

Name: _____ Date of Conviction: _____
Offense: _____ Location: _____
Disposition: _____

9. Will any other person have any interest either directly or indirectly in your license, if issued?

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

10. Has/have applicant(s) formerly held a Maine liquor license? YES NO

11. Does/do applicant(s) own the premises? Yes No If **No** give name and address of owner: _____

12. Describe in detail the premise to be licensed: (Supplemental On/Off Premise Diagram Required)

13. What are your present hours of operation? From _____ AM/PM To _____ AM/PM Days _____

14. List the wholesale value and types of merchandise in inventory: (Use separate sheet of paper if necessary.)

Beer: \$ _____ Wine: \$ _____ Edible Foods: \$ _____ Tobacco Products: \$ _____

Paper Goods: \$ _____ Greeting Cards, Magazines, and Newspapers: \$ _____

Total of all other merchandise in inventory: \$ _____

15. Have you received any assistance financially or otherwise, (including any mortgages), from any source other than yourself in the establishment of your business? Yes No If **Yes**, give details: _____

16. Have any changes occurred in Ownership, Partnership or Corporate structure since last renewal? Yes No

17. List current annual dollar sales of: **Retail SPIRITS sales ONLY**: \$ _____

Wholesale (sales to other licensees only) sales: \$ _____

18. List current on-hand inventory of spirits, in dollars: \$ _____

19. Basic Federal Permit # _____

Dated at: _____ on _____ 20____
City/Town, State Month/Day Year

X _____ **X** _____
Signature(s) (in blue ink) of individual(s) or Duly Authorized **Printed Name(s)**
Officer of Corporation or, if Partnership, by Members of Partnership

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 by both.



State of Maine
 Bureau of Alcoholic Beverages
 Division of Liquor Licensing and Enforcement

For Office Use Only:
License #: _____
Date Filed: _____

Supplemental Information Required for Business Entities Who Are Licensees

For information required for Questions 1 to 4, this information is on file with the Maine Secretary of State's office and must match their record information. 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. Other business name for your entity (DBA), if any:

3. Date of filing with the Secretary of State: _____

4. 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 for Previous 5 years	Date of Birth	Ownership %

7. Is any principal person involved with the entity a law enforcement official?
 Yes No

8. If Yes to Question 7, please provide the name and law enforcement agency:

Name: _____ Agency: _____

9. 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

10. 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
Telephone Inquiries: (207) 624-7220