



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
Email inquiries: MaineLiquor@Maine.gov

MANUFACTURER TRANSFER APPLICATION

The undersigned, who is the holder of an Manufacturer Liquor License under the provisions of Title 28-A MRSA § 605, hereby respectfully requests that said license be transferred from his present location:

FROM:

_____ *Street Address*

TO:

_____ *New Street Address*

Both premises being within the same municipality of: _____ *City/Town*

Permanent License #: _____ Expiration Date: _____

Name of Business: _____

Doing business as: _____

Contact Person: _____

Telephone Number: _____ FAX Number: _____

Email: _____
(Please print clearly)

Requested Transfer Date: _____

Dated at: _____ On _____, 20____
City /Town *Date*

Signature of Individual(s) or Duly Authorized Officer(s)
Of Corporation, or if Partnership by Members of
Partnership

Printed Name