



TOBACCO ENDORSEMENT PERMIT

LICENSE YEAR IS MAY 1ST THROUGH APRIL 30TH OF THE FOLLOWING YEAR

Application Fee: \$50.00

Print Full Name of Person, Partnership, Corporation, Club or LLC

Doing Business as – Trade Name

Street and street number of premises covered by this application

Town or City & Zip Code

Telephone Number

Mailing Address (if different from above)

Email address

Tobacco License Number: _____

Application is hereby made for a permit to sell Tobacco Substitutes under and in accordance with Title 7, Vermont Statutes Annotated, as amended, and certify that all statements, information and answers to questions herein contained are true; and in consideration of such license being granted do promise and agree to comply with all local and state laws; and to comply with all regulations made and promulgated by the Liquor Control Board. Upon hearing, the Liquor Control Board may, in its discretion, suspend or revoke such license whenever it may determine that the law or any regulations of the Liquor Control Board have been violated, or that any statement, information or answers herein contained are false.

ALL APPLICANTS MUST COMPLETE AND SIGN BELOW

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

Corporations/Clubs: Signature of Authorized Agent

Individuals/Partners: (All partners must sign)

Please send signed permit application along with \$50.00 application fee to: Vermont Department of Liquor Control, 13 Green Mountain Drive, Montpelier, VT 05602