



### FIRST/SECOND/THIRD CLASS LIQUOR LICENSE AND TOBACCO APPLICATION

(License year is May 1<sup>ST</sup> through April 30<sup>TH</sup> of the following year)

THE RIGHMOND YACHTCLUB LLC	
Print Name of Person, Partnership, Corp., Club or LLC	APPLICATION FEES:
THE BIG SPAUCE	FIRST CLASS LICENSE - \$115.00 to DLC and \$115.00 to Town/City
Doing Business as – Trade Name  3.1 BRIP/SE ST	SECOND CLASS LICENSE- \$70.00 to DLC and \$70.00 to Town/City
Street	SECOND CLASS RETAIL DELIVERY PERMIT - \$100.00 to DLC
KIULMUND, VT 05477 Town or City & Zip Code	THIRD CLASS LICENSE - \$1,095 for a full year to DLC \$550 for 6 or fewer months to DLC
802 999 8126 Telephone Number	TOBACCO LICENSE- (there is no application fee for tobacco if applying for second class)
p. O. BOX 777 RICHMUM, VT 05477	TOBACCO ENDORSEMENT PERMIT - \$50.00 to DLC
Mailing Address (if different from above)  Email address: (IR RIEL - FIRMA) (CLOVE UM)	*If applying for Tobacco only license, please use the Tobacco Only form.
Please check appropriate categories    FIRST CLASS   Retail Delivery	•
SECOND CLASS  Restaurant	rsement
TOBACCO Restaurant  TOBACCO Hotel	
Club	
Commercial Kit Caterer's License	chen (a Liquor Control Commercial e is needed with this license)

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 Board of Liquor and Lottery. Upon hearing, the Board of Liquor and Lottery may, in its discretion, suspend or revoke such license whenever it may determine that the law or any regulations of the Board of Liquor and Lottery have been violated, or that any statement, information or answers herein contained are false.

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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.
SABRIEL FIRMAN STREET/CITY/STATE  SABRIEL FIRMAN 68 CEMETERY PW, PLUMOM, VT  311 CEMETERY PM, PLUMOM, VT
Are all of the above <u>citizens</u> or <u>lawful permanent residents</u> 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:  f you have checked the box marked CORPORATION, please fill out this information for stockholders (attach sheet if necessary).
LEGAL NAME STREET/CITY/STATE
THE PULLMOND VACHT CLUB 311 CHEVENEY PW, RIGHMOND VT
Date of incorporation Is corporate charter now valid? Yes O No O Corporate Federal Identification Number Is corporate Corporate Federal Identification Number
lave you registered your corporation and/or trade name with the Town/City Clerk? YONO and/or Secretary of State? YONO s required by VSA Title 11 § 1621, 1623 & 1625).

ALL APPLICANTS HAVE ANY OF THE APPLICANT	'S EVER BEEN CONVIC	TED OR PLED GUILTY T	'O <b>any</b> criminai or	MOTOR
VEHICLE OFFENSE IN ANY COU			WARRANGE TO SEE THE PERSON OF	(T)
If yes, please complete the following	information: (attached shee	t if necessary)		
Name Co	urt/Traffic Bureau	Offense		Date
Do any of the applicants hold any electifyes, please complete the following in		unty, city, village/town office	in Vermont? (See VSA, 7	ſ.7, Ch. 9, §223)
CABRIEL FIRMAN	DEVELOPMEN	DENEW DEAMS	RICHMOND	l
Name	Office	Jui	isdiction	
Please give name, title and date attend Education Seminar, as required by Ed		tner or individual who has a	ttended a Liquor Control I	Licensee
Name: GABRIEC 1	FRAN			
Title: ON NYW	FRAN			
Date:				
If you have not attended an Education on Seminar Schedule for a list of Sem  FOR ALL APPLICANTS: DESCR  Description of the premises to be licented.	inars in your area.  IPTION /LOCATION (	OF PREMISES (Section 4)	liquorcontrol.vermont.gov	and click
Does applicant own the premises descri	ibed? YES NO O	If not owned, does applican	t lease the premises? VE	
If leased, name and address of lessor wi	, ,	Triot owned, does applical	rease are premises.	30 1100
	_			
Are you making this application for the	benefit of any other party?	yes O no 🔯		
FIRST CLASS APPLICANTS ONI	LY: No first-class license ma	ay be issued without the follo	wing information.	
HEALTH LICENSE #: Food	TBD 1	odging (if licensed as a Hote	(1) TBD	
VERMONT TAX DEPARTMENT	: Meals & Rooms Certifica	te/Business Account#	<del></del>	
Business is devoted primarily	to (please check one):			
FOOD (restaurant)	HOTEL	CLUB	COMMERCIAL C	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 <a href="www.liquorcontrol.vermont.gov">www.liquorcontrol.vermont.gov</a> 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 <u>individual</u>: 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	CHITEMP FU and State of VT,
Corporations/Clubs: Signature of Authorized Agent	Individuals/Partners: (All partners must sign)
	Janeil Pleas Follow





