

I/We hereby certify, under pains and penalties of perjury, that this application is true, correct, and complete to the best of my/our knowledge, and 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.

Owner, Partner, or Corporate Officer Signature

Title

Date

Print or type name of signer above

Authorization to Disclose License Information (optional)

I authorize the Vermont Department of Liquor Control to disclose to the public that I am licensed to sell or purchase break-open tickets in this state. The disclosure will be only of information related to name and contact information as noted on this application. Authorization to disclose licensing is not a condition of receiving a license.

Owner, Partner, or Corporate Officer Signature

Title

Date

Send completed application and required forms with check or money order to:

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

Phone (802) 828-2345
FAX (802) 828-2803
Email DLC.EnfLic@vermont.gov