

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 TIT	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 \Box No \Box				
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					
Signa	ature of Owner or Corporate Officer Date				
Print	Name of Owner or Corporate Officer				
Subm	hit Completed Forms To:				
	au of Alcoholic Beverages ion of Liquor Licensing and Enforcement				
8 Stat	te House Station, Augusta, Me 04333-0008 (Regular address)				
Telep	nion St., Augusta, ME 04330 (Overnight address) phone Inquiries: (207) 624-7220 Fax: (207) 287-3434				
Emai	l Inquiries: MaineLiquor@Maine.gov				