

Bureau of Alcoholic Beverages and Lottery Operations
Division of Liquor Licensing & Enforcement
8 State House Station,
Augusta, ME 04333-0008
Tel: (207) 287-4482 or (207) 287-4492
Liquor.Licensing@Maine.gov



<u>DIVISION USE ONLY</u>	
License No.:	
Class:	
Deposit Date:	
Amt. Deposited:	
CASH CK MO:	

Present license Expires: _____

DIRECT SHIPPER LICENSE APPLICATION

New License -----\$310.00

Renewal -----\$60.00

Check payable to Treasurer, State of Maine

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
Telephone Number	Fax Number	Business Telephone Number	Fax Number	
Federal I.D. #		Seller Certificate #: or Sales Tax #:		
Email Address: Please Print		Website:		

1. 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.

2. Do you have a federal basic permit pursuant to the Federal Alcohol Administration Act? Yes No
 Attach a copy of your permit to this application.

3. Do you have a License/ Permit issued by your State? Yes No

Attach a copy of Current State License/ Permit to this application.

4. Do you acknowledge that as a direct shipper you must provide the Division of Liquor License & Enforcement a list of all product labels to be shipped into the State of Maine at the time of application?

Yes No Attach list to the application

I hereby acknowledge that shipments made in accordance with Chapter 55 of Title 28-A must be accompanied by a shipping label that clearly indicates the name of the direct shipper and the name and address of the recipient and that the common carrier shall obtain the signature of a person 21 years of age or older at the address listed on the shipping label prior to delivery of the shipment. In addition the common carrier shall request photographic identification from the person signing for the shipment and verify that the person is 21 years of age or older.

I hereby acknowledge that as a direct shipper I may not ship a container of wine of less than 750 milliliters and may ship no more than 12 cases, each of which may contain no more than 9 liters or an equivalent volume, to any one recipient address in a calendar year.

I hereby acknowledge that as a direct shipper I may not ship to any address in an area identified by the Division of Liquor Licensing and Enforcement as a prohibited shipping area or a local option area.

I hereby acknowledge that any shipment of wine by a licensed direct shipper shall be made only in containers that clearly indicate on the exterior of the container the name of the direct shipper and the name and address of the recipient. Each package to be shipped in accordance with this section so that it conspicuously reads "CONTAINS ALCOHOL: SIGNATURE OF A PERSON 21 YEARS OF AGE OR OLDER IS REQUIRED FOR DELIVERY."

5. Is applicant a Corporation, Limited Liability Co. or Limited Partnership: Yes No
(If Yes, complete Corporate Information Required for Business Entities Who Are Licensees)

6. Is/Are applicant(s) citizens of the United States? Yes No

7. Is/Are applicant(s) residents of the State of Maine? Yes No

8. Has applicant(s) or manager(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: _____ Use separate sheet(s) of paper if necessary.

9. Will any law enforcement official benefit financially either directly or indirectly in our license, if issued?

Yes No If Yes, give name: _____

10. 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
11. Residence address on all of the above for previous 5 years (Limit answer to city & state)		
Name: _____	City: _____	State: _____
Name: _____	City: _____	State: _____
Name: _____	City: _____	State: _____

12. Has applicant(s) formerly held a Maine liquor license? Yes No

13. Does any other person have any interest directly or indirectly in your business? Yes No

If Yes, give details: _____

14. Do applicant(s) own the premises? Yes No If No, give name and address of owner: _____

Sales Tax Registration and payment required

Maine Revenue Service (207) 624-9693

As a condition of receiving a license, a shipper located outside the State shall comply with the provisions of Title 36, Part 3, including all requirements relating to registration as a seller and the collection, reporting and remittance of the sales and use taxes of this State, and shall agree to be subject to the jurisdiction of the State for purposes of the enforcement of those obligations. (Attach copy of tax registration).

I hereby acknowledge that licensed direct shippers are responsible for remitting gallonage, excise and premium taxes quarterly to the Division of Liquor Licensing & Enforcement as required by the State of Maine.

I hereby acknowledge that licensed direct shippers shall provide to the Division of Liquor Licensing & Enforcement, upon request and under penalty of perjury, a list of any wine shipped to an address within Maine, including the addressee.

I hereby acknowledge that as a direct shipper, and as a condition of licensure, I am subject to the jurisdiction and enforcement authority of the State of Maine for the purposes of enforcement of 28-A , M.R.S.A. §1403-A.

PAYMENTS TO THE DIVISION OF LIQUOR LICENSING & ENFORCEMENT BY CHECK SUBJECT TO
PENALTY PROVIDED BY SECTION 3-B OF TITLE 28A, MAINE REVISED STATUTES

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 \$500.00 or by both.”

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

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

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

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

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

Subscribed and sworn to before me this _____ day of _____ 20____

My Commission Expires _____ Notary Public _____

CONSENT TO JURISDICTION AND VENUE

I, _____, on behalf of the above listed applicant, hereby consent to jurisdiction and venue of all actions brought before the Division of Liquor Licensing and Enforcement, any state agency or the courts of the State of Maine, such that any and all hearings, appeals and other matters relating to my direct shipper license, if issued, shall be held in the State of Maine.

Signature of Applicant

Subscribed and sworn to before me this _____ day of _____ 20____

My Commission Expires _____ Notary Public _____

All data, written statements, affidavits, evidence or other documents submitted in support hereof shall be deemed to be a part of this Application.

WARNING: THE STATEMENTS ON THIS APPLICATION ARE MADE UNDER OATH OR AFFIRMATION. FALSE STATEMENTS CAN BE GROUNDS FOR REJECTION OF THE APPLICATION OR SUSPENSION OR REVOCATION OF PERMIT IF ISSUED.

For Division Use Only:		
<input type="checkbox"/> Approved	<input type="checkbox"/> Not Approved	Holding for: _____
Start Date: _____	Issued By: _____	



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