

**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