

## STATE OF MAINE DEPARTMENT OF ADMINISTRATIVE AND FINANCIAL SERVICES BUREAU OF ALCOHOLIC BEVERAGES AND LOTTERY OPERATIONS DIVISION OF LIQUOR LICENSING AND ENFORCEMENT

## TELEPHONE: (207) 624-7220 FAX: (207) 287-3434 EMAIL INQUIRIES: <u>MaineLiquor@Maine.gov</u>

<ul><li>Approved</li><li>Not Approved</li></ul>		Division Use Only
□ Not Approved		Approved
		Not Approved
BY:	BY:	

## **Off-Premises Retailer – Disclosure of Lessee on the Premise**

Name of Licensee:			
License #:	Contact Name:		
Contact Number:	Email:		
The applicant/licensee hereby advises the has not been disclosed as an applicant for		nducting busin	ess on my licensed premise and
Name of Lessee:			
Type of Business:			
Description of Area Leased:			
Diagram of area must be provided with	th this form – use the for diagram the leased are		, form #6 on our website to
As required by the Division's Administra alcoholic beverages and will allow inspect			
Lessee-Signature:		Date:	
Licensee-Signature:		Date:	
Send completed forms to:			
Bureau of Alcoholic Beverages and Lotter 8 State House Station, Augusta, ME 0433 19 Union Street, Ste. 301-B – 3rd floor (O Telephone: (207) 624-7220 Fax:	3-0008 (Regular Mail)	Email: Main	eLiquor@Maine.gov