



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

APPLICATION FOR AUXILIARY LICENSE - \$100.00
 Check Payable: Treasurer State of Maine

The undersigned hereby applies for an auxiliary license and certifies that the applicant is the holder of a spirituous, vinous and malt restaurant, hotel license or club license located at a ski area / golf course.

1. Full Name of Applicant: _____
 (PLEASE PRINT) Last First Middle Initial
 Date of Birth: _____ Telephone #: _____ FAX #: _____
 Address: _____
 Mailing Address City/Town State Zip Code

2. Describe auxiliary premise and the location at the ski/golf area: _____

3. Do you have all necessary permits from the Department of Human Services for your auxiliary premise?
 Yes No

4. What is the distance from the premise to the nearest school, school dormitory, church, chapel or parish house, measured from the main entrance of the premise to the main entrance of the school, school dormitory, church, chapel or parish house by the ordinary course of travel? _____
 Which of the above is nearest? _____

NOTE: *The above application must be signed by the individual(s) or a duly authorized officer of the corporation executing the application and approved by the **Municipal Officers/County Commissioner** and filed with the Liquor Licensing & Inspection Division.*

Dated at: _____ on _____, 20____
 City/Town Date

 Signature of Individual(s) or Duly Authorized Officer(s) of Corporation or if Partnership by Members of Partnership Print Name