

### Promotional Railroad Tasting Permit

_____
Licensee Number
_____
Print Full Name of Person, Partnership, Corporation or LLC
_____
Doing Business As – Trade Name
_____
Street and street number or premises covered by this application
_____
Town or City & Zip
_____
Telephone Number
_____
Mailing Address (if different from above)
_____
Email: _____
Telephone number: _____

**APPLICATION FEE: \$20.00**

Make check payable to and mail to:

Vermont Department of Liquor & Lottery  
13 Green Mountain Drive  
Montpelier, Vermont 05602

**LICENSEE MAY CONDUCT TASTINGS OF ONLY VERMONT PRODUCED  
ALCOHOLIC BEVERAGES IN THE DINING CAR**

Date of Event: \_\_\_\_\_

Hours of Event: \_\_\_\_\_

**ALL APPLICANTS MUST COMPLETE AND SIGN THE FOLLOWING:**

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

Dated at \_\_\_\_\_ in the County of \_\_\_\_\_ and

State of Vermont, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

Signature of authorized agents of licensee:

\_\_\_\_\_