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TOBACCO APPLICATION

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

BERN Nation inc.
 Print Full Name of Person, Partnership, Corporation, Club or LLC
THE BERN GALLERY
 Doing Business As - Trade Name
135 Main St.
 Street and street number of premises covered by this application
BURLINGTON, VT, 05401
 Town or City & Zip Code
802-598-1020
 Telephone Number
 Mailing Address (if different from above)
 Email address INFO@BERNGLASS.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 The Bern Gallery

I/we are applying as: (please circle one)

INDIVIDUAL
 PARTNERSHIP

LIMITED LIABILITY COMPANY
 CORPORATION

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

ADAM GROSS PO Box 9107, Burlington, VT 05402
MIKEALA BOMAN PO BOX 9107, Burlington, VT 05402

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 5/14/13
 *recommended for approval via email to committee do 5/14/13

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

Adam Gross Po Box 967 Burlington VT 05402

Mikaela Roman " " "

Date of incorporation 2005 Is corporate charter now valid? yes

Corporate Federal Identification Number 201607831

Have you registered your corporation and/or trade name with the Town/City Clerk? yes and/or Secretary of State? yes (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: SARAH GONYEAU
TITLE: ADMINISTRATOR / Manager
DATE: 5/8/13

(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)

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 USA and State of VT, this 14 day of MAY, 2013

Corporations/Clubs: Signature of Authorized Agent

Individuals/Partners: (All partners must sign)

TOWN/CITY CLERKS MUST SIGN THIS APPLICATION BELOW

Town/City Clerk Signature

DATE

TOWN OR CITY CLERK SHALL MAIL, FAX or EMAIL COPY OF APPLICATION DIRECTLY TO:
DEPARTMENT OF LIQUOR CONTROL, 13 GREEN MOUNTAIN DRIVE, MONTPELIER, VT 05602
Phone: 802-828-2339 Fax: 802-828-1031 Email: DLC-enf.lic@state.vt.us

Vermont Department of Liquor Control
Certificate of Second Class Seminar Attendance

Name (print):

Signature:

Date:

Investigator's Signature:

SARAH-MAE GUNNEAL
<i>[Signature]</i>
5/2/13
<i>[Signature]</i>

(expires two years from above date)

Certificate of Second Class Seminar Attendance

Category (circle one): Owner Director Partner Manager Employee

Corporation Name: BERNATION INC.

Business Name: The Beacon Tavern

Street and Town: Main St. Burlington

Seminar held in: Shelburne Town/City