

**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)

SALT for SALT LLC

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

SALT & RIND EVENTS

Doing Business as – Trade Name

13 JOLINA Ct.

Street

Richmond VT 05477

Town or City & Zip Code

802-434-3445

Telephone Number

PO Box 512 Waterbury, VT 05676

Mailing Address (if different from above)

Email address: SALT RIND events@gmail.com

(All lower case)

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

(WE HAVE COMMERCIAL CATERING 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 ~~0~~ N/A

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
<u>Brittany Thompson</u>	<u>98 Ballfield Rd. Haysden, ME 04444</u>
<u>Lucas Williams</u>	<u>545 Gaptail Rd. Waterbury, VT 05677</u>

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
BRITTANY THOMPSON	Superior Court of VT Lamoille Unit	Grossly Negligent Operation (Misdeemeanor)	2/18/2020

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: Britt Thompson + Lucas Williams  
 Title: OWNER/MEMBER (Both)  
 Date: 1/17/2022 (Both)

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: RICHMOND Community Kitchen (NOT SERVING ON PREMISE w/out permit) ONLY STORAGE. We Rent time & have A CONTRACT & Agreed STORAGE SPACE (Locked & Private)

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: w/ RICHMOND Community Kitchen OWNERS of Business

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 13225 Lodging (if licensed as a Hotel) \_\_\_\_\_

VERMONT TAX DEPARTMENT: Meals & Rooms Certificate/Business Account# VRT: 11208678-001

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](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.

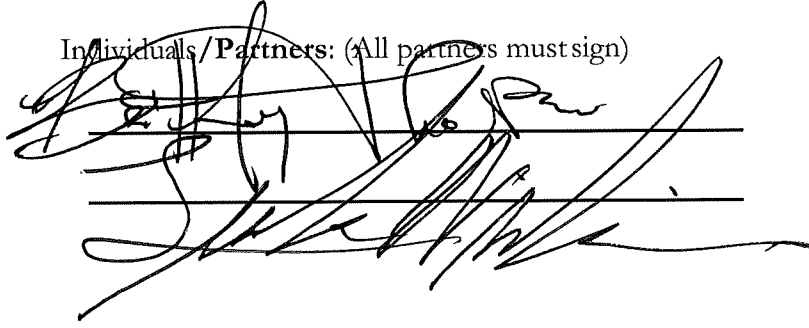
I/We hereby certify, under pains and penalties of perjury, that I/We are in good standing with respect to or in full compliance with a plan approved by the Commissioner of Taxes to pay any and all taxes due the State of Vermont as of the date of this application. (VSA, Title 32, §3113).

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 8/25/2022 in the County of Chittenden and State of Vermont  
this Thursday day of August, 2022

Corporations/Clubs: Signature of Authorized Agent  
\_\_\_\_\_  
\_\_\_\_\_

Individuals/Partners: (All partners must sign)  
  
(  
Brittany Thompson  
Lucas Williams  
)



**Personal Information Form  
To Accompany License Applications**

Complete for all Owners, Partners, or Corporate Officers

Legal Name: Lucas Williams  
Telephone: 508-292-3898 Email: saltwinevents@gmail.com  
Address: 545 Gupitil Rd. Apt A Waterbury VT 05676  
Street City/Town State Zip Code  
Date of Birth: 6/1/89 Place of Birth: Falmouth, MA Gender: Male  
Drivers License #: 82981802 State: Vermont

Legal Name: BRITANY THOMPSON  
Telephone: 504-610-8169 Email: SALT Winevents@gmail.com (All Lower case)  
Address: 98 Ballfield Rd Hampden ME 04444  
Street City/Town State Zip Code  
Date of Birth: 04/24/91 Place of Birth: BALDOR, ME Gender: FEMALE  
Drivers License #: 9729312 State: MAINE

Legal Name: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Email: \_\_\_\_\_  
Address: \_\_\_\_\_  
Street City/Town State Zip Code  
Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_  
Drivers License #: \_\_\_\_\_ State: \_\_\_\_\_

*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](mailto:DLC.EnfLic@vermont.gov)

Date of this notice: 07-13-2022

Employer Identification Number:  
88-3222900

Form: SS-4

Number of this notice: CP 575 B

SALT FOR SALT LLC  
LUCAS EARL WILLIAMS MBR  
PO BOX 512  
WATERBURY, VT 05676

For assistance you may call us at:  
1-800-829-4933

IF YOU WRITE, ATTACH THE  
STUB AT THE END OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 88-3222900. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

Taxpayers request an EIN for their business. Some taxpayers receive CP575 notices when another person has stolen their identity and are opening a business using their information. If you did **not** apply for this EIN, please contact us at the phone number or address listed on the top of this notice.

