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

ON PREMISE TRANSFER APPLICATION

The undersigned, who is the holder on an On Premise Liquor License under the provisions of Title 28-A MRSA Section 605 hereby respectfully requests that said license be transferred from his present location:

_____
Street Address

TO:

_____
Street Address

Both premises being within the same municipality of:

_____
City/Town

Has the premises for which the transfer is requested been licensed by the Department of Human Services?
Yes ☐ No ☐

How many feet to the nearest school, school dormitory, church, chapel or parish house?_____
Which of the above is nearest?_____

Permanent License #:_____ Expiration Date:_____

Name of Business:_____

Contact Person:_____Requested Transfer Date:_____

Telephone Number: _____ FAX Number:_____

Dated at:_____ On _____, 20_____
City/Town, State Date

_____

_____
Signature of Individual(s), or Duly Authorized Officer(s) of
Corporation, or if Partnership, by Members of Partnership

STATE OF MAINE

Dated at:_____, Maine_____ss
City /Town County

On:_____

The undersigned being: Municipal Officers ☐ County Commissioners ☐ of the

City ☐ Town ☐ Unincorporated Place ☐ of:_____

_____ _____

_____ _____