

20 13

FIRST/SECOND CLASS LIQUOR LICENSE AND TOBACCO APPLICATION
LICENSE YEAR IS MAY 1ST THROUGH APRIL 30TH OF THE FOLLOWING YEAR

Aso INC.
Print Full Name of Person, Partnership, Corporation, Club or LLC
Bento
Doing Business As - Trade Name
197 College St.
Street and street number of premises covered by this application
Burlington VT 05401
Town or City & Zip Code
Not yet.
Telephone Number
Mailing Address (if different from above)
Email address chris.cusso77@yahoo.com

*recommended for approval @
4/18/13 lc mtg
all standard conditions
Contingent upon Fire Marshal
approval - Jo

Please circle appropriate categories

FIRST CLASS SECOND CLASS TOBACCO

Restaurant
Hotel
Cabaret
Club
Commercial Kitchen (a Liquor Control Commercial Caterer's License is needed with this license)

FEES:

FIRST CLASS LICENSE - \$100.00 to DLC and \$100.00 to Town/City
SECOND CLASS LICENSE - \$50.00 to DLC and \$50.00 to Town/City
TOBACCO ONLY LICENSE - \$10.00 to Town/City only
(there is no fee for tobacco if applying for second class)

TO THE CONTROL COMMISSIONERS OF THE TOWN/CITY OF Burlington, VERMONT
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 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: (please circle one)

INDIVIDUAL LIMITED LIABILITY COMPANY
PARTNERSHIP CORPORATION

Please fill in name and address of individual, partners, directors or members.
LEGAL NAME STREET/CITY/STATE

Christopher J. Russo 37 Deatur St #4 Burlington, VT

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

pd cash 4/5/13
\$50.00 lo

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? _____

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 II § 1621, 1623 & 1625)

ALL APPLICANTS

HAVE ANY OF THE APPLICANTS EVER BEEN CONVICTED OR PLEA 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) YES NO 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: Chris Russo
 TITLE: President
 DATE: 12/2012

(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: Retail store front

Does applicant own the premises described? _____ If not owned, does applicant lease the premises? YES

If leased, name and address of lessor who holds title to property: Irene Hindsdale properties
244 N. Willoughby Ave Burlington, VT 05401

Are you making this application for the benefit of any other party? 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 # _____

pending

Business is devoted primarily to: (Circle one)

FOOD (restaurant) ENTERTAINMENT (cabaret) 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 applications.

CABARET APPLICANTS ONLY:

Applicant hereby certifies that the sale of food shall be less in amount or volume than the sales of alcoholic beverages and the receipts from entertainment and dancing; if at any time this should not be the case, the applicant/licensee shall immediately notify the Department of Liquor Control of this fact.

Christopher G Russo

Signature of Individual, Partner, authorized agent of Corporation or LLC member

ALL APPLICANTS MUST COMPLETE AND SIGN BELOW

The applicant(s) understands and agrees that the Liquor Control Board 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 _____ in the County of Chittenden and State of VT,
this 5th day of April, 2013

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

Christopher J. Russo
Christopher J. Russo
president
(Title)

NOTICE: After local action, all new applications are investigated by the Enforcement and Licensing Division prior to approval/disapproval of the license by the Liquor Control Board. This process can take anywhere from two weeks to six weeks to complete once the application has reached Liquor Control.

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 Liquor Control Board for suitable action thereon, before any license may be granted. For the information of the Liquor Control Board, 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.

	_____ Vermont, _____
	Town/City Date
APPROVED	DISAPPROVED
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Approved/Disapproved by Board of Control Commissioners of the City or Town (circle one) of _____
Total Membership _____ members present

Attest, _____
City or Town Clerk

TOWN OR CITY CLERK SHALL MAIL ONE APPLICATION DIRECTLY TO THE DEPARTMENT 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 511J AND 512I 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) (513) 684-2979
DEPARTMENT OF THE TREASURY
550 MAIN STREET, CINCINNATI, OH 45202



LIQUOR LICENSE

NEW APPLICANT QUESTIONNAIRE

D/B/A (Business Name) Bento

Contact person Chris Russo Contact Phone 802-238-1754

1. Have you ever had a liquor license before? If yes, please explain.

yes at San Sai 112 Lake St.

2. Please describe your experience serving or selling alcohol?

I have been in the industry for 18 yrs +

3. Are you familiar with the laws relating to the sale of alcohol in Vermont? Have you completed the training required by DLC? Have your employees? If not, what is your plan for training?

yes

4. Have you had an opportunity to meet with an inspector from the Department of Liquor Control?

yes

5. How many employees will you have?

2-3

6. What is/will the square footage of the public space and what is/will be your occupancy load??

1000 S.F. / 44 proposed

7. What kind of precautions will you take to prevent underage sales?

~~Nothing~~
Training staff properly
and setting up my own
string operations

Please note that your application will not go before the License Subcommittee until this application has been satisfactorily completed and returned to the Clerk's Office



OFFICE OF THE CLERK AND TREASURER
149 CHURCH STREET
BURLINGTON, VT 05401

802-865-7131 TTY 802-865-7142

**Application Review
Second Class Liquor License - Store**

05/01/2013 - 04/30/2014

Jeff Harwood

TO: Kathy Durrin, Clerk/Treasurer's Office

FROM: Lori Olberg, Clerk/Treasurer's Office

DATE: Monday, April 15, 2013

COMPANY: Aso Inc.

DBA NAME: Bento

FORMERLY:

LOCATION: 197 College Street

PHONE: 238-1754

Please review

frank

The above applicant has applied for a new/renewal license. Please complete the appropriate section below verifying the status of the applicant's taxes and return it to this office as soon as possible.

Property Taxes Overdue?

Yes No Initials

Property Taxes Delinquent?

Yes No Initials

Gross Receipts Tax Overdue?

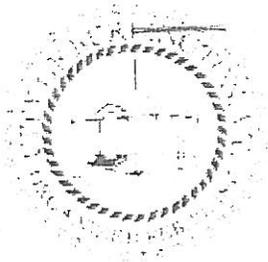
Yes No Initials

JH

Thank You,

Lori Olberg
Clerk/Treasurer's Office
City Hall

Date: Monday, April 15, 2013



OFFICE OF THE CLERK AND TREASURER
149 CHURCH STREET
BURLINGTON, VT 05401

802-865-7131 TTY 802-865-7142

Application Review
Second Class Liquor License - Store

05/01/2013 - 04/30/2014

TO: Ken Lerner, Planning & Zoning Office
FROM: Lori Olberg, Clerk/Treasurer's Office
DATE: Monday, April 15, 2013
COMPANY: Aso Inc.
DBA NAME: Bento
FORMERLY:
LOCATION: 197 College Street
PHONE: 238-1754

Please review

*Thanks
L*

Please attach any pertinent information which the City Council License Committee may require.

Please indicate:

Approved?
Yes No Initials *LJ* Date 4/15/13

Notes: Re: Zoning Permit 13-0764 CA. (at gallery)

Thank You,

Lori Olberg
Clerk/Treasurer's Office
City Hall

Date: Monday, April 15, 2013