



**Application ID:** DLL - Application - 69875  
**Application for:** First Class Restaurant/Bar License  
**Category of Business:** First Class

**Business/ Entity Information**

**Business/ Entity Name:** Sweet Simone's, LLC  
**Business ID:** 0029846  
**Business Address:** 40 Bridge St PO Box 1114, Richmond, Vermont 05477  
**Entity Type:** Limited Liability Corporation  
**Phone:** 8024974777  
**Management Type if LLC:**  
**Email:** lisa@sweetsimones.com

**People Information**

• **Person:** Lisa Curtis

**Business Role:** Business Principal  
**Business Address:** 40 Bridge St, PO Box 1114, Richmond, Vermont, 05477  
**Phone:**

**Email:** lisa@sweetsimones.com  
**US Citizen?**  
**Political Position**  
**Name:** Lisa Curtis  
**Office:**  
**Jurisdiction:**

**Violations:**

Violation ID	Court/Traffic Bureau	Offense	Date of Offense
--------------	----------------------	---------	-----------------

**Location/ Premises Detail**

**Location Name:** Do you lease this Premises:

Sweet Simone's

Own

**Location Address:**

40 Bridge Street,  
Richmond, Vermont 05477

**Health License:**

Food:1411  
Lodging:

**Local Jurisdiction/ Town Clerk:**

Richmond

**Vermont Tax Department:**

MRT-10057838

**Education Details**

**Student Name:**

Lisa Curtis

**Training Completion Date:**

Fri May 17 00:00:00 GMT 2024

**Mode of Training:**

DLC Online Training

**Type of Training:**

First Class (On Premise)

**Foundational License (if applicable)**

**License Type:**

First Class

**License Number:**

LP-019980

**Licensee Name:**

Sweet Simone's

**License Status:**

License issued-renewed application

**Licensee Address:**

40 Bridge Street ,  
Richmond, Vermont 05477

**License Start Date:**

**License End Date:**

**Documents Attached**

Name	Document Type	Assosicated With
------	---------------	------------------

**Payment and Acknowledgement**

**Signed by:**

Lisa Curtis

**State of Vermont / DLL Application Fee:**

115.00

**Date of Submission:**

2026-02-10 15:23:56

**State of Vermont / DLL Payment Status:**

**Local Control Payment Status:**

false

**Local Application Fee:**

115

CK #4447  
\$115. -



**Application ID:** DLL - Application - 69779  
**Application for:** Third Class Restaurant/Bar License  
**Category of Business:** Third Class

### Business/ Entity Information

**Business/ Entity Name:** Sweet Simone's, LLC  
**Business ID:** 0029846  
**Business Address:** 40 Bridge St PO Box 1114,  
Richmond, Vermont 05477  
**Entity Type:** Limited Liability Corporation  
**Phone:** 8024974777  
**Management Type if LLC:**  
**Email:** lisa@sweetsimones.com

### People Information

- **Person:**  
Lisa Curtis

**Business Role:**  
Business Principal

**Business Address:**  
40 Bridge St, PO Box 1114,  
Richmond, Vermont, 05477

**Phone:**

**Email:**  
lisa@sweetsimones.com

**US Citizen?**

**Political Position**

**Name:** Lisa Curtis

**Office:**

**Jurisdiction:**

**Violations:**

Violation ID	Court/Traffic Bureau	Offense	Date of Offense
--------------	----------------------	---------	-----------------

### Location/ Premises Detail

**Location Name:**

**Do you lease this Premises:**

Sweet Simone's

Own

**Location Address:**

40 Bridge Street,  
Richmond, Vermont 05477

**Health License:**

Food:1411  
Lodging:

**Local Jurisdiction/ Town Clerk:**

Richmond

**Vermont Tax Department:**

MRT-10057838

**Education Details**

**Student Name:**

Lisa Curtis

**Training Completion Date:**

Fri May 17 00:00:00 GMT 2024

**Mode of Training:**

DLC Online Training

**Type of Training:**

First Class (On Premise)

**Foundational License (if applicable)**

**License Type:**

Third Class

**License Number:**

LP-039954

**Licensee Name:**

Sweet Simone's

**License Status:**

License Active - Renewal in Process

**Licensee Address:**

40 Bridge Street ,  
Richmond, Vermont 05477

**License Start Date:**

**License End Date:**

**Documents Attached**

Name	Document Type	Assosicated With
------	---------------	------------------

**Payment and Acknowledgement**

**Signed by:**

Lisa Curtis

**State of Vermont / DLL Application Fee:**

1095.00

**Date of Submission:**

2026-02-06 21:57:12

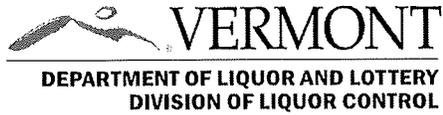
**State of Vermont / DLL Payment Status:**

**Local Control Payment Status:**

false

**Local Application Fee:**

0



**Application ID:** DLL - Application - 69877  
**Application for:** Outside Consumption Permit  
**Category of Business:** OCP

### Business/ Entity Information

**Business/ Entity Name:** Sweet Simone's, LLC  
**Business ID:** 0029846  
**Business Address:** 40 Bridge St PO Box 1114,  
Richmond, Vermont 05477  
**Entity Type:** Limited Liability Corporation  
**Phone:** 8024974777  
**Management Type if LLC:**  
**Email:** lisa@sweetsimones.com

### Foundational License (if applicable)

**License Type:** OCP  
**License Number:** LP-041841  
**Licensee Name:** Sweet Simone's  
**License Status:** License issued-renewed application  
**Licensee Address:** 40 Bridge Street ,  
Richmond, Vermont 05477  
**License Start Date:** 2025-05-29  
**License End Date:** 2026-05-29

### Event Contact/s

**Person:**

**Business Role:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
**Business Address:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Violations:**

--	--	--

Violation ID	Court/Traffic Bureau	Offense	Date of Offense
--------------	----------------------	---------	-----------------

### Event Details

**Start date of event:**

**End date of event:**

**Physical Location Street 1**  
40 Bridge Street

**Physical Location Name:**  
Sweet Simone's

**Physical Location Street 2/Unit/Suite:**

**Physical Location State:**  
Vermont

**Town Clerk/ Municipal Jurisdiction:**  
Richmond

**Outside Side Consumption End time:**

**Physical Location City/Town:**  
Richmond

**Landlord Name:**  
Lisa Curtis

**Do you Lease the Premises:**

**Landlord Email:**

**Lease Expiration Date:**

**Business Location:**

**Outside Side Consumption Start time:**

**Approximate Number of Persons Expected:**

**Outside Side Consumption Hours Requested:**

**Outside Side Consumption Days Requested:**

**Physical Location Zip:**  
05477

**Describe the type of event/ OCP Area:**

We would like customers to be able to enjoy cocktails, wine a

**Location:**  
LN-021414

**Days or specific bingo date(s):**

### Documents Attached

Name	Document Type	Assosicated With
------	---------------	------------------

### Payment and Acknowledgement

**Signed by:**

**State of Vermont / DLL Application Fee:**  
20.00

**Date and time of Submission:**  
2026-02-10 15:25:20

**State of Vermont / DLL Payment Status:**

**Local Application Fee:**

**Local Control Payment Status:**  
false

0