



BOAT
FIRST and THIRD-CLASS LIQUOR LICENSE

Application Fee 1st Class \$230.00
Application Fee 3rd Class \$550.00 (Half Year) or
\$1095.00 (full year)

Print Full Name of Person, Partnership, Corporation,

Doing Business as - Trade Name

Street address:

Town or City & Zip Code

Telephone Number

Mailing Address: (if different from above)

Email address:

Please check all that apply: First Class Third Class

MISREPRESENTATION OF A MATERIAL FACT ON ANY LICENSE APPLICATION SHALL BE
GROUND 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? (Please check one)

Individual Partnership LLC Corporation

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

LEGAL NAME

STREET/CITY/STATE

Are all of the above citizens of the UNITED STATES? Yes No

If naturalized citizen, please complete the following:

Name

Court where naturalized (City/State/Zip)

Date

CORPORATE INFORMATION:

If you have checked the box marked CORPORATION, please fill out this information for stockholders (attach sheet if necessary).

LEGAL NAME _____

STREET/CITY/STATE _____

Date of incorporation _____ Is corporate charter now valid? _____

Corporate Federal Identification Number _____

Have you registered your corporation and/or trade name with the Secretary of State? _____ (as required by VSA Title 11 § 1621, 1623 & 1625).

ALL APPLICANTS

HAVE ANY OF THE APPLICANTS EVER BEEN CONVICTED OR PLED GUILTY TO ANY CRIMINAL OR MOTOR VEHICLE OFFENSE IN ANY COURT OF LAW (INCLUDING TRAFFIC TICKETS BY MAIL) _____ YES _____ NO

If yes, please complete the following information: (attached sheet if necessary)

Name	Court/Traffic Bureau	Offense	Date
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Do any of the applicants hold any elective or appointive state, county, city, village/town office in Vermont? (See VSA, T.7, Ch. 9, §223) _____ YES _____ NO If yes, please complete the following information:

Name	Office	Jurisdiction
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Please give name, title and date attended of manager, director, partner or individual who has attended a Liquor Control Licensee Education Seminar, as required by Education Regulation No. 3:

NAME: _____
 TITLE: _____
 DATE: _____

(If you have not attended an Education Seminar prior to making application, please go to our website liquorcontrol.vermont.gov and click on seminar schedule to view available seminars)

FOR ALL APPLICANTS: DESCRIPTION /LOCATION OF BOAT

Description of the premises to be licensed: _____

Does applicant own the premises described? _____ If not owned, does applicant lease the premises? _____

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

FIRST CLASS APPLICANTS ONLY: No first-class license may be issued without the following information.

HEALTH LICENSE #: Food _____ Lodging _____ (if licensed as a Hotel)

VERMONT TAX DEPARTMENT: Meals & Rooms Certificate/Business Account # _____

ALL APPLICANTS MUST COMPLETE AND SIGN BELOW

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

I/We hereby certify, under pains and penalties of 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).

In accordance with 21 VSA, §1378 (b) I/We certify, under pains and penalties of perjury, that I/We are in good standing with respect to or in full compliance with a plan to pay any and all contributions or payments in lieu of contributions due to the Department of Employment and Training.

If applicant is applying as an individual: I hereby certify that I/We are not under an obligation to pay child support or that I/We are in good standing with respect to child support or am in full compliance with a plan to pay any and all child support payable under a support order. (VSA, Title 15, §795).

Dated at _____ in the County of _____ and State of _____,
this _____ day of _____, 20____

Signature of Individuals/Partners: (All partners must sign), members, Authorized Agent

**Mail application directly to the
DEPARTMENT OF LIQUOR CONTROL,
13 Green Mountain Drive, Montpelier, VT 05602.**

NOTICE: All new applications are investigated by the Enforcement and Licensing Division prior to approval/disapproval of the license by the Liquor Control Board. Please note that this process can take anywhere from 2 weeks to 6 weeks to complete.

SECTION 5111 AND 5121 OF THE INTERNAL REVENUE CODE OF 1954 REQUIRE EVERY RETAIL DEALER IN ALCOHOLIC BEVERAGES TO FILE A FORM ANNUALLY AND PAY A SPECIAL TAX IN CONNECTION WITH SUCH SALES ACTIVITY. FOR FURTHER INFORMATION, CONTACT:

**THE BUREAU OF ALCOHOL, TOBACCO & FIREARMS (TTB) (513) 684-2979
DEPARTMENT OF THE TREASURY
550 MAIN STREET, CINCINNATI, OH 45202**