



**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**

SUPPLEMENTARY QUESTIONNAIRE FOR CLUB APPLICANTS

1. Legal Club Name: _____
2. D/B/A Name: _____
3. Complete Title, name, date of birth and telephone number for each principal officer of the club:

Title	Name	Birth Date	Telephone

4. Date Club was incorporated: _____
5. Purpose of Club: Social Recreational Patriotic Fraternal
6. Date regular meetings are held: _____
7. Date of election of Club Officers: _____
8. Date elected officers are installed: _____
9. Total Membership: _____ Annual Dues: _____ Payable When: _____
10. Does the Club cater to the public or to groups of non-members on the premises? Yes No
11. Excluding salaries, will any person, other than the Club, receive any of the financial profits from the sales of liquors? Yes No
12. If a manager or steward is employed, complete the following:
 Name: _____ Date of Birth: _____

Sign in blue ink

 Signature & Title of Club Officer

 Date

 Print Name & Title of Club Officer