When filing tax documents, making payments, or replying to any related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear-off stub and return it to us.

Based on the information received from you or your representative, you must file the following forms by the dates shown.

Form 1065

03/15/2023

If you have questions about the forms or the due dates shown, you can call us at the phone number or write to us at the address shown at the top of this notice. If you need help in determining your annual accounting period (tax year), see Publication 538, *Accounting Periods and Methods*.

We assigned you a tax classification (corporation, partnership, estate, trust, EPMF, etc.) based on information obtained from you or your representative. It is not a legal determination of your tax classification, and is not binding on the IRS. If you want a legal determination of your tax classification, you may request a private letter ruling from the IRS under the guidelines in Revenue Procedure 2020-1, 2020-1 I.R.B. 1 (or superseding Revenue Procedure for the year at issue). Note: Certain tax classification elections can be requested by filing Form 8832, *Entity Classification Election*. See Form 8832 and its instructions for additional information.

A limited liability company (LLC) may file Form 8832, *Entity Classification Election*, and elect to be classified as an association taxable as a corporation. If the LLC is eligible to be treated as a corporation that meets certain tests and it will be electing S corporation status, it must timely file Form 2553, *Election by a Small Business Corporation*. The LLC will be treated as a corporation as of the effective date of the S corporation election and does not need to file Form 8832.

Lucas Williams  
saltrindevents@gmail.com

LW I certify the above information is correct.

## Rental Agreement

This agreement is made between Lucas Williams, hereinafter referred to as the "Client" and Richmond Community Kitchen, LLC, hereinafter referred to as the "Provider" on Jul 18, 2022 2:51:30 PM. Whereas, the Client desires to engage in the services of the Provider, including but not limited to use of grounds operated by the Provider, hereinafter referred to as the "Facility", it is agreed as follows:

1. **Services provided.** The Provider agrees to provide the Client access to and use of the Facility, including use for the production of Client products, provided all covenants of this Agreement are met in full.

2. **Pricing.** In compensation for the services provided, the Client will be charged based on the RCK kitchen rates, provided below. The Client will be provided with invoices no later than 7 days after use of the facility for one-time uses, at month start for long-term Clients. Term of these invoices require payment within 15 days of invoice receipt.

**Orientation Fee and Security Deposit.** During orientation, Client will be instructed on proper cleaning techniques for equipment and will review our cleaning checklist for kitchen rentals. A \$100 security deposit is due at time of first booking. Security deposit is held for the duration of client usage at the facility and is returned to client at termination of relationship per security deposit agreement.

**Hourly fees.** All hourly rates include prep and clean up time and are based on total monthly usage from the first of the month to the last day of the month. Minimum rental period is 1 hour. Use of double convection oven or mixer increases fees by \$5/hour (\$10/hr for both).

<20 hours/month: \$30/hour

20-40 hours/month: \$25/hour

>40 hours/month: \$20/hour

3. **Cancellation.** On signing of this agreement by both parties hereto, Richmond Community Kitchen, LLC will reserve the date(s) and time(s) agreed upon and will not make another reservation for the specific date and time frame. For this reason, if the Client cancels less than one week from the date of a rental, 50% of the fee (not including security deposit) is retained. *The Client may cancel with a full refund up to one week before a rental.*

4. **Production Responsibilities.** The Client assumes all production risks in connection with the Facility and equipment, including, but not limited to, any failure of equipment during the Client's use of such kitchen(s) and equipment. Under no circumstances shall the Provider be liable to the Client for any failure to meet volume production, expected quality and/or other failure of the production process including but not limited to the failure of any particular piece of equipment or machinery or any other consequential damages. The Provider assumes no responsibility for any other production requirements other than use of the Facility.

5. **Product Profits.** Subject to Client's obligation to pay the prices referenced in paragraph 2 above, any and all profits derived from the production of Client products or services at the Facility, whether at retail, wholesale, or otherwise, shall be the sole and exclusive property of the Client unless provided for in a separate






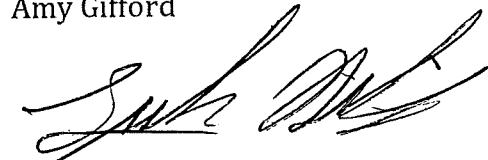
August 24, 2022

To Whom It May Concern,

Salt & Rind Events is renting space from Richmond Community Kitchen, LLC to keep a locked cabinet in which they will store alcohol purchased for off premise events. Salt & Rind Events hold a commercial catering license at Richmond Community Kitchen.

