

Promise by any person that he or she can expedite a liquor license through influence should be completely disregarded.  
 To avoid possible financial loss an applicant, or prospective applicant, should consult with the Division before making any substantial investment in an establishment that now is, or may be, attended by a liquor license.



| <u>DIVISION USE ONLY</u> |               |
|--------------------------|---------------|
| <b>LICENSE NUMBER:</b>   | <b>CLASS:</b> |
| <b>DEPOSIT DATE:</b>     |               |
| <b>AMT. DEPOSITED:</b>   | <b>BY:</b>    |
| <b>CK/MO/CASH:</b>       |               |

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

**APPLICATION FOR FARM WINERY**

**\$50.00**

**Check Payable: Treasurer State of Maine**

*The undersigned hereby applies for a Farm Winery License to produce table wine and sparkling wine up to 24% alcoholic content not to exceed 50,000 gallons per year.*

ALL QUESTIONS MUST BE ANSWERED IN FULL

|   |                                  |                                  |                   |
|---|----------------------------------|----------------------------------|-------------------|
| <b>1. APPLICANT(S)</b> –(Sole Proprietor, Corporation, Limited Liability Co., etc.) | <b>2. Business Name (D/B/A)</b>  |                                  |                   |
| <b>DOB:</b>   |                                  |                                  |                   |
| <b>DOB:</b>   |                                  |                                  |                   |
| <b>DOB:</b>   | <b>Location (Street Address)</b> |                                  |                   |
| <b>Address</b>  | <b>City/Town</b>                 | <b>State</b>                     | <b>Zip Code</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>Federal Permit #</b>          |                                  |                   |

2. Is applicant a corporation, limited liability company or limited partnership? \_\_\_\_\_ Yes \_\_\_\_\_ No

If YES, complete Supplementary Questionnaire.

3. Business records are located at: \_\_\_\_\_

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. Each applicant shall file with the application a list giving the name and address of each wholesale dealer authorized to distribute products and designate the exclusive territory assigned to each wholesale dealer. Attach a distributor territory form or additional information outlining the exclusive territory for each wholesaler and the products they may distribute within the area.

9. Will you maintain an additional location for tasting and retail sales other than your winery location?

\_\_\_\_\_ Yes \_\_\_\_\_ No If yes, check appropriate box(es) and enclose additional fee.

**Farm Winery-Additional Location** \_\_\_\_\_ **\$50.00**

Address: \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone: \_\_\_\_\_ Name of Manager \_\_\_\_\_

10. 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)  
\_\_\_\_\_  
\_\_\_\_\_

11. Has/have applicant(s) or manager ever been convicted of any violation of the law, other than minor traffic violations, of any State of the United States? YES ڤ NO ڤ

Name: \_\_\_\_\_ Date of Conviction: \_\_\_\_\_

Offense: \_\_\_\_\_ Location: \_\_\_\_\_

Disposition: \_\_\_\_\_

14. Will any law enforcement official benefit financially either directly or indirectly in your license, if issued?

Yes ڤ No ڤ If Yes, give name: \_\_\_\_\_

The Division of Liquor Licensing & Inspection is hereby authorized to obtain and examine all books, records and tax returns pertaining to the business, for which this liquor license is requested, and also such books, records and returns during the year in which any liquor license is in effect.

**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 or both."

Dated at: \_\_\_\_\_ on \_\_\_\_\_, 20 \_\_\_\_\_  
Town/City, State Date

**Please sign in blue ink**

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

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

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name