

20_____

STATE OF VERMONT

Application for Wine Storage Facility License

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

Fee of \$200.00

Make check payable to and mail to:
Vermont Department of Liquor Control
13 Green Mountain Drive
Montpelier, Vermont 05602

Print Full Name of Person, Partnership, Corporation or LLC

Doing Business As –Trade Name

Street and street number or premises covered by this application

Town or City & Zip Code

Telephone Number

Mailing Address (if different from above)

Email address:_____

Application is hereby made for a wine storage facility license to store vinous beverages in a climate-controlled facility. A vinous beverage storage facility may also accept shipments from any licensed in-state or out-of-state vinous manufacturer that has an in-state or out-of-state consumer shipping license pursuant to section 66 of title 7. Vinous beverages stored may be transported only for shipment to the owner of the beverages or to another licensed vinous beverage storage facility and the beverages shall be shipped only by common carrier in compliance with subsection 66(f) of title 7. A person granted a license pursuant to this section may not sell or resell any vinous beverages stored at the storage facility. The licensee certifies 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 law (state and local); to comply with all regulations made and promulgated by the Liquor Control Board; to allow the Liquor Control Board, and any of their assistants and investigators, to examine at any time the premises, supply of vinous beverages, records and papers in reference thereto; to keep such records as the Liquor Control Board may require; and not have any direct or indirect financial interest in any person holding a Vermont first, second or third class license, or a druggist permit; and, 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 statements, information or answers herein contained are false.

Are you applying as (circle one): Individual Partnership Corporation Company LLC

Please fill name, address, and place of birth of individual, partners, or directors (and stockholders) or members

Name	Address	Place of Birth
_____	_____	_____
_____	_____	_____
_____	_____	_____

Are all the above citizens of the United States? Yes _____ No _____

If naturalized citizen please fill the following:

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

(Note: Resident Alien is not considered a U.S. citizen.)

Have any of the above persons been convicted or pled guilty to any criminal or motor vehicle offense in any court of law? ____ Yes ____ No
If yes, please attach a sheet explaining the offense, court and date.

Have you registered your corporation and/or trade name with the Town Clerk? _____

Are you registered with the Secretary of State to do business in Vermont? _____

If a corporation, is your corporation chartered IN VERMONT? Yes _____ No _____. If so give date: _____

Is your corporation charter still valid? _____

Corporation Federal ID # _____

Are the premises described in this application kept open during the reasonable business hours of the day, so that records may be checked and the premises inspected? _____

Describe fully the premises for which this application is made: _____

Do you own the premises herein described? _____

If not, do you lease the premises herein described? _____

If leased, name and address of lessor who holds title to property _____

Have you any direct or indirect financial interest in the business of any person holding a first, second or third class licensee or druggist's permit? _____

Does any holder of a certificate of approval have any direct or indirect financial interest in the business covered by this application?__

I/We hereby certify, under pains and penalties or perjury, that I/We are in good standing with respect to or in full compliance with a plan approved by the Commissioner of Taxes to pay any and all taxes due the State of Vermont as of the date of this application (VSA, Title 32 § 3113)

The applicant understands and agrees that the Liquor Control Board may obtain criminal history record information from State and Federal record repositories prior to acting on this application.

I/We hereby certify that the information in this application is true and complete.

Dated at _____ in the County of _____ and

State of Vermont, this _____ day of _____, 20____

(Applicant)

(Signature of member of firm, officer or corporation or authorized agent)