Thank you,

  
Amy Gifford

  
Lucas Williams

understand Agreement, undergo a separate orientation and review policies.

**16. Rights of Client and Termination.** The Client willfully acknowledges that this document is not a lease under Vermont law and cannot be interpreted as such. The Client is entering a production agreement at the specified facility for a specified period of time only and hereby waives any rights he may have as a tenant under Vermont law. Notwithstanding any provision contained in this Agreement, the Provider may, in its sole and absolute discretion terminate this Agreement without further liability by delivering written notice to Client.

**17. Changes and Addendums.** Richmond Community Kitchen, LLC reserves the right to make changes and addendums to this agreement.

**18. Documentation/Required Documents.** The Client agrees that the Provider will hold the following documentation:

- EIN number for business, Copy of drivers license
- Proof of liability insurance of at least \$1 million with Richmond Community Kitchen, LLC listed as additional insured.
- Proof of workers comp insurance if you are using a kitchen assistant (co-owners and spouses exempt)
- Emergency Contact Information
- Safety Deposit/Cleaning Information

**19. Included Equipment.** This rental includes exclusive use of the kitchen including: All prep tables, all cookware (pots/pans/utensils), 6 burner gas range, single oven, dishwasher (does not include use of blast chiller or tilt skillet). Use of the double convection oven and/or 30 quart mixer is available for additional fee.

TO EVIDENCE AGREEMENT, the Client subscribes their name below effective as of date below.

Lucas

Williams

8/1/22

*Lucas Williams*

TO EVIDENCE AGREEMENT, the Provider subscribes their name below effective as of date below.

Amy

Gifford

8/22/22

*Amy Gifford*

STATE OF VERMONT - VERMONT DEPARTMENT OF HEALTH  
COMMISSIONER OF HEALTH  
License to Operate

I.D.# 13225  
LICENSE TYPE: CATERER - COMMERCIAL  
EFFECTIVE DATE: 08/08/2022

ESTABLISHMENT NAME & LOCATION:  
SALT & RIND EVENTS  
13 JOLINA CT  
RICHMOND, VT 05477

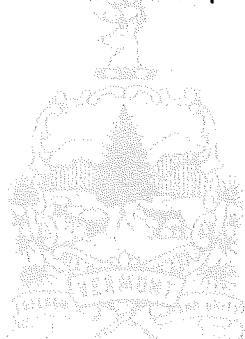
LICENSEE NAME & ADDRESS:  
SALT FOR SALT LLC  
PO BOX 512  
WATERBURY, VT 05676

FEE: \$260.00

EXPIRATION DATE: 08/08/2023

THIS IS TO CERTIFY THAT ABOVE ESTABLISHMENT IS LICENSED  
TO OPERATE UNDER THE PROVISIONS OF TITLE 18, SECTIONS  
4351-4358 VERMONT STATUTES ANNOTATED.

**THIS LICENSE IS NOT TRANSFERRABLE AND IS  
VALID ONLY FOR THE LICENSEE LISTED.  
THIS LICENSE SHALL BE CONSPICUOUSLY POSTED.**



**VERMONT SECRETARY OF STATE****Corporations Division**

MAILING ADDRESS: Vermont Secretary of State, 128 State Street, Montpelier, VT 05633-1104

DELIVERY ADDRESS: Vermont Secretary of State, 128 State Street, Montpelier, VT 05633-1104

PHONE: 802-828-2386

WEBSITE: sos.vermont.gov

**ASSUMED BUSINESS NAME REGISTRATION****\*\*ELECTRONICALLY FILED\*\***

BUSINESS ID: 0413040

FILING DATE: 07/26/2022

EXPIRATION DATE: 9/24/2027

ASSUMED NAME INFORMATION	
ASSUMED NAME	SALT & RIND EVENTS
BUSINESS TYPE	ASSUMED NAME
BUSINESS DESCRIPTION	Accommodation and Food Services Caterers
EMAIL	saltrindevnts@gmail.com