## Personal Information Form To Accompany License Applications

Complete for all Owners, Partners, or Corporate Officers

Legal Name:	6	ABRIEL F	RMAN				
Telephone:	802	999 8126	Email:	GABRIE	L-FIR	MAU (O	) scenp.co
Address:	Street	GEMETEM  73 Place of Birt	City/Town	achmano	VT State	0	5477 Zip Code
Date of Birth	(0/10	73 Place of Birt	h: <u>PH1</u>	UVERPITT.	A- Siale	_ Gender: _	
Drivers Licer	nse #:	42134104				111	
	<b>(</b>	ANDE EIL	EEN				
		ANICE ELL				-	
Felephone:8	02 Y	34 2964	Email: .	ZDUTEN	JAN 27	SW GN	Mr. COM
Address:	Street	CHEMETHRY 1	20 Pr	(MU MIN)	State	05	Y77 Zip Code
Date of Birth:	1-25	Place of Birtl	1: PHO	HOBERTHA	Diale	_ Gender: _	Zip Code
Orivers Licen	nse #:	9219 63:	2(		State:	VT	
Legal Name:	·			5/C-1/E-1/BB-17-3-0			
Telephone:	<del> </del>		Email: .				
Address:	Street		City/Town		State		Zip Code
Date of Rigth.		Place of Birtl	•			Gender	-
		Frace of Bitti					
		U	se addition	al forms if necess	sary.		

Send completed form with application to:

Vermont Department of Liquor and Lottery Division of Liquor Control Attention: Licensing 13 Green Mountain Drive Montpelier, VT 05602 Phone (802) 828-2345 FAX (802) 828-1031

Email DLC.EnfLic@vermont.gov





#### **OUTSIDE CONSUMPTION PERMIT**

# **Application Fee \$20.00** Name of Licensed Premise (Corporation/Partnership/Individual, d/b/a) RICHMUND YACHT CWBUC Town/City Ruf MM Address Email or Fax # GABRIEL - FIRMAU @ KLEMD LEM License Number \_ TRN Outside consumption would be in the area described below: (describe fully, including size, physical barriers, etc.) PORCHAN ANTACHED A FEIGH Please remember that this outside consumption permit is an extension of your license to serve alcohol beverages, and that the same rules apply in this area as do in the regularly licensed premise area. Outside Consumption time period (hours) from 11-30 AM to 12 PM 7 DAY S (Permanent use will be considered year round use) Permanent Use Occasional Use Day(s) Requested \_ PM Hours Requested Signature of Licensee \_ **OUTSIDE CONSUMPTION PERMITS MUST FIRST BE APPROVED BY YOUR** TOWN/CITY CLERK Please check one: ( APPROVED DISAPPROVED Town/City Clerk Signature

Date

#### 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.

	, Vermont,				
	Town/City	Date			
APPROVED		DISAPPROVED			
		TANK TO THE TANK T			
Please check one:ApprovedDisappro	ved				
by the Board of Control Commissioners of the City of	or Town of				
Total Membership	Members present_				
Attest,	y or Town Clark				

TOWN OR CITY CLERK SHALL MAIL <u>ONE</u> 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) DEPARTMENT OF THE TREASURY 550 MAIN STREET, CINCINNATI, OH 45202 (513) 684-2979

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.

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