

SOLICITOR'S LICENSE

Application Fee of \$70.00 must accompany this application.

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

Application is hereby made for a license to solicit orders for or promote the sale of malt and vinous beverages or spirituous alcohol under and in accordance with Title 7 of the Vermont Statutes annotated, as amended, and I 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; to comply with all regulations made and promulgated by the Board of Liquor and Lottery; and, upon hearing, the Board of Liquor and Lottery may in its discretion suspend or revoke said license whenever it determines that the law or any regulations of the Board of Liquor and Lottery have been violated, or that any statements, information or answers herein contained are false.

NAME of Applicant:

ADDRESS of Applicant:

1. Has applicant previously held a solicitor's license? If so, what year?
2. Does applicant hold any elective or appointive state, county, city, village, or town office in the State of Vermont (VSA T. 7 Ch. 9, § 223)? Yes No If so, give name of office
3. Has the applicant ever been convicted or pled guilty to any criminal or motor vehicle offense in any court of law? (this includes tickets you plead guilty to and mailed in) Yes No
If yes, please explain on the Additional Information Page at the end of this application the offense, court and date.
4. Have you any direct or indirect financial interest in the business or any person holding a 1st, 2nd, or 3rd class license or druggist's permit? Yes No

Names of Wholesaler or Supplier by whom applicant is employed?

Address of employer's principal place of business:

5. Does applicant have full time employment with the undersigned licensee? Yes No
6. Do you agree to return your Solicitor's License to your employer when you cease to be employed by them? Yes No

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

I/We hereby certify, under the 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, T. 32, § 3113).

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

Signature of applicant

CERTIFICATE OF EMPLOYMENT

The undersigned, being the holder of a _____ license, hereby certifies that the above named _____ is employed as a sales representative, and it is agreed that immediate notice will be forwarded and license surrendered to the Board of Liquor and Lottery, Montpelier, Vermont if at any time the sales representative ceases to be so employed. I hereby recommend the above named applicant as being qualified to hold such a license.

(Licensee)

(Licensee Number)

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

Email address of licensee

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:

Gender:

Drivers License #:

State:

Legal Name:

Telephone:

Email:

Address:

Street

City/Town

State

Zip Code

Date of Birth:

Place of Birth:

Gender:

Drivers License #:

State:

Legal Name:

Telephone:

Email:

Address:

Street

City/Town

State

Zip Code

Date of Birth:

Place of Birth:

Gender:

Drivers License #:

State:

Use additional forms if necessary.

Send completed form with application to:

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

Phone (802) 828-2345
FAX (802) 828-1031
Email DLC.EnfLic@vermont.gov

Solicitor's Permit Application Additional Information Page