



**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 One Radish

I/we are applying as: Please check one:

INDIVIDUAL       LIMITED LIABILITY COMPANY  
 PARTNERSHIP       CORPORATION

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

LEGAL NAME      STREET/CITY/STATE  
Tyler Stratton      201 Park St. Apt 1 Morrisville VI 05661

Are all of the above citizens or lawful permanent residents of the UNITED STATES?  Yes     No

If naturalized citizen or lawful permanent resident of the United States, please provide a copy of the naturalization or lawful permanent resident documentation.

**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   X   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   X   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: Tyler Stratton  
 TITLE: Owner  
 DATE: October 18, 2018

(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: The first floor of the commercial space located at 39 Esplanade Rd. It is zoned for 40 seats.

Does applicant own the premises described? No If not owned, does applicant lease the premises? Yes  
L.B. Richmond LLC

If leased, name and address of lessor who holds title to property: 572 Williams Hill Rd. Richmond VT 05477

Are you making this application for the benefit of any other party? No

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

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

VERMONT TAX DEPARTMENT: Meals & Rooms Certificate/Business Account# 10962414-001

Please check one: Business is devoted primarily to:

FOOD (restaurant) \_\_\_\_\_ HOTEL \_\_\_\_\_ CLUB \_\_\_\_\_ COMMERCIAL CATERING

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 Board of Liquor and Lottery 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).

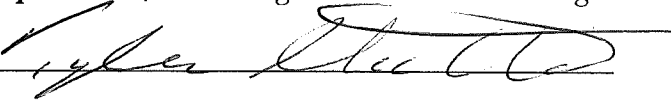
In accordance with 21 VSA, §1378 (b) I/We certify, under pains and penalties of perjury, that I/We are in good standing with respect to or in full compliance with a plan to pay any and all contributions or payments in lieu of contributions due to the Department of Employment and Training.

**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 Richmond in the County of Chittenden and State of VT,

this 6<sup>th</sup> day of September, 2019

**Corporations/Clubs:** Signature of Authorized Agent

  
\_\_\_\_\_

**Individuals/Partners:** (All partners must sign)

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

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 Board of Liquor and Lottery for suitable action thereon, before any license may be granted. For the information of the Board of Liquor and Lottery, 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.

Richmond, Vermont, 9-6-19  
Town/City Date

APPROVED

DISAPPROVED

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

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

Please check one:  Approved  Disapproved

by the Board of Control Commissioners of the City or Town of Richmond

Total Membership 5 Members present \_\_\_\_\_

Attest, City or Town Clerk Linda M Parent

**TOWN OR CITY CLERK SHALL MAIL ONE APPLICATION DIRECTLY TO THE DIVISION 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 Board of Liquor and Lottery. Please note that this process can take anywhere from 2 weeks to 6 weeks to complete once Liquor Control receives the application.**