

FIRST/SECOND/THIRD CLASS LIQUOR LICENSE AND TOBACCO APPLICATION

(License year is May 1ST through April 30TH of the following year)

Pinemarten LLC
 Print Name of Person, Partnership, Corp., Club or LLC

Stone's Throw Pizza
 Doing Business as – Trade Name

39 Esplanade
 Street

Richmond 05477
 Town or City & Zip Code

802-338-0232
 Telephone Number

1123 Main St, Fairfax, VT 05454
 Mailing Address (if different from above)

Email address: amanda@stonesthrowpizzavt.com

APPLICATION 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

SECOND CLASS RETAIL DELIVERY PERMIT - \$100.00 to DLC

THIRD CLASS LICENSE - \$1,095 for a full year to DLC
 \$550 for 6 or fewer months to DLC

TOBACCO LICENSE- (there is no application fee for tobacco if applying for second class)

TOBACCO ENDORSEMENT PERMIT - \$50.00 to DLC

**If applying for Tobacco only license, please use the Tobacco Only form.*

Please check appropriate categories

<input type="checkbox"/> FIRST CLASS	<input type="checkbox"/> Retail Delivery Permit
<input checked="" type="checkbox"/> SECOND CLASS	<input type="checkbox"/> Tobacco Endorsement
<input type="checkbox"/> THIRD CLASS	<input type="checkbox"/> Restaurant
<input type="checkbox"/> TOBACCO	<input type="checkbox"/> Hotel
	<input type="checkbox"/> Club
	<input type="checkbox"/> Commercial Kitchen (a Liquor Control Commercial Caterer's License is needed with this license)

TO THE CONTROL COMMISSIONERS OF THE TOWN/CITY OF Richmond

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.

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 LIMITED LIABILITY COMPANY
 PARTNERSHIP CORPORATION

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

LEGAL NAME	STREET/CITY/STATE
Tyler Stratton	72 McNall Rd, Fairfax, VT 05454
Allison Stratton	72 McNall Rd, Fairfax, VT 05454
Silas Pollitt	72 McNall Rd, Fairfax, VT 05454

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? Yes No

Corporate Federal Identification Number _____

Have you registered your corporation and/or trade name with the Town/City Clerk? Y N and/or Secretary of State? Y N
(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)
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: Adam Goddu
 Title: Beverage Manager
 Date: 02/02/2021

If you have not attended an Education Seminar prior to making application, please visit 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: Combined 32 seat Restaurant and retail location.

Does applicant own the premises described? YES NO If not owned, does applicant lease the premises? YES NO

If leased, name and address of lessor who holds title to property: L.B. Richmond, LLC

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

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 (please check one):

- 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 and then click on licensing and then forms.

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, _____
Town/City Date

APPROVED

DISAPPROVED

Please check one: Approved Disapproved
by the Board of Control Commissioners of the City or Town of _____

Total Membership _____ Members present _____

Attest, _____
City or Town Clerk

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)
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.

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).

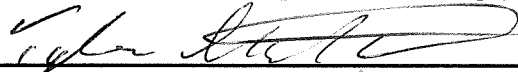
In accordance with 21 VSA, §1378 (b) I/We certify, under pains and penalties of perjury, that I/We are in good standing with respect to or in full compliance with a plan to pay any and all contributions or payments in lieu of contributions due to the Department of Employment and Training.

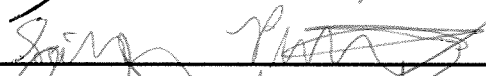
If applicant is applying as an individual: I hereby certify that I/We are not under an obligation to pay child support or that I/We are in good standing with respect to child support or am in full compliance with a plan to pay any and all child support payable under a support order. (VSA, Title 15, §795).


Dated at Richmond in the County of Chittenden and State of Vermont
this 5 day of November, 2021

Corporations/Clubs: Signature of Authorized Agent

Individuals/Partners: (All partners must sign)







**Personal Information Form
To Accompany License Applications**

Complete for all Owners, Partners, or Corporate Officers

Legal Name: Silas Pollitt

Telephone: 802-310-2408 Email: silas@stonestrowpizzavt.com

Address: 72 McNall Rd, Fairfax, VT 05454
Street City/Town State Zip Code

Date of Birth: 08/31/1985 Place of Birth: berlin, VT Gender: M

Drivers License #: 72094654 State: VT

Legal Name: Tyler Stratton

Telephone: 802-734-6991 Email: tyler@stonestrowpizzavt.com

Address: 72 McNall Rd, Fairfax, VT 05454
Street City/Town State Zip Code

Date of Birth: 06/26/1985 Place of Birth: Springfield, MA Gender: M

Drivers License #: 42105406 State: VT

Legal Name: Allison Stratton

Telephone: 603-459-3125 Email: allie@stonestrowpizzavt.com

Address: 72 McNall Rd, Fairfax, VT 05454
Street City/Town State Zip Code

Date of Birth: 12/08/1985 Place of Birth: Nashua, NH Gender: F

Drivers License #: 53143326 State: VT

Use additional forms if necessary.

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