

Division of Liquor Licensing & Enforcement
8 State House Station
Augusta, ME 04330-0008
Tel: (207) 624-7220 Fax: (207) 287-3434
Email Inquiries: MaineLiquor@Maine.gov

BOTTLE CLUB REGISTRATION APPLICATION

\$50.00 – Bottle Club Registration Fee
 \$10.00 – Filing Fee per application
 \$60.00 - Check Payable: Treasurer, State of Maine

New Bottle Club Yes No

PRESENT REGISTRATION EXPIRES _____

DIVISION USE ONLY	
License No:	
Class:	By:
Deposit Date:	
Amt. Deposited:	
Cash Ck Mo:	

ALL QUESTIONS MUST BE ANSWERED IN FULL
Please Print Clearly

Corporation Name:			Business Name (D/B/A)		
APPLICANT(S) –(Sole Proprietor)		DOB:	Physical Location:		
		DOB:	City/Town	State	Zip Code
Address			Mailing Address		
City/Town	State	Zip Code	City/Town	State	Zip Code
Telephone Number		Fax Number	Business Telephone Number		Fax Number
Federal I.D. #			Seller Certificate #: or Sales Tax #:		
Email Address: Please Print			Website:		

1. Is applicant (s) a corporation? Yes No
 If **YES** complete Corporate Information Required for Business Entities.
2. Is applicant (s) a non-profit club? Yes No
 If **YES** complete Supplementary Club Questionnaire.
3. What are the regular days and hours your establishment is operated as a Bottle Club?

Sunday	Open _____AM/PM	Close _____AM/PM	Wednesday	Open _____AM/PM	Close _____AM/PM
Monday	Open _____AM/PM	Close _____AM/PM	Thursday	Open _____AM/PM	Close _____AM/PM
Tuesday	Open _____AM/PM	Close _____AM/PM	Friday	Open _____AM/PM	Close _____AM/PM
			Saturday	Open _____AM/PM	Close _____AM/PM

4. Does applicant (s) own the premises? Yes No

If **NO** give name and address of owner.

Name: _____

Address: _____ Town/City: _____

State _____ Zip Code _____

5. Do you own or have any interest in any another Maine Liquor License? Yes No

If yes, please list License Number, Name, and physical location of any other Maine Liquor Licenses. _____

License # Name of Business

Physical Location

City / Town

Use an additional sheet(s) if necessary.

6. List name, date of birth, place of birth for all applicants and managers. Give maiden name if married:

Name in full (Print Clearly)

DOB

Place of Birth

Name in full (Print Clearly)	DOB	Place of Birth

Use a separate sheet of paper if necessary.

Residence address on all of the above for previous 5 years (Limit answer to city & State)

Name in Full

City

State

Name in Full	City	State

TO STATE OF MAINE MUNICIPAL OFFICERS & COUNTY COMMISSIONERS:

Hereby certify that we have complied with Section 653 of Title 28-A Maine Revised Statutes and hereby approve said application.

Dated at: _____, Maine: _____ On: _____
City/Town County Date

The undersigned being: Municipal Officers County Commissioners of the

City Town Plantation Unincorporated Place of: _____, Maine

Signature of Officials	Printed Name and Title

7. Has applicant(s) or managers(s) ever been convicted of any violation of the law, other than minor traffic violations of any State of the United States? YES NO

Name: _____ Date of conviction: _____

Offense: _____ Location: _____

Disposition:

8. Has any other person any interest, directly or indirectly, in your business? YES NO

If YES, please provide name:

9. Has applicant(s) formerly held a Maine liquor license? YES NO

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 both.

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

Signature(s) of Applicant(s) or Corporate Officer(s)

Print Names of Applicant(s) or Corporate Officer(s)