PRINCIPAL OFFICE ADDRESS			
STREET ADDRESS	545 Guptil Rd Apt. A	CITY	Waterbury Center
STATE	Vermont	ZIP CODE	05677
COUNTRY	United States		

MAILING ADDRESS			
STREET ADDRESS	545 Guptil Rd Apt. A	CITY	Waterbury Center
STATE	Vermont	ZIP CODE	05677
COUNTRY	United States		

REGISTRANT INFORMATION		
NAME	TITLE	ADDRESS
SALT FOR SALT LLC (0412138)	BUSINESS	545 GUPTIL ROAD, APT A, WATERBURY CENTER, VT, 05677, USA

CERTIFICATION	
I hereby certify under penalty of law (13 V.S.A. ch. 65), that I am authorized to sign on behalf of the registrant(s), and that all facts provided herein are true as of this day.	
SIGNER'S NAME	Lucas Williams
SIGNER'S TITLE	Member

STATE OF VERMONT  
OFFICE OF SECRETARY OF STATE

Certificate of Assumed Name Registration

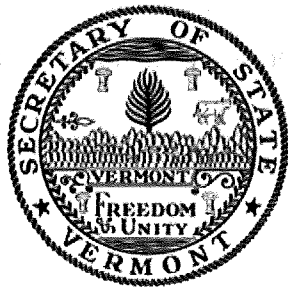
I James C. Condos, Vermont Secretary of State, do hereby certify that

**SALT FOR SALT LLC (0412138)**

is/are registered to do business in the state of Vermont as:

**SALT & RIND EVENTS**

This registration expires on September 24, 2027



Jul 27, 2022

Given under my hand and seal  
of office at Montpelier, the State  
Capital, on this day.

*James C. Condos*

James C. Condos  
Vermont Secretary of State

**VERMONT SECRETARY OF STATE****Corporations Division**

MAILING ADDRESS: Vermont Secretary of State, 128 State Street, Montpelier, VT 05633-1104

DELIVERY ADDRESS: Vermont Secretary of State, 128 State Street, Montpelier, VT 05633-1104

PHONE: 802-828-2386

WEBSITE: [sos.vermont.gov](http://sos.vermont.gov)**ASSUMED BUSINESS NAME REGISTRATION****\*\*ELECTRONICALLY FILED\*\***

BUSINESS ID: 0413040

FILING DATE: 07/26/2022

EXPIRATION DATE: 9/24/2027

ASSUMED NAME INFORMATION	
ASSUMED NAME	SALT & RIND EVENTS
BUSINESS TYPE	ASSUMED NAME
BUSINESS DESCRIPTION	Accommodation and Food Services Caterers
EMAIL	saltrindevents@gmail.com

PRINCIPAL OFFICE ADDRESS			
STREET ADDRESS	545 Guptil Rd Apt. A	CITY	Waterbury Center
STATE	Vermont	ZIP CODE	05677
COUNTRY	United States		

MAILING ADDRESS			
STREET ADDRESS	545 Guptil Rd Apt. A	CITY	Waterbury Center
STATE	Vermont	ZIP CODE	05677
COUNTRY	United States		

REGISTRANT INFORMATION		
NAME	TITLE	ADDRESS
SALT FOR SALT LLC (0412138)	BUSINESS	545 GUPTIL ROAD, APT A, WATERBURY CENTER, VT, 05677, USA

CERTIFICATION	
I hereby certify under penalty of law (13 V.S.A. ch. 65), that I am authorized to sign on behalf of the registrant(s), and that all facts provided herein are true as of this day.	
SIGNER'S NAME	Lucas Williams
SIGNER'S TITLE	Member

**Vermont Department of Taxes**

**133 State Street PO Box 547 Montpelier, VT 05601-0547**

**MEALS AND ROOMS TAX LICENSE**

This License is hereby issued to SALT & RIND EVENTS in accordance with the provisions of Chapter 225 of Title 32, V.S.A., to operate an establishment known as RICHMOND COMMUNITY KITCHEN located at 13 JOLINA CT, RICHMOND, VT

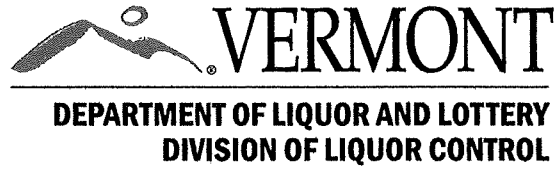
\*\*\*PRINTDOC\*\*\*

SALT & RIND EVENTS  
RICHMOND COMMUNITY KITCHEN  
PO BOX 512  
WATERBURY, VT 05676-0512

  
Commissioner of Taxes

This license is issued effective Aug-08-2022 to Vermont business tax account number MRT-11208678-001. It is not transferable, and must be surrendered upon sale, transfer, merger, termination of business, or revocation of the license.

