

TOBACCO APPLICATION

License Year: May 1st through April 30th of following year

Print Full Name of Person, Partnership, Corporation, Club or LLC
Doing Business As - Trade Name
Street and street number of premises covered by this application
Town or City & Zip Code
Telephone Number
Mailing Address (if different from above)
Email address

TO THE CONTROL COMMISSIONERS OF THE TOWN/CITY OF _____, VERMONT
 Application is hereby made for a license to sell tobacco products under and in accordance with Title 7, Vermont Statutes Annotated, as amended, and certify that all statements, information and answers to questions herein contained are true; and in consideration of such license being granted do promise and agree to comply with all local and state laws; and to comply with all regulations made and promulgated by the Liquor Control Board. Upon hearing, the Liquor Control Board may, in its discretion, suspend or revoke such license whenever it may determine that the law or any regulations of the Liquor Control Board have been violated, or that any statement, information or answers herein contained are false.

MISREPRESENTATION OF A MATERIAL FACT ON ANY LICENSE APPLICATION SHALL BE GROUNDS FOR SUSPENSION OR REVOCATION OF THE LICENSE, AFTER NOTICE AND HEARING.

If this premise was previously licensed, please indicate name _____

I/we are applying as:

- INDIVIDUAL LIMITED LIABILITY COMPANY
 PARTNERSHIP CORPORATION

Please fill in name, address, and place of birth of individual, partners, directors or members.

LEGAL NAME	STREET/CITY/STATE	PLACE OF BIRTH
_____	_____	_____
_____	_____	_____
_____	_____	_____

Are all of the above citizens of the UNITED STATES? ____ Yes ____ No
 (Note: Resident Alien is not considered a U.S. Citizen)

If naturalized citizen, please complete the following:

Name	Court where naturalized (City/State/Zip)	Date
_____	_____	_____