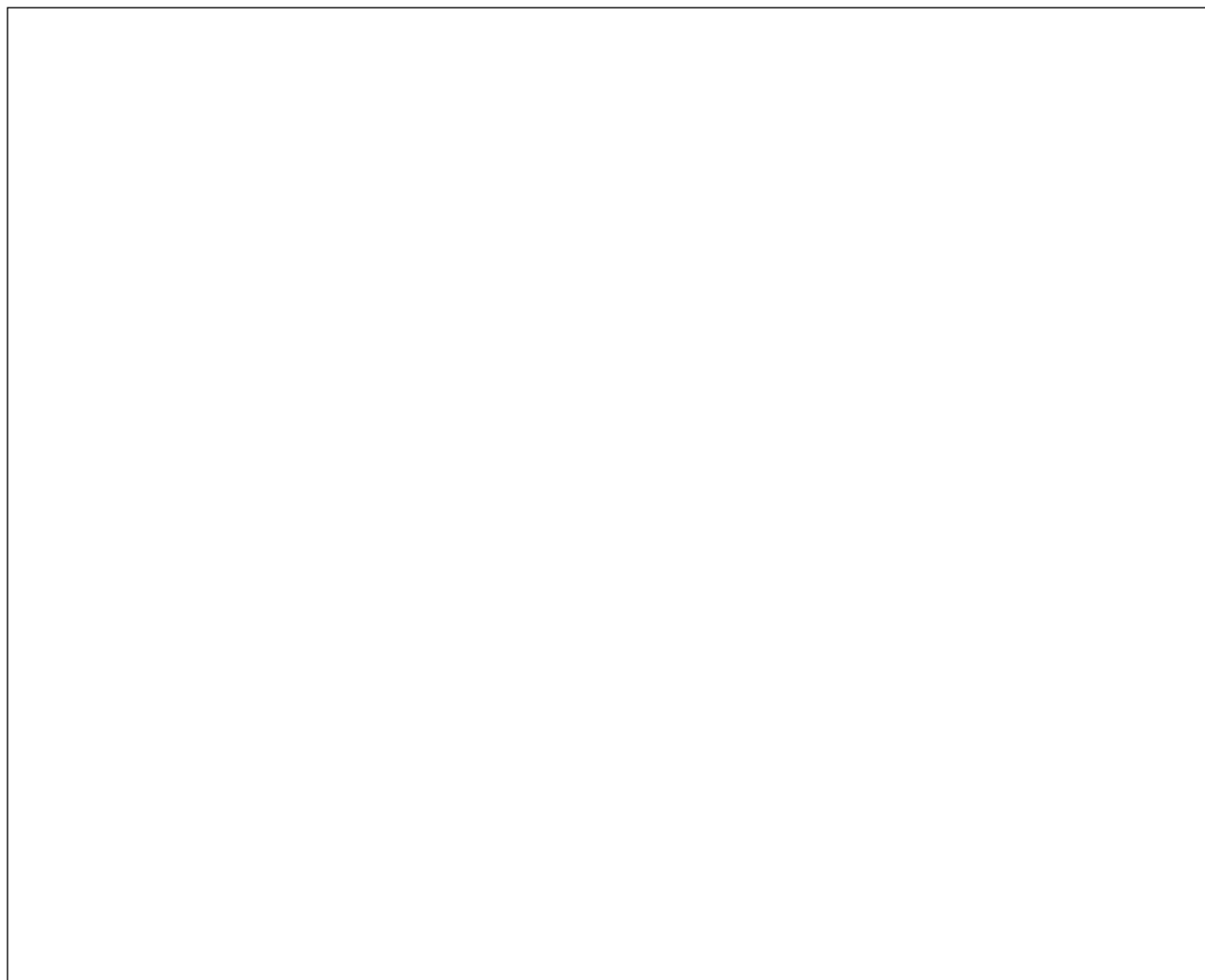
*Bureau of Alcoholic Beverages and Lottery Operations
Division of Liquor Licensing & Enforcement
8 State House Station, Augusta, ME 04333-0008
19 Union St, 3rd Floor, Augusta, ME 04330
Tel: (207) 624-7220 Fax: (207) 287-3434
Email Inquiries: MaineLiquor@maine.gov*

DIVISION USE ONLY
<input type="checkbox"/> Approved
<input type="checkbox"/> Not Approved
BY:

ON PREMISE DIAGRAM

In an effort to clearly define your license premise and the area that consumption and storage of liquor is allowed. The Division requires all applicants to submit a diagram of the premise to be licensed in addition to a completed license application.

Diagrams should be submitted on this form and should be as accurate as possible. Be sure to label the areas of your diagram including entrances, office area, kitchen, storage areas, dining rooms, lounges, function rooms, restrooms, decks and all areas that you are requesting approval from the Division for liquor consumption.



State of Maine
 Division of Alcoholic Beverages and
 Lottery Operations
 Division of Liquor Licensing and Enforcement

For Office Use Only:	
License #:	_____
SOS Checked:	_____
100%	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

Questions 1 to 4 must match information on file with the Maine Secretary of State's office. 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.

- Exact legal name: _____
- Doing Business As, if any: _____
- Date of filing with Secretary of State: _____ State in which you are formed: _____
- If not a Maine business entity, date on which you were authorized to transact business in the State of Maine: _____
- 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 (5 YEARS)	Date of Birth	TITLE	Ownership %

(Stock ownership in non-publicly traded companies must add up to 100%.)

6. If Co-Op # of members: _____ (list primary officers in the above boxes)

7. Is any principal person involved with the entity a law enforcement official?

Yes No If Yes, Name: _____ Agency:

8. 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

9. 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 (Regular address)
19 Union St, 3rd Floor, Augusta, ME 04330 (Overnight address)
Telephone Inquiries: (207) 624-7220 Fax: (207) 287-3434
Email Inquiries: MaineLiquor@Maine.gov

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

SUPPLEMENTARY QUESTIONNAIRE FOR CLUB APPLICANTS

1. Legal Club Name: _____

2. D/B/A Name: _____

3. Complete Title, name, date of birth and telephone number for each principal officer of the club:

Title	Name	Birth Date	Telephone

4. Date Club was incorporated: _____

5. Purpose of Club: Social Recreational Patriotic Fraternal

6. Date regular meetings are held: _____

7. Date of election of Club Officers: _____

8. Date elected officers are installed: _____

9. Total Membership: _____ Annual Dues: _____ Payable When: _____

10. Does the Club cater to the public or to groups of non-members on the premises?

Yes No

11. Excluding salaries, will any person, other than the Club, receive any of the financial profits from the sales of liquors? Yes No

12. If a manager or steward is employed, complete the following:

Name: _____ Date of Birth: _____

Please sign in blue ink

Signature & Title of Club Officer

Date

Print Name & Title of Club Officer