

**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)

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

Vermont Fine  
Doing Business as – Trade Name

1840 West Main St  
Street

Richmond, 05477  
Town or City & Zip Code

940 867 8284  
Telephone Number

\_\_\_\_\_  
Mailing Address (if different from above)

Email address: VERMONTFINE@GMAIL.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 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 checked="" 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, VT**

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 The Kitchen Table

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>MATTHEW G. EDSON</u>	<u>180 SKYMONG RIDGE, JERICHO, VERMONT</u>
<u>ANA GAGE STORZ</u>	<u>55 McCLELLAN FARM ROAD, UNDERHILL, VERMONT</u>
<u>THOMAS D'ANGELO</u>	<u>59 CAYUGA CT, BURLINGTON, VERMONT</u>
<u>Chelsea Morgan</u>	<u>59 Cayuga Ct, Burlington, VT</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

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:

N/A

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: Chelsea Morgan  
Title: Partner/manager  
Date: 1/21/2022

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: 1840 W. MAIN STREET, RICHMOND, VT 05477, BACK BUILDING WITH DETACHED GARAGE AND PARKING LOT

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: Ava Stotz  
55 McClellan Farm Rd, Underhill, VT 05489

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 41195 Lodging (if licensed as a Hotel) \_\_\_\_\_

VERMONT TAX DEPARTMENT: Meals & Rooms Certificate/Business Account# MRT-11205023

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.

OUTSIDE CONSUMPTION PERMIT

Application Fee \$20.00

Name of Licensed Premise (Corporation/Partnership/Individual, d/b/a)

VERMONT FIRE LLC

d/b/a VERMONT FIRE

Address 1840 West Main St Town/City Richmond

License Number \_\_\_\_\_ Email or Fax # vermontfire@gmail.com

Outside consumption would be in the area described below: (describe fully, including size, physical barriers, etc.)

Covered Greenhouse, 30 seats 40ft x 20ft

Fenced in garden area 55ft x 22ft

Signs indicating no liquor beyond fences.

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 AM to 11 PM

Permanent Use (Permanent use will be considered year round use)

Occasional Use

Day(s) Requested SUN-SAT TILL NOV 1, 2022  
11AM-11PM

Hours Requested 11AM-11PM

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 \_\_\_\_\_

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.

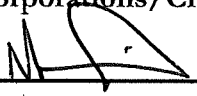
I/We hereby certify, under pains and penalties of perjury, that I/We are in good standing with respect to or in full compliance with a plan approved by the Commissioner of Taxes to pay any and all taxes due the State of Vermont as of the date of this application. (VSA, Title 32, §3113).

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 TAVK in the County of CHITTENDEN and State of VERMONT,  
this 7<sup>th</sup> day of AUGUST, 2022

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

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

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

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