1. Legal name of applicant:



STATE OF MAINE

DEPARTMENT OF ADMINISTRATIVE AND FINANCIAL SERVICES BUREAU OF ALCOHOLIC BEVERAGES AND LOTTERY OPERATIONS DIVISION OF LIQUOR LICENSING AND ENFORCEMENT

Supplemental Ownership Form

28-A M.R.S. §651

All Questions Must Be Answered Completely.

2. Date of incorporation or registration:		3. State of incorporation: (if outside Maine)			
4. List the name, address, birth date, and title of officers, directors, owners over 10%, and persons with indirect financial interest in the applicant. (use additional pages, if needed)					
Name	Address	Date of Birth	Title	Ownership Stake (%)	

NOTE: If no person holds an ownership interest equal to or greater than 10% complete the affidavit on the next page.

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Affidavit

	of the applicant swears or affirms that no person that holds an an ownership interest equal to or greater than 10%.
Affiant Signature	Date
Affiant Printed Name	
State of, County of	
did identify this applicant by: (a) comparing document presented by the applicant and w	e individual named above did appear personally before me and that I ag his/her physical appearance with the photograph on the identifying with the photograph affixed hereto, and (b) comparing the applicant's m with the signature on his/her identifying document.
Signature of Notary Public	Date
Printed Name of Notary Public	
WARNING: The statements on this applic	ation are made under oath or affirmation. False statements can be

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grounds for rejection of the application or suspension or revocation of a license. False swearing is a Class D

crime punishable by up to 364 days incarceration and a \$2,000 fine.