



Personal Information Form To Accompany License Applications

Complete for all Owners, Partners, or Corporate Officers

Legal Name _____

Telephone _____ Email _____

Address _____
Street City/Town State Zip Code

Date of Birth: _____ Place of Birth: _____ Sex _____ SSN _____

Legal Name _____

Telephone _____ Email _____

Address _____
Street City/Town State Zip Code

Date of Birth: _____ Place of Birth: _____ Sex _____ SSN _____

Legal Name _____

Telephone _____ Email _____

Address _____
Street City/Town State Zip Code

Date of Birth: _____ Place of Birth: _____ Sex _____ SSN _____

Legal Name _____

Telephone _____ Email _____

Address _____
Street City/Town State Zip Code

Date of Birth: _____ Place of Birth: _____ Sex _____ SSN _____

Use additional forms if necessary.

Send completed form with application to:

Vermont Department of Liquor Control
Attention: Licensing
13 Green Mountain Drive
Montpelier, VT 05602

Phone (802) 828-2345
FAX (802) 828-2803
Email DLC.EnfLic@vermont.gov