



FIRST/SECOND CLASS LIQUOR LICENSE AND TOBACCO APPLICATION
LICENSE YEAR IS MAY 1ST THROUGH APRIL 30TH OF THE FOLLOWING YEAR

Print Name of Person, Partnership, Corp., Club or LLC

Doing Business as – Trade Name

Street

Town or City & Zip Code

Telephone Number

Mailing Address (if different from above)

Email address

Please check appropriate categories

FIRST CLASS
 SECOND CLASS RETAIL DELIVERY PERMIT
 TOBACCO TOBACCO ENDORSEMENT

Restaurant
 Hotel
 Club
 Commercial Kitchen (a Liquor Control Commercial Caterer's
License is needed with this license)

FEES:

FIRST CLASS LICENSE - \$115.00 to DLC **and** \$115.00 to Town/City
SECOND CLASS LICENSE- \$70.00 to DLC **and** \$70.00 to Town/City
SECOND CLASS RETAIL DELIVERY PERMIT - \$100.00 to DLC
TOBACCO LICENSE- (there is no fee for tobacco if applying for
second class)
TOBACCO ENDORSEMENT PERMIT - \$50.00 to DLC

**If applying for Tobacco only license, please use the Tobacco Only form.*

TO THE CONTROL COMMISSIONERS OF THE TOWN/CITY OF _____

Application is hereby made for a license to sell malt and vinous beverages 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: Please check one:

INDIVIDUAL LIMITED LIABILITY COMPANY PARTNERSHIP CORPORATION

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

LEGAL NAME

STREET/CITY/STATE

Are all of the above **citizens** or **lawful permanent residents** of the UNITED STATES? ___ Yes ___ No

If naturalized citizen or lawful permanent resident of the United States, please provide a copy of the naturalization or lawful permanent resident documentation.

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 Town/City Clerk? _____ and/or 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**) AT ANY TIME?

___ 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 visit www.liquorcontrol.vermont.gov and click on Seminar Schedule for a list of Seminars in your area)

FOR ALL APPLICANTS: DESCRIPTION /LOCATION OF PREMISES (Section 4)

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: _____

Are you making this application for the benefit of any other party? _____

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 # _____

Please check one: Business is devoted primarily to:

_____FOOD (restaurant) _____HOTEL _____ CLUB _____ COMMERCIAL CATERING

If you are considering Outside Consumption service on decks, porches, cabanas, etc. you must complete an Outside Consumption Permit. This form can be found on our website at www.liquorcontrol.vermont.gov and then click on licensing and then forms.

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____

Corporations/Clubs: Signature of Authorized Agent

Individuals/Partners: (All partners must sign)

Please fill in for Individual, Partners, or Directors

Applicant/s Personal Information

Legal Name: _____ Address: _____

Date of Birth _____ Place of Birth _____ Sex _____ SS# _____

Legal Name: _____ Address: _____

Date of Birth _____ Place of Birth _____ Sex _____ SS# _____

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Date of Birth _____ Place of Birth _____ Sex _____ SS# _____

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