



**TOBACCO LICENSE**

LICENSE YEAR IS MAY 1<sup>ST</sup> THROUGH APRIL 30<sup>TH</sup> OF THE FOLLOWING YEAR

\_\_\_\_\_  
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

APPLICATION FEE

TOBACCO LICENSE- \$110.00 payable to Liquor Control

TOBACCO ENDORSEMENT PERMIT - \$50.00

Application is hereby made for a license to sell tobacco products 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.

**MISREPRESENTATION OF A MATERIAL FACT ON ANY LICENSE APPLICATION SHALL BE GROUNDS FOR SUSPENSION OR REVOCATION OF THE LICENSE, AFTER NOTICE AND HEARING.**

If this premise was previously licensed, please indicate name \_\_\_\_\_

I/We are applying as: (Please check one)

Individual \_\_\_\_\_ Partnership \_\_\_\_\_ LLC \_\_\_\_\_ Corporation \_\_\_\_\_

Please fill in name and address of individual, partners, directors or members.

LEGAL NAME

STREET/CITY/STATE

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are all of the above **citizens** of the UNITED STATES? \_\_\_\_ Yes \_\_\_\_ No

If naturalized citizen, please complete the following:

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Name	Court where naturalized (City/State/Zip)	Date
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**CORPORATE INFORMATION:**

If you have checked the box marked CORPORATION, please fill out this information for stockholders (attach sheet if necessary).

LEGAL NAME	STREET/CITY/STATE
_____	_____
_____	_____
_____	_____

Date of incorporation \_\_\_\_\_ Is corporate charter now valid? \_\_\_\_\_

Corporate Federal Identification Number \_\_\_\_\_

Have you registered your corporation and/or trade name with the Town/City Clerk? \_\_\_\_\_ and/or Secretary of State? \_\_\_\_\_ (as required by VSA Title 11 § 1621, 1623 & 1625).

**ALL APPLICANTS**

HAVE ANY OF THE APPLICANTS EVER BEEN CONVICTED OR PLED GUILTY TO **ANY** CRIMINAL OR MOTOR VEHICLE OFFENSE IN ANY COURT OF LAW (**INCLUDING TRAFFIC TICKETS**) AT ANY TIME?

\_\_\_\_ YES      \_\_\_\_ NO

If yes, please complete the following information: (attached sheet if necessary)

Name	Court/Traffic Bureau	Offense	Date
_____	_____	_____	_____
_____	_____	_____	_____

Do any of the applicants hold any elective or appointive state, county, city, village/town office in Vermont? (See VSA, T.7, Ch. 9, §223) YES \_\_\_\_ NO \_\_\_\_ If yes, please complete the following information:

Name	Office	Jurisdiction
_____	_____	_____

Please give name, title and date attended of manager, director, partner or individual who has attended a Liquor Control Licensee Education Seminar, as required by Education Regulation No. 3:

NAME: \_\_\_\_\_  
TITLE: \_\_\_\_\_  
DATE: \_\_\_\_\_

(If you have not attended an Education Seminar prior to making application, please visit [www.liquorcontrol.vermont.gov](http://www.liquorcontrol.vermont.gov) and click on Seminar Schedule for a list of Seminars in your area)

**FOR ALL APPLICANTS: DESCRIPTION /LOCATION OF PREMISES (Section 4)**

Description of the premises to be licensed: \_\_\_\_\_  
\_\_\_\_\_

Does applicant own the premises described? \_\_\_\_\_ If not owned, does applicant lease the premises? \_\_\_\_\_

If leased, name and address of lessor who holds title to property: \_\_\_\_\_

Are you making this application for the benefit of any other party? \_\_\_\_\_

**VERMONT TAX DEPARTMENT:** Business Account # \_\_\_\_\_

**ALL APPLICANTS MUST COMPLETE AND SIGN BELOW**

The applicant(s) understands and agrees that the Liquor Control Board may obtain criminal history record information from State and Federal repositories prior to acting on this application.

I/We hereby certify, under pains and penalties of 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).

In accordance with 21 VSA, §1378 (b) I/We certify, under pains and penalties of perjury, that I/We are in good standing with respect to or in full compliance with a plan to pay any and all contributions or payments in lieu of contributions due to the Department of Employment and Training.

**If applicant is applying as an individual:** I hereby certify that I/We are not under an obligation to pay child support or that I/We are in good standing with respect to child support or am in full compliance with a plan to pay any and all child support payable under a support order. (VSA, Title 15, §795).

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)

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**NOTICE:** All new applications are investigated by the Enforcement and Licensing Division prior to approval/disapproval of the license by the Liquor Control Board. Please note that this process can take anywhere from 2 weeks to 6 weeks to complete once Liquor Control receives the application. *Rev. 10/06/2017*

Please complete and include with your tobacco license application

Please fill in for Individual, Partners, or Directors

**Applicant/s Personal Information**

Legal  
Name: \_\_\_\_\_ Address: \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_ Sex \_\_\_\_\_ SS# \_\_\_\_\_

Legal  
Name: \_\_\_\_\_ Address: \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_ Sex \_\_\_\_\_ SS# \_\_\_\_\_

Legal  
Name: \_\_\_\_\_ Address: \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_ Sex \_\_\_\_\_ SS# \_\_\_\_\_

Legal  
Name: \_\_\_\_\_ Address: \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_ Sex \_\_\_\_\_ SS# \_\_\_\_\_

Legal  
Name: \_\_\_\_\_ Address: \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_ Sex \_\_\_\_\_ SS# \_\_\_\_\_

Legal  
Name: \_\_\_\_\_ Address: \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_ Sex \_\_\_\_\_ SS# \_\_\_\_\_