



DISCLOSURE OF NONPROFIT ORGANIZATION FORM

License number _____

Licensee _____

Doing Business as: _____

Address _____

Telephone Number _____

Email address: _____

Name of Nonprofit Organization _____

Address _____

Non-Profit Contact Person _____

Telephone Number of Non-profit _____

Email of Non-profit _____

Proof of Nonprofit Status 501C1 or 501C3 must be attached

I certify that the information in this Disclosure is true and complete.

Signature of Authorized Agent of Nonprofit Organization _____

Signature of License: _____ Date _____

GENERAL REGULATION #9. Gambling on licensed premises: With the exception of Service Clubs, any licensee wishing to conduct game(s) of chance on licensed premises must first obtain a permit from the Vermont Department of Liquor Control using the prescribed form or format. Licensees applying for and/or receiving a permit shall be subject to financial disclosure to the Department for the purpose of verifying the disbursement of proceeds in accordance with applicable Vermont statutes and/or regulations.

Please email, fax or mail to:

Department of Liquor Control

13 Green Mountain Drive

Montpelier VT 05602

Email: DLC.EnFLic@vermont.gov

Fax: (802) 828-1031