



**Bureau of Alcoholic Beverages and Lottery Operations**  
**Division of Liquor Licensing and Enforcement**  
 8 State House Station, Augusta, ME 04333-0008 (Regular Mail)  
 19 Union St, 3rd Floor, Augusta, ME 04330 (Overnight Mail)  
 Telephone: 207-624-7220 Fax: 207-287-3434  
 Email inquiries: [MAINELIQUOR@MAINE.GOV](mailto:MAINELIQUOR@MAINE.GOV)

NEW license  Yes  No

PRESENT LICENSE EXPIRES: \_\_\_\_\_

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

**APPLICATION FOR LARGE WINERY**

- \$1,000.00 Winery License Fee *The undersigned hereby applies for a Winery license to produce table wine and sparkling wine up to 24% alcoholic content exceeding 50,000 gallons per year.*
- \$10.00 Filing Fee
- \$600.00 Additional Location Warehouse (1 Year Storage)

Check Payable: Treasurer, State of Maine

ALL QUESTIONS MUST BE ANSWERED IN FULL

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

1. Is applicant a corporation, limited liability company or limited partnership?  Yes  No **If Yes, complete the Corporate Information Required for Business Entities**

2. Business records are located at: \_\_\_\_\_

3. 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

4. Is/Are applicant(s) citizens of the United States?  Yes  No
5. Is/Are applicant(s) citizens of the State of Maine?  Yes  No
6. If a corporation, does any officer, director, or stockholder of said corporation have in any way an interest, directly or indirectly, as a director or stockholder in any other corporation which is a holder of a wholesale license granted by the State of Maine?  Yes  No
7. Is the applicant directly or indirectly giving aid or assistance in the form of money, property, 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
8. Will you maintain an additional warehouse location?

Yes  No **If yes, check appropriate box(s) and enclose additional fee.**

Address: \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone: \_\_\_\_\_ Name of Manager \_\_\_\_\_

Email address: \_\_\_\_\_

9. Will any law enforcement officer directly benefit financially in your 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/have applicant(s) or manager 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 additional sheet(s) if necessary)

Payments to the Division of liquor licensing & enforcement by check subject to penalty provided by Section 3-B of Title 28A, MRS

**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 or both."

Dated at: \_\_\_\_\_ on \_\_\_\_\_, 20\_\_\_\_  
Town/City, State Date Year

**PLEASE SIGN IN BLUE INK**

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

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

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name

**Please be sure to include the following with your application:**

- Completed original application with original signatures.
- Signed check with the correct fees and payment made out to: Treasurer, State of Maine
- Corporation Information Required for Business Entities. (if applicable)
- List with name and address of each wholesale dealer authorized to distribute products of your licensed winery.
- Attached the distributor territory form.
- Attached documentation of primary source.
- Complete the label registration form with the associated annual fees.

**Submit Completed Forms To:**


Bureau of Alcoholic Beverages  
Division of Liquor Licensing and Enforcement  
8 State House Station, Augusta, Me 04333-0008 (Regular address)  
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**Manufacturing Diagram**  
**(Facility Drawing/ Floor Plan)**

In an effort to clearly define your license premise and the areas 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 following areas: • **Entrances** • **Office area** • **Coolers** • **Storage areas** • **Display Cases & Shelves** • **Restroom** • **Register** • **Area of Manufacturing** • **Area of retail sales** • **Area for on premise consumption** • **Outside area/ decks** • **All other areas that you are requesting approval.**



**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. Date of filing with Secretary of State: \_\_\_\_\_ State in which you are formed: \_\_\_\_\_

5. If not a Maine business entity, date on which you were authorized to transact business in the State of Maine:  
 \_\_\_\_\_

6. 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%.)

7. If Co-Op # of members: \_\_\_\_\_ (list primary officers in the above boxes)

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:**

**PLEASE SIGN IN BLUE INK**

\_\_\_\_\_  
Signature of Owner or Corporate Officer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Owner or Corporate Officer

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