



Application for Wine Storage Facility License

Application Fee of \$235.00

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

Form with fields: 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 Code; Telephone Number; Mailing Address (if different from above); Email address:

Application is hereby made for a wine storage facility license to store vinous beverages in a climate-controlled facility. A vinous beverage storage facility may also accept shipments from any licensed in-state or out-of-state vinous manufacturer that has an in-state or out-of-state consumer shipping license pursuant to section 66 of title 7. Vinous beverages stored may be transported only for shipment to the owner of the beverages or to another licensed vinous beverage storage facility and the beverages shall be shipped only by common carrier in compliance with subsection 66(f) of title 7. A person granted a license pursuant to this section may not sell or resell any vinous beverages stored at the storage facility. The licensee certifies 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 law (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 vinous beverages, records and papers in reference thereto; to keep such records as the Liquor Control Board may require; and not have any direct or indirect financial interest in any person holding a Vermont first, second or third class license, or a druggist permit; and, 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 statements, information or answers herein contained are false.

Are you applying as? (Please check one): ___ Individual ___ Partnership ___ Corporation ___ LLC

Please fill name and address of individual, partners, or directors (and stockholders) or members

Name Address

Are all the above citizens of the United States? ___ Yes ___ No

If naturalized citizen, please fill the following:

Name Court where naturalized Location City, State/Zip Date

Has anyone been convicted or pled guilty to **any** criminal or motor vehicle offense in **any** court of law including tickets you have plead guilty to and sent to the Judicial Bureau? _____Yes _____No
(If yes, please attach a sheet explaining the offense, court and date)

Have you registered your corporation and/or trade name with the Town Clerk? _____Yes _____No

Are you registered with the Secretary of State to do business in Vermont? _____Yes _____No

If a corporation, is your corporation chartered IN VERMONT? _____Yes _____No_____.

If so give date: _____

Corporation Federal ID # _____

Are the premises described in this application kept open during the reasonable business hours of the day, so that records may be checked and the premises inspected? _____Yes _____No

Describe fully the premises for which this application is made: _____

Do you own the premises herein described? _____Yes _____No

If not, do you lease the premises herein described? _____Yes _____No

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

Have you any direct or indirect financial interest in the business of any person holding a first, second or third-class licensee or druggist's permit? _____Yes _____No

Does any holder of a certificate of approval have any direct or indirect financial interest in the business covered by this application? _____Yes _____No

I/We hereby certify, under pains and penalties or 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)

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 the County of _____
_____ and State of Vermont, this _____ day of _____, 20____

(Signature of member of firm, officer or corporation or authorized agent)

Date