





8. Is the applicant directly or indirectly giving aid or assistance in the form of money, property, equipment or otherwise, to the holder of any malt liquor license or any other liquor license issued by the Liquor Licensing & Enforcement Division of this State?  **Yes**  **No** If Yes, please give name of business(s):

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9. Does the applicant own or control any real or personal property, which is rented, leased or used by the holder of any liquor license or other liquor license issued by the Liquor Licensing & Enforcement Division of this State:

**Yes**  **No**

If yes, please give name of business(s):

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10. Is any interest in the premises for which license is desired owned or controlled, directly or indirectly, by any other person, association or corporation engaged or interested, directly or indirectly, in the manufacture, distribution, sale or transportation of malt liquors or any other liquors?  **Yes**  **No** If Yes, please give name of business(s):

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11. If a corporation, is any officer, director or stockholder of a corporation which is the holder of a manufacturer's certificate of approval from the State of Maine, in any way interested, either directly or indirectly, as a director, officer or stockholder of or in the corporation making this application for a wholesaler malt liquor license or any other liquor license issued by the Liquor Licensing & Enforcement Division of this State:  **Yes**  **No**

If Yes, please give name of business(s):

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12. Have there been any changes in ownership, management, or operation of the business to which this application applies during the past year?  **Yes**  **No** If Yes, give details, including Maine citizenship status and address of any new person.

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13. If a partnership or association, are all members thereof citizens of the United States?

**Yes**  **No** If No, who:

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14. If a partnership or association, are all members thereof citizens of Maine?

**Yes**  **No** If No, who: \_\_\_\_\_

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15. If a partnership, give name(s) and address(s) of all partners: **Print Clearly**

Name	DOB	Number & Street	Town / City	State	Zip Code

16. If an individual or partnership, give date of birth and place of birth for all members: **Print Clearly**

NAME	DOB	CITY	STATE	COUNTRY

17. Has applicant previously held a license issued by the Liquor Licensing & Enforcement Division?

**Yes**  **No** If so, When? (List each year)

\_\_\_\_\_

18. Has license ever been denied to applicant by the Liquor Licensing & Enforcement Division of this State?

**Yes**  **No** If Yes, indicate when.

\_\_\_\_\_

19. Has license ever been suspended or revoked?

**Yes**  **No** If Yes, indicate when. \_\_\_\_\_

20. If not native born, when did you become naturalized?

\_\_\_\_\_

21. If a corporation, give information requested on supplementary questionnaire for corporate applicants.

22. Who owns the property or holds the lease upon the property, real or personal, used by the applicant in the operation of said business?

Name: \_\_\_\_\_ Number & Street: \_\_\_\_\_

Town/City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Email Address: \_\_\_\_\_

23. State distance from boundary of nearest dry city or town. \_\_\_\_\_

I certify that all statements above are true to the best of my knowledge. I understand that if any information given in this application is false, that the liquor license to which this application applies is subject to immediate cancellation or suspension.

**Dated at** \_\_\_\_\_ **on** \_\_\_\_\_, **20** \_\_\_\_\_  
City/Town State Month/Day

\_\_\_\_\_  
**Signature(s) of Applicant(s) or Corporate Officer**

\_\_\_\_\_  
**Printed name of Applicant(s) or Corporate Officer**

\_\_\_\_\_  
**Signature(s) of Applicant(s) or Corporate Officer**

\_\_\_\_\_  
**Printed name of Applicant(s) or Corporate Officer**

\_\_\_\_\_  
**Signature(s) of Applicant(s) or Corporate Officer**

\_\_\_\_\_  
**Printed name of Applicant(s) or Corporate Officer**



**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)

<b>NAME</b>	<b>ADDRESS (5 YEARS)</b>	<b>Date of Birth</b>	<b>TITLE</b>	<b>Ownership %</b>

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: \_\_\_\_\_  
\_\_\_\_\_

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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](mailto:liquor.licensing@maine.gov)