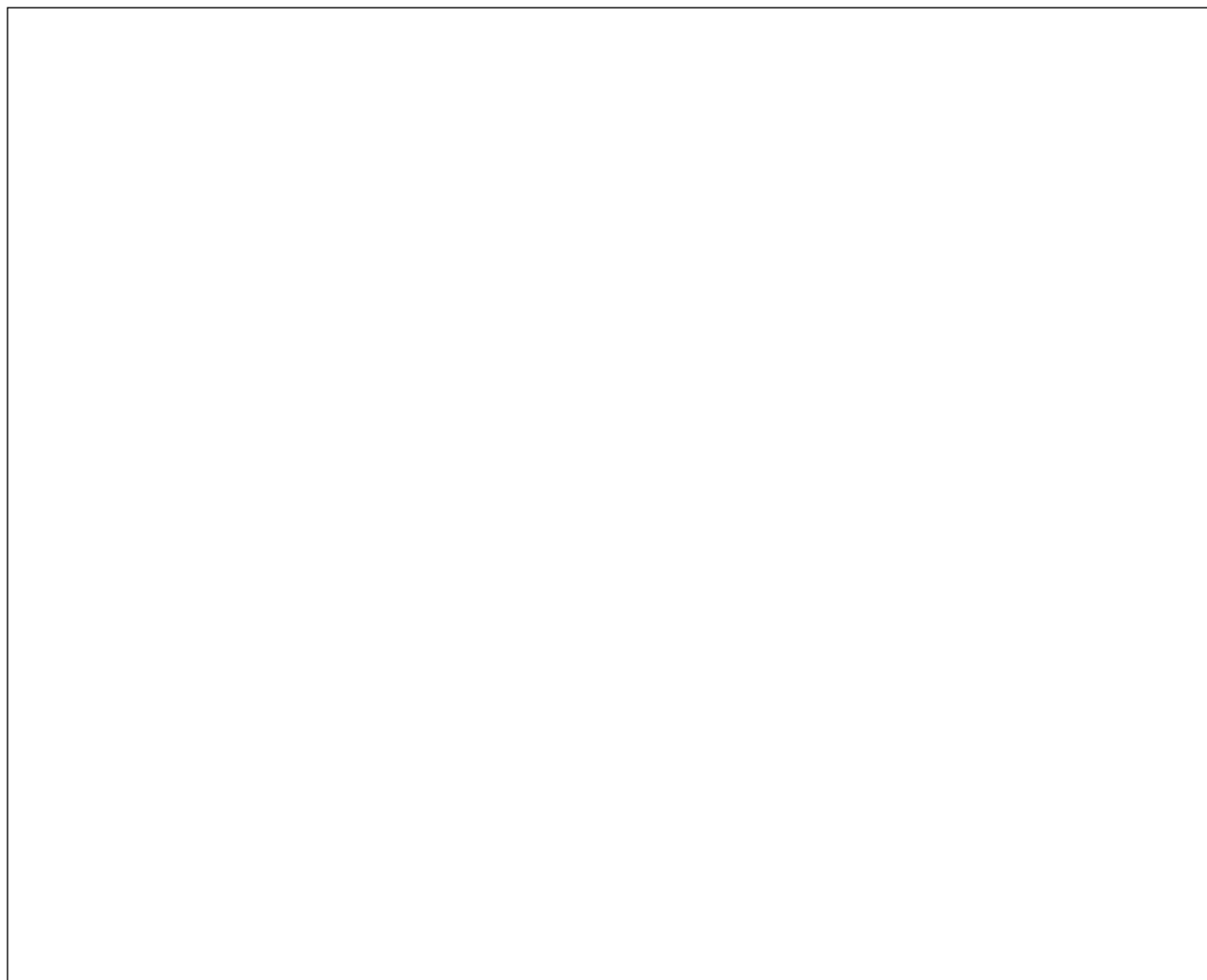
*Bureau of Alcoholic Beverages and Lottery Operations  
Division of Liquor Licensing & Enforcement  
8 State House Station, Augusta, ME 04333-0008  
10 Water Street, Hallowell, ME 04347  
Tel: (207) 624-7220 Fax: (207) 287-3434  
Email Inquiries: [MaineLiquor@maine.gov](mailto:MaineLiquor@maine.gov)*

DIVISION USE ONLY
<input type="checkbox"/> Approved
<input type="checkbox"/> Not Approved
BY:

### ON PREMISE DIAGRAM

In an effort to clearly define your license premise and the area 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 areas of your diagram including entrances, office area, kitchen, storage areas, dining rooms, lounges, function rooms, restrooms, decks and all areas that you are requesting approval from the Division for liquor consumption.



**State of Maine**  
 Division of Alcoholic Beverages and  
 Lottery Operations  
 Division of Liquor Licensing and Enforcement

**For Office Use Only:**

License #: \_\_\_\_\_

SOS Checked: \_\_\_\_\_

100% Yes  No

**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. Date of filing with Secretary of State: \_\_\_\_\_ State in which you are formed: \_\_\_\_\_
4. If not a Maine business entity, date on which you were authorized to transact business in the State of Maine: \_\_\_\_\_
5. 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%.)

6. If Co-Op # of members: \_\_\_\_\_ (list primary officers in the above boxes)

7. Is any principal person involved with the entity a law enforcement official?

Yes  No  If Yes, Name: \_\_\_\_\_ Agency:

\_\_\_\_\_

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 Duly Authorized Person

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Duly Authorized Person

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](mailto:MaineLiquor@Maine.gov)

Bureau of Alcoholic Beverages  
 Division of Liquor Licensing & Enforcement  
 8 State House Station  
 Augusta, ME 04333-0008  
 Tel: (207) 624-7220 Fax: (207) 287-3434

**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: \_\_\_\_\_

**Please sign in blue ink**

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

\_\_\_\_\_  
Date

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