***Display this license in a prominent place at the business location.***



# CERTIFICATE OF ACHIEVEMENT

AWARDED TO

**lucas williams**

FOR COMPLETING

**1st Class Server Training Program 2022  
(Final Exam)**

COMPLETION DATE

January 17, 2022

SCORE

100%





# CERTIFICATE OF ACHIEVEMENT

AWARDED TO

**Britt Thompson**

FOR COMPLETING

**1st Class Server Training Program 2022  
(Final Exam)**

COMPLETION DATE

January 17, 2022

SCORE

95%



<b>VT Form MRT-441</b>	<b>MEALS AND ROOMS TAX RETURN</b>	<b>Tax returns must be filed even if no tax is due.</b>
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Business Name SALT FOR SALT LLC		Vermont Account ID MRT- 11208678	
Address PO BOX 512		Federal ID Number 883222900	
City WATERBURY	State VT	ZIP Code 05677	Reporting Period (MM DD YYYY - MM DD YYYY) 01 01 2022 - 01 31 2022
Foreign Country (if not United States)		Due Date FEB 23, 2022	
E-mail Address saltrindevents.com		<b>For Department Use Only</b>	

Use **BLUE** or **BLACK** ink only. Please do not make any marks in boxes or on lines that you intend to leave blank.

PART I MEALS AND ROOMS TAXES		2. RENT		3. ALCOHOL	
1. MEALS					
1a. Total Meals	_____	2a. Total Rent	_____	3a. Total Alcohol	_____
1b. Exempt Meals	_____	2b. Exempt Rent	_____	3b. Exempt Alcohol	_____
1c. Net Taxable	_____	2c. Net Taxable	_____	3c. Net Taxable	_____
1d. Multiply Line 1c by <u>9.00</u> %	_____	2d. Multiply Line 2c by <u>9.00</u> %	_____	3d. Multiply Line 3c by <u>10.00</u> %	_____
1d. _____	_____	2d. _____	_____	3d. _____	_____

PART II <u>1.00</u> % LOCAL OPTION TAXES		Check our website <a href="http://tax.vermont.gov">http://tax.vermont.gov</a> for updates on new Local Option municipalities.			
MUNICIPALITY	TAX DUE	MUNICIPALITY	TAX DUE	MUNICIPALITY	TAX DUE
4. Williston	4. _____	14. Winhall	14. _____	24. St. Albans City	24. _____
5. Stratton	5. _____	15. Wilmington	15. _____	25. Elmore	25. _____
6. Stowe	6. _____	16. St. Albans Town	16. _____	26. _____	26. _____
7. Brattleboro	7. _____	17. Woodstock	17. _____	27. _____	27. _____
8. Dover	8. _____	18. Colchester	18. _____	28. _____	28. _____
9. S. Burlington	9. _____	19. Brandon	19. _____	29. _____	29. _____
10. Manchester	10. _____	20. Montpelier	20. _____	30. _____	30. _____
11. Killington	11. _____	21. Hartford	21. _____	31. _____	31. _____
12. Middlebury	12. _____	22. Barre City	22. _____	32. _____	32. _____
13. Rutland Town	13. _____	23. Winooski	23. _____	33. _____	33. _____

PART III TOTALS	
34a. Total Meals and Rooms Tax Due (Add Lines 1d, 2d, and 3d)	34a. _____
34b. Total Local Option Tax Due (Add Lines 4-33 above, if applicable)	34b. _____
34c. Total Tax Due (Add Lines 34a and 34b)	34c. _____

PART IV CERTIFICATION	
I hereby certify that I have examined this return and to the best of my knowledge, true, correct, and complete.	
Signature of Officer or Authorized Agent <i>[Signature]</i> CO-owner	Date 8/24/22
Telephone Number 508-292-3898	Firm's name (or yours, if self-employed) and address LUCAS WILLIAMS 545 GUPTIL RD. WATERBURY, VT 05677

<input checked="" type="checkbox"/> Check here if authorizing the VT Department of Taxes to discuss this return and attachments with your preparer.	Preparer's Telephone Number (508) 292-3898	Preparer's PTIN or EIN 883222900
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