

**BUREAU OF  
ALCOHOLIC BEVERAGES  
Division of Liquor Licensing  
& Enforcement**



**BUREAU USE ONLY**

License No. Assigned:

Class:

Deposit Date:

Amt. Deposited:

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.

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

ف	Public Service, Class I Spirituous, Vinous & Malt.....	\$900.00
ف	Public Service, Class II Spirituous Only.....	\$550.00
ف	Public Service, Class III Vinous Only.....	\$220.00
ف	Public Service, Class IV Malt Liquor Only.....	\$220.00
ف	Filing Fee (must accompany all applications).....	\$10.00

***ALL QUESTIONS MUST BE ANSWERED IN FULL***

The undersigned hereby applies for a license as \_\_\_\_\_ to sell alcoholic beverages. Steamboat, Railroad Dining Cars, Pullman Cars or Aircraft

<b>1. APPLICANT(S)</b> –(Sole Proprietor, Corporation, Limited Liability Co., etc.)	<b>2. Business Name (D/B/A)</b>		
DOB:			
DOB:			
DOB:	<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>Seller Certificate #</b>		

3. Has applicant ever held a liquor license, which was revoked?    ڦ Yes    ڦ No  
If Yes, give date and record \_\_\_\_\_
4. Has applicant ever been refused a license by this Division?    ڦ Yes    ڦ No
5. Is applicant a Corporation, Limited Liability Co. or Limited Partnership?    ڦ Yes    ڦ No  
If Yes, complete Supplementary Corporate Questionnaire.
6. If business is New indicate opening date: \_\_\_\_\_

7. Dining Car(s) or Steamboat(s) or Pullman(s) or Aircraft(s)

_____	_____
_____	_____
_____	_____
_____	_____

Dated at \_\_\_\_\_ on \_\_\_\_\_ 20\_\_\_\_ Year  
Town/City State Month/Day

\_\_\_\_\_

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

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  
Fax: (207) 287-3434  
Email Inquiries: [MaineLiquor@Maine.gov](mailto:MaineLiquor@Maine.gov)





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

**Supplemental Information Required for  
Business Entities Who Are Licensees**

<b>For Office Use Only:</b>
License #: _____
Date Filed: _____

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. 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 9, 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

---

If you have questions regarding the legal name or assumed (DBA) name on file with the Secretary of State's office, please call (207) 624-7752. The SOS can only speak to the information on file with their office, not the filing of this supplemental information – please direct any questions about this form to our office at the number below.

Submit Completed Forms To: Bureau of Alcoholic Beverages and Lottery  
Operations Division of Liquor Licensing Enforcement  
8 State House Station Augusta, Me 04333-0008  
Telephone Inquiries: (207) 624-7220  
Fax: (207) 287-3434  
Email Inquiries: [MaineLiquor@Maine.gov](mailto:MaineLiquor@Maine.gov)