



Promotional Railroad Tasting Permit

 Licensee Number

 Print Full Name of Person, Partnership, Corporation or LLC

 Doing Business As – Trade Name

 Street and street number or premises covered by this application

 Town or City & Zip

 Telephone Number

 Mailing Address (if different from above)

Email Address:

 Telephone number:

FEE: \$20.00

Make check payable to and mail to:

Vermont Department of Liquor Control
13 Green Mountain Drive
Montpelier, Vermont 05602

**LICENSEE MAY CONDUCT TASTINGS OF ONLY VERMONT PRODUCED
ALCOHOLIC BEVERAGES IN THE DINING CAR**

Date of Event: _____

Hours of Event: _____

ALL APPLICANTS MUST COMPLETE AND SIGN THE FOLLOWING

I/We hereby certify that the information in this application is true and complete.

Dated at _____ in the County of _____ and

State of Vermont, this _____ day of _____, 20_____

Signature of authorized agents of licensee:
