

20 12

TOBACCO APPLICATION

License Year: May 1st through April 30th of following year

**recommened for
le approval 2/13/13
lo*

DEREK SPILMAN
Print Full Name of Person, Partnership, Corporation, Club or LLC
Dms Industries
Doing Business As - Trade Name
150 Church St
Street and street number of premises covered by this application
Burlington VT 05401
Town or City & Zip Code
802-859-0088
Telephone Number
Mailing Address (if different from above)
Email address goodtimesvt@gmail.com

Vt snowsurfing@gmail.com

TO THE CONTROL COMMISSIONERS OF THE TOWN/CITY OF Burlington, VERMONT
Application is hereby made for a license to sell tobacco products 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 Liquor Control Board. Upon hearing, the Liquor Control Board may, in its discretion, suspend or revoke such license whenever it may determine that the law or any regulations of the Liquor Control Board 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:

- INDIVIDUAL LIMITED LIABILITY COMPANY
- PARTNERSHIP CORPORATION

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

LEGAL NAME	STREET/CITY/STATE	PLACE OF BIRTH
<u>DEREK SPILMAN</u>	<u>63 Center Rd Essex VT 05452</u>	<u>Saugus, MA</u>

Are all of the above citizens of the UNITED STATES? Yes No
(Note: Resident Alien is not considered a U.S. Citizen)

If naturalized citizen, please complete the following:

Name	Court where naturalized (City/State/Zip)	Date
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*pd cash \$10.00
2/6/13
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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 _____ PLACE OF BIRTH _____

Date of incorporation _____ Is corporate charter now valid? _____

Corporate Federal Identification Number _____

Have you registered your corporation and/or trade name with the Town/City Clerk? _____ and/or Secretary of State? _____ (as required by VSA Title 11 § 1621, 1623 & 1625).

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.

Please include a copy of your training certificate with this application

NAME: DEREK SPILMAN
TITLE: OWNER
DATE: 9/1/10

(If you have not attended an Education Seminar prior to making application, please contact the Liquor Control Investigator in your area regarding this mandatory training.)

ALL APPLICANTS MUST COMPLETE AND SIGN BELOW

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 _____ in the County of Chittenden and State of Vermont
this 4th day of February, 20 13

Corporations/Clubs: Signature of Authorized Agent Individuals/Partners: (All partners must sign)

Town/City Clerk Signature

TOWN OR CITY CLERK SHALL MAIL, FAX or EMAIL COPIES OF APPLICATIONS DIRECTLY TO:
DEPARTMENT OF LIQUOR CONTROL, 13 GREEN MOUNTAIN DRIVE, MONTPELIER, VT 05602
Fax: (802) 828-1031 Email { HYPERLINK "mailto:DLC-Licensing@state.vt.us" }