

**BOAT - FIRST and THIRD-CLASS LIQUOR LICENSE**

**Application Fee 1<sup>st</sup> Class \$230.00**

**Application Fee 3<sup>rd</sup> Class \$550.00 (Half Year)  
or \$1095.00 (full year)**

\_\_\_\_\_  
Print Full Name of Person, Partnership, Corporation

\_\_\_\_\_  
Doing Business As – Trade Name

\_\_\_\_\_  
Street address

\_\_\_\_\_  
Town or City & Zip Code

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Mailing Address: (if different from above)

\_\_\_\_\_  
Email Address

Please check all that apply:     First Class     Third Class

**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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are all of the above citizens of the UNITED STATES?  Yes     No

If naturalized citizen, please complete the following:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Court where naturalized (City/State/Zip)

\_\_\_\_\_  
Date

**CORPORATE INFORMATION**

If you have checked the box marked CORPORATION, please fill out this information for stockholders (attach sheet if necessary).

LEGAL NAME \_\_\_\_\_ STREET/CITY/STATE \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Date of incorporation \_\_\_\_\_ Is corporate charter now valid? \_\_\_\_\_

Corporate Federal Identification Number \_\_\_\_\_

Have you registered your corporation and/or trade name with the Secretary of State? \_\_\_\_\_ (as required by VSA Title 11 § 1621, 1623 & 1625).

**ALL APPLICANTS**

HAVE ANY OF THE APPLICANTS EVER BEEN CONVICTED OR PLED GUILTY TO **ANY CRIMINAL OR MOTOR VEHICLE OFFENSE** IN ANY COURT OF LAW (**INCLUDING TRAFFIC TICKETS BY MAIL**) \_\_\_YES \_\_\_ NO

If yes, please complete the following information: (attached sheet if necessary)

Name	Court/Traffic Bureau	Offense	Date
_____	_____	_____	_____

Do any of the applicants hold any elective or appointive state, county, city, village/town office in Vermont? (See VSA, T.7, Ch. 9, §223) \_\_\_\_\_YES \_\_\_\_\_ NO If yes, please complete the following information:

Name	Office	Jurisdiction
_____	_____	_____

Please give name, title and date attended of manager, director, partner or individual who has attended a Liquor Control Licensee Education Seminar, as required by Education Regulation No. 3:

NAME: \_\_\_\_\_  
TITLE: \_\_\_\_\_  
DATE: \_\_\_\_\_

(If you have not attended an Education Seminar prior to making application, please go to our website [liquorcontrol.vermont.gov](http://liquorcontrol.vermont.gov) and click on seminar schedule to view available seminars)

**FOR ALL APPLICANTS: DESCRIPTION /LOCATION OF BOAT**

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: \_\_\_\_\_  
\_\_\_\_\_

**FIRST CLASS APPLICANTS ONLY:** No first-class license may be issued without the following information.

**HEALTH LICENSE #:** Food \_\_\_\_\_ Lodging \_\_\_\_\_ (if licensed as a Hotel)

**VERMONT TAX DEPARTMENT:** Meals & Rooms Certificate/Business Account #: \_\_\_\_\_

**ALL APPLICANTS MUST COMPLETE AND SIGN BELOW**

The applicant(s) understands and agrees that the Board of Liquor and Lottery 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\_\_\_\_\_

Signature of Individuals/Partners: (All partners must sign), members, Authorized Agent

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Mail application directly to:**

**DEPARTMENT OF LIQUOR & LOTTERY  
DIVISION OF LIQUOR CONTROL  
13 Green Mountain Drive, Montpelier, VT 05602**

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

**SECTION 5111 AND 5121 OF THE INTERNAL REVENUE CODE OF 1954 REQUIRE EVERY RETAIL DEALER IN ALCOHOLIC BEVERAGES TO FILE A FORM ANNUALLY AND PAY A SPECIAL TAX IN CONNECTION WITH SUCH SALES ACTIVITY. FOR FURTHER INFORMATION, CONTACT:**

**THE BUREAU OF ALCOHOL, TOBACCO & FIREARMS (TTB)  
DEPARTMENT OF THE TREASURY  
550 MAIN STREET  
CINCINNATI, OH 45202 (513) 684-2979**