

FIRST/SECOND CLASS LIQUOR LICENSE AND TOBACCO APPLICATION

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

Please circle appropriate categories

- FIRST CLASS SECOND CLASS TOBACCO
Restaurant
Hotel
Club
Commercial Kitchen (a Liquor Control Commercial Caterer's License is needed with this license)

FEES:

FIRST CLASS LICENSE - \$115.00 to DLC and \$115.00 to Town/City
SECOND CLASS LICENSE- \$70.00 to DLC and \$70.00 to Town/City
TOBACCO LICENSE- (there is no fee for tobacco if applying for second class)
If applying for Tobacco only license please use the Tobacco Only form. Fee for this license is \$100.00 payable to DLC

TO THE CONTROL COMMISSIONERS OF THE TOWN/CITY OF \_\_\_\_\_, VERMONT
Application is hereby made for a license to sell malt and vinous beverages 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 circle one)

- INDIVIDUAL LIMITED LIABILITY COMPANY
PARTNERSHIP 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
(Note: Resident Alien is not considered a U.S. Citizen)

If naturalized citizen, please complete the following:

Name Court where naturalized (City/State/Zip) Date

**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? \_\_\_\_\_

**FIRST CLASS APPLICANTS ONLY:** No first class license may be issued without the following information.

**HEALTH LICENSE #:** Food \_\_\_\_\_ Lodging \_\_\_\_\_ (if licensed as a Hotel)

**VERMONT TAX DEPARTMENT:** Meals & Rooms Certificate/Business Account # \_\_\_\_\_

Business is devoted primarily to: (Circle one)

FOOD (restaurant) HOTEL CLUB COMMERCIAL CATERING BAR

If you are considering **Outside Consumption** service on decks, porches, cabanas, etc. you must complete an Outside Consumption Permit. This form can be found on our website at [www.liquorcontrol.vermont.gov](http://www.liquorcontrol.vermont.gov) and then click on licensing and then forms.

**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)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
(Title)

TOWN/CITY APPROVAL/DISAPPROVAL

Upon being satisfied that the conditions precedent to the granting of this license as provided in Title 7 of the Vermont Statutes Annotated, as amended, have been fully met by the applicant, the commissioners will endorse their recommendation on the back of the applications and transmit both copies to the Liquor Control Board for suitable action thereon, before any license may be granted. For the information of the Liquor Control Board, all applications shall carry the signature of each individual commissioner registering either approval or disapproval. Lease or title must be recorded in town or city before issuance of license.

\_\_\_\_\_, Vermont, \_\_\_\_\_  
Town/City Date

APPROVED

DISAPPROVED

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

Approved/Disapproved by Board of Control Commissioners of the City or Town (circle one) of \_\_\_\_\_

Total Membership \_\_\_\_\_ members present

Attest, \_\_\_\_\_  
City or Town Clerk

TOWN OR CITY CLERK SHALL MAIL ONE APPLICATION DIRECTLY TO THE DEPARTMENT OF LIQUOR CONTROL, 13 Green Mountain Drive, Montpelier, VT 05602. If application is disapproved, local control commissioners shall notify the applicant by letter.

No formal action taken by any agency or authority of any town board of selectmen or city board of aldermen on a first or second class application shall be considered binding except as taken or made at an open public meeting. VSA Title 1 §312.

SECTION 5111 AND 5121 OF THE INTERNAL REVENUE CODE OF 1954 REQUIRE EVERY RETAIL DEALER IN ALCOHOLIC BEVERAGES TO FILE A FORM ANNUALLY AND PAY A SPECIAL TAX IN CONNECTION WITH SUCH SALES ACTIVITY. FOR FURTHER INFORMATION, CONTACT:

THE BUREAU OF ALCOHOL, TOBACCO & FIREARMS (TTB) (513) 684-2979  
DEPARTMENT OF THE TREASURY  
550 MAIN STREET, CINCINNATI, OH 45202

**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.

Please complete and include with your liquor 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# \_\_\_\_\_

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

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

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