<u>Instructions To Complete an Application for a Permit to Purchase, Import or</u> <u>Transport Grain Alcohol</u>

An application which is not properly completed and executed or which does not contain all the information required will be returned to the applicant without action by the Bureau.

Signing of application:

- If applicant is an individual, the application shall be signed by the applicant, using full name;
- If a partnership, the business name of the partnership must be provided followed by the signature of the partner authorized to sign for the partnership;
- If a corporation or other legal business entity, the legal name of the entity must be provided followed by the signature, name and title of a duly authorized person to sign on behalf of the business entity.

Other requirements:

- Application must provide the complete and exact location of the place of business of the applicant;
- Application must provide the specific location of locked storage area used by applicant to secure the grain alcohol to be purchased, imported or transported on the premises. (e.g. locked cabinet in the basement etc.)
- Application must state the sole purpose for which the grain alcohol is to be used.

Other:

- **Tax Free Permit.** Legitimate users of tax free alcohol, such as schools, colleges, state institutions and hospitals, must first apply for and secure a Tax Free Basic Permit from the Alcohol and Tobacco Tax and Trade Bureau (TTB). You can obtain this form from the TTB's website at <u>www.ttb.gov</u> or use their website to file for the permit online.
- **Duration of Permit:** Permits are issued on a calendar year basis. The Bureau will notify you by email to renew your permit so a valid email address is mandatory. <u>Note:</u> If an email address is not provided, the Bureau will not send a reminder to you to renew this permit.
- **Completion of form.** For your convenience, this form is a fillable Adobe PDF document. You can complete on screen and then print for mailing. If completing by hand, the form must be legible, so print clearly. Illegible forms will be returned without processing.

Send completed application to:	Bureau of Alcoholic Beverages and Lottery Operations
	Division of Liquor Licensing and Enforcement
	8 State House Station
	Augusta, ME 04333-0008
	Email Inquiries: MaineLiquor@Maine.gov
	Telephone Inquiries: (207) 624-7220



STATE OF MAINE BUREAU OF ALCOHOLIC BEVERAGES AND LOTTERY OPERATIONS DIVISION OF LIQUOR LICENSING AND ENFORCEMENT

For Bureau Use Only									
Date F	Received:								
	Approved		Not Approved						
Permit Date Is	#:								

Application for a Permit to Purchase, Import or Transport Grain Alcohol

Section 1. Name of Applicant:

A. For applicant who is an individual or sole proprietor:

Full Name:	
Street Address:	
City, State, Zip:	
Date of Birth:	
Email:	Telephone:
	business entity (corporation, limited liability company):
Legal Name:	
DBA/Trade Name:	
Street Address:	
City, State, Zip:	
Email:	Telephone:
Name of Principal Man	nager/Officer who will have direct management or supervision over alcohol to be
purchased, imported or	transported:
Date of Birth of Princip	al Manager/Officer:
Section 2. Information on al	cohol to be purchased, imported or transported:
A. Is the grain alcohol to b	be purchased, imported or transported: \Box Tax Free \Box Tax Paid
If tax free, pleas	e provide Federal Permit Number:

B. Name of grain alcohol to be purchased, imported or transported (e.g. Everclear):

C.	Estimated an	Estimated amount of grain alcohol to be purchased, imported or transported over permit period:						
	Number of 9 liter cases: or Number of gallons:							
D.	D. The grain alcohol to be purchased, imported or transported will be used solely for the following pur							
Б								
E.	apply)	Location where the grain alcohol to be purchased, imported or transported will be stored: (choose all that apply)						
	Complete st	Complete street address:						
	City, State, 2	Zip:						
		Locked Cabinet		Locked Storage Area		Locked Closet		
		Basement		Secured warehouse				
		Other, be specific:						
Sectio	n 3. Executi	on of Application:						
А.		ant who is an indivi named in Section 1.A		sole proprietor, the sign application:	ature of	the individual or sole		
	Signature			Date				
B.		nt who is a business ection 1.B of this app	• •	he signature of the duly au :	thorized	person of the entity		
	Signature				Date			

Printed Name and Capacity: