

**BUREAU OF ALCOHOLIC BEVERAGES
 DIVISION OF LIQUOR LICENSING & ENFORCEMENT
 8 STATE HOUSE STATION
 AUGUSTA, ME 04333-0008
Liquor.Licensing@Maine.gov
 (207) 624-7220**

NEW APPLICATION ONLY
 Renewals must be submitted on the industry portal
<https://www1.maine.gov/cgi-bin/online/bablo/liquor/index.pl>

<u>DEPARTMENT USE ONLY</u>	
License No.:	
Class:	
Deposit Date:	
Amt. Deposited:	By:
CASH Ck Mo:	

APPLICATION FOR CERTIFICATE OF APPROVAL

- Certificate of Approval – Malt Liquor ----- \$1000
- Certificate of Approval – Table Wine ----- \$1000
- Certificate of Approval – Table Wine (120 gallons or less per year) ---- \$100
- Certificate of Approval – Malt Liquor (120 gallons or less per year) --- \$100
- Filing Fee – per application ----- \$10

Make Check Payable to: Treasurer State of Maine

The undersigned hereby applies for a certificate of approval for selling, transporting and shipping into the State of Maine liquors to Maine wholesale licensees in accordance with the provisions of **28-A M.R.S. §1361**.

ALL QUESTIONS MUST BE ANSWERED IN FULL

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:			Website:		

List all Corporate officers, Partners, etc.:

NAME:	PRINT CLEARLY	DOB

1. Is any officer, director, or stockholders of said corporation in any way interested, directly or indirectly as a director or stockholder, in any other corporation, which is the holder of a wholesale or retail license for the sale of liquors, granted by the State of Maine? YES NO

2. Is the applicant directly or indirectly giving aid or assistance in the form of money, property, credit (other than the usual commercial credit), or financial assistance of any sort, to any person, association, or corporation holding a liquor license granted by the State of Maine? YES NO

3. Do you own or have any interest in any other Maine Liquor License? YES NO
If yes, please list License Number, Name, and physical location of any other Maine Liquor Licenses.
Use an additional sheet(s) if necessary.

License # Name of Business

Physical Location City / Town

4. Each holder of a certificate of approval shall file with his application a list giving the name and address of each wholesaler authorized to distribute products of that certificate holder. Wholesalers shall not sell those products to licensees outside of the exclusive territory so allocated and designated, unless authorized by the Bureau.

WHOLESALER NAME	ADDRESS

5. It is unlawful for any wholesale licensee to purchase alcoholic beverages from other than the primary source of supply within the United States. "Primary source of supply" means the distillers, the bottler, the brewer, the brand owner or designated agent of any distiller, brewer or brand owner.

6. Do you intend to maintain special in-state storage warehouse facilities? YES NO

If yes, please check the appropriate box, complete the following section and enclose required additional fee.

- Certificate of Approval for in-state storage warehouse, Malt Only ----- \$600**
- Certificate of Approval for in-state storage warehouse, Wine Only ----- \$600**
- Certificate of Approval for in-state storage warehouse, Spirits Only ----- \$600**

7. Address of Maine warehouse: Street: _____ City/Town: _____

Zip Code: _____ Telephone Number: _____

Name of manager or person in charge: _____ Email : _____

Dated at: _____ **on Month/Day** _____ **20** _____

Signature of Applicant or Corporate Officer

Print Name

Signature of Applicant or Corporate Officer

Print Name



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

**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.

1. Exact legal name: _____
2. Doing Business As, if any: _____
3. Legal Entity's FEIN #: _____
4. State in which you are formed: _____
5. 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 %

Ownership in non-publicly traded companies must add up to 100% and ownership must be listed to the individual level. (e.g., if ABC LLC owns 50% of the licensee, ABC LLC's owners must be listed. Repeat until no entities are listed and only individuals remain.)

6. 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

7. If Yes to Question 8, please complete the following: (attached additional sheets as needed)

Name: _____

Date of Conviction: _____

Offense: _____

Location of Conviction: _____

Disposition: _____

Name: _____

Date of Conviction: _____

Offense: _____

Location of Conviction: _____

Disposition: _____

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 Fl Augusta, ME 04330 (Overnight address)
Telephone Inquiries: (207) 624-7220
Email Inquiries: liquor.licensing@maine.gov