



TOBACCO LICENSE

LICENSE YEAR IS MAY 1ST THROUGH APRIL 30TH OF THE FOLLOWING YEAR

Print Full Name of Person, Partnership, Corporation, Club or LLC

Doing Business as – Trade Name

Street and street number of premises covered by this application

Town or City & Zip Code

Telephone Number

Mailing Address (if different from above)

Email address

FEE

TOBACCO LICENSE- \$110.00 payable to Liquor Control

TOBACCO ENDORSEMENT PERMIT - \$50.00

Application is hereby made for a license to sell tobacco products under and in accordance with Title 7, 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 local and state laws; and to comply with all regulations made and promulgated by the Liquor Control Board. Upon hearing, the Liquor Control Board may, in 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.

MISREPRESENTATION OF A MATERIAL FACT ON ANY LICENSE APPLICATION SHALL BE GROUNDS FOR SUSPENSION OR REVOCATION OF THE LICENSE, AFTER NOTICE AND HEARING.

If this premise was previously licensed, please indicate name _____

I/We are applying as: (Please check one)

Individual _____ Partnership _____ LLC _____ Corporation _____

Please fill in name and address of individual, partners, directors or members.

LEGAL NAME

STREET/CITY/STATE

FOR ALL APPLICANTS: DESCRIPTION /LOCATION OF PREMISES (Section 4)

Description of the premises to be licensed: _____

Does applicant own the premises described? _____ If not owned, does applicant lease the premises? _____

If leased, name and address of lessor who holds title to property: _____

Are you making this application for the benefit of any other party? _____

VERMONT TAX DEPARTMENT: Business Account # _____

ALL APPLICANTS MUST COMPLETE AND SIGN BELOW

The applicant(s) understands and agrees that the Liquor Control Board may obtain criminal history record information from State and Federal repositories prior to acting on this application.

I/We hereby certify, under 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, §3113).

In accordance with 21 VSA, §1378 (b) I/We certify, under pains and penalties of perjury, that I/We are in good standing with respect to or in full compliance with a plan to pay any and all contributions or payments in lieu of contributions due to the Department of Employment and Training.

If applicant is applying as an individual: I hereby certify that I/We are not under an obligation to pay child support or that I/We are in good standing with respect to child support or am in full compliance with a plan to pay any and all child support payable under a support order. (VSA, Title 15, §795).

Dated at _____ in the County of _____ and State of _____,
this _____ day of _____, 20____

Corporations/Clubs: Signature of Authorized Agent

Individuals/Partners: (All partners must sign)

NOTICE: All new applications are investigated by the Enforcement and Licensing Division prior to approval/disapproval of the license by the Liquor Control Board. Please note that this process can take anywhere from 2 weeks to 6 weeks to complete once Liquor Control receives the application.

Please complete and include with your tobacco license application

Please fill in for Individual, Partners, or Directors

Applicant/s Personal Information

Legal
Name: _____ Address: _____

Date of Birth _____ Place of Birth _____ Sex _____ SS# _____

Legal
Name: _____ Address: _____

Date of Birth _____ Place of Birth _____ Sex _____ SS# _____

Legal
Name: _____ Address: _____

Date of Birth _____ Place of Birth _____ Sex _____ SS# _____

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