

20 13

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

SHIVALIK RAM LLC

Print Full Name of Person, Partnership, Corporation, Club or LLC  
RIVERSIDE BEVERAGE

Doing Business As - Trade Name  
500 RIVERSIDE AVENUE

Street and street number of premises covered by this application  
BURLINGTON, VT 05401

Town or City & Zip Code  
802-862-5707

Telephone Number  
293 MAIN STREET, WINOOSKI, VT 05404

Mailing Address (if different from above)

Email address

*\*recommended for approval @ 7/13/13 cmj*  
*all standard conditions*

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 FINELLI ENTERPRISES INC.

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	
RAJIV SAINI	50 LAVOIE DRIVE	ESSEX JCT., VT 05452
DEEPAK SAINI	44 LAVOIE DRIVE	ESSEX JCT., VT 05452

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 \_\_\_\_\_

*pdchk #1  
to \$50.00 4/12/13*

**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 \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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)

**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) 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: RAJIV SAINI  
TITLE: MEMBER  
DATE: 04/06/11

(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: CONVENIENCE STORE W/GAS & DELI

Does applicant own the premises described? NO If not owned, does applicant lease the premises? YES  
If leased, name and address of lessor who holds title to property: CHAMPLAIN OIL COMPANY

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 # \_\_\_\_\_

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](http://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.

\_\_\_\_\_  
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 WINOOSKI in the County of CHITTENDEN and State of VERMONT,  
this 12TH day of JUNE, 2013

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

Rajiv Saini  
Deepak Sam  
Member  
(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 5111 AND 5121 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) Riverside Beverage  
Contact person Rajiv Saini Contact Phone 6547903

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

Yes, have owned and operated  
a convenience store (Winooski Jiffy  
Mart) since 9/24/03

2. Please describe your experience serving or selling alcohol?

See Question #1

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?

All training has been completed  
for owners + employees.

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

Met liquor inspector from owning  
store in Winooski

5. How many employees will you have?

6

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

1500 sq ft.

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

Make sure everyone attends seminar & understands the rules & regulations of selling to underage individuals.

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

Vermont Department