



APPLICATION FOR LICENSE BY LICENSED MANUFACTURER
OR RECTIFIER TO SELL VINOUS/MALT/SPIRITUOUS BEVERAGES

4th CLASS

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

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

Fee: \$70.00

Print Full Name of Partnership, Corporation, Person, or LLC above
Doing Business as – Trade Name: _____
Address Location: _____
Telephone Number: _____
Mailing Address _____
Email Address: _____

Application is hereby made for a 4th Class license by a licensed manufacturer or rectifier of malt or vinous beverages or spirits to sell by the unopened container and distribute, by the glass with or without charge, beverages manufactured by the licensee under and in accordance with Title 7 of the 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 laws (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 beverages, records and papers in reference thereto; to keep such records as the Liquor Control Board may require; and upon hearing, the Liquor Control Board may at 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.

Please attach certificate of training to application.

APPLICANTS: Describe fully the premises for which this application is made (i.e. type of construction, number of stories, location, etc.)

Does applicant? _____ Lease _____ Hold title to property. (please check one)

Name and address of Lessor: _____

I/We hereby certify under pains and penalties of perjury, that I/we are in good standing with respect to or in compliance with a plan approved by the Commissioner of Taxes to pay any and all taxes due to the State of Vermont on the date of this application (VSA, Title 32, sub section 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 County of _____ State of Vermont
on this _____ day of _____ 20_____

Signature of Individual, partners, member or authorized agent