



APPLICATION FOR LICENSE OF INDUSTRIAL  
ALCOHOL DISTRIBUTOR IN VERMONT

May 1st through April 30th

**Fee \$220.00**

Name of applicant: \_\_\_\_\_

Address: \_\_\_\_\_

Email address: \_\_\_\_\_ Phone number: \_\_\_\_\_

Federal Permit Number: \_\_\_\_\_ **(attach copy of Permit)**

Permit/ License number in State where warehouse is located: \_\_\_\_\_

Is applicant a (please check one) Manufacturer? \_\_\_\_\_ Agent? \_\_\_\_\_

Location of warehouse: Street address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

We hereby make application for a license to sell alcohol to persons holding permits to purchase alcohol duly issued by the Liquor Commissioner under and in accordance with Title 7 of the Vermont Statutes Annotated, as amended, and certify that all statements, information, and answers to questions contained herein are true, and in consideration of such license being granted, we promise and agree to comply with the law; to comply with all regulations made and promulgated by the Liquor Control Board; to allow the Liquor Commissioner, or any of his assistants or inspectors, to examine at any time our premises, supply of alcohol, records and papers in reference to alcohol, and to keep such records as the Liquor Control Board may require, and that the Liquor Control Board may, in its discretion, revoke such License whenever it determines we have violated the law, or violated any regulation of the Liquor Control Board, or violated any regulation of the liquor Commissioner approved by the Liquor Control Board, or violated any condition of such License, or that any statements, information or answers herein are untrue, after giving us an opportunity to be heard at a hearing before it.

I/We hereby certify, under the 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, Section 3113). I/We hereby certify that the information in this application is true and complete.

Dated at \_\_\_\_\_ in the County of \_\_\_\_\_ and State

of \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

Signature: \_\_\_\_\_