

**APPLICATION FOR CERTIFICATE OF APPROVAL
FOR MANUFACTURER OR DISTRIBUTOR TO SELL MALT BEVERAGES**

License Year: May 1st through April 30th of the following year.

Fee of \$2,485.00

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

<hr/> Print Full Name of Person, Partnership, Corporation or LLC
<hr/> Street and street number or premises covered by this application
Town/City Zip Code _____
Telephone Number: _____
Email: _____

Application is hereby made for a Certificate of Approval for Manufacturer or Distributor to sell malt beverages to wholesale dealers and bottlers under and in accordance with Title 7 of the Vermont Statutes annotated, as amended, and certify that all statements, information and answers to questions herein contained are true, and in consideration of such Certificate being granted, do promise and agree to comply with all regulations made and promulgated by the Board of Liquor and Lottery; to allow the Board of Liquor and Lottery, and any of their assistants and investigators, to examine at any time the premises, supply of beverages, records and papers in reference thereto; to keep such records as the Board of Liquor and Lottery may require; and not have any direct or indirect financial interest in any person holding a Vermont first, second or third class License, wholesale dealer's or bottler's license, and, upon hearing, the Liquor and Lottery Board may in its discretion suspend or revoke such Certificate whenever it may determine 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.

Are you applying as? (please check one): Individual _____ Partnership _____ LLC _____ Corporation _____

Please fill name and address of individual, partners, or principal officers (attach sheet if necessary)

Name	Address	Office
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If a corporation or LLC, in what state is your corporation or LLC chartered? _____

If NEW APPLICANT: Attach articles of organization or copy of charter;

Corporation or LLC Federal ID# _____

Number of Federal Brewers Notice: _____ **Attach copy to this application.**

Do you hold a license or permit issued by a control board IN YOUR STATE authorizing the sale of malt beverages? _____ **Attach copy to this application.**

Address and description of warehouse if located in Vermont _____

Does the applicant understand that he can sell and deliver only to persons within Vermont who hold wholesale dealer or bottler's license issued by the Liquor Control Board? _____

Name and address of Vermont Wholesale Dealer _____

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The applicant must furnish to the **Commissioner of Taxes, 133 State Street, Montpelier, Vermont 05602** on or before the 20th day of each month, a report, under oath, on a form prescribed and furnished by the **Commissioner of Taxes**, showing the quantity of malt beverages sold or delivered to each wholesale dealer within the State of Vermont during the preceding calendar month.

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

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).

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

(Applicant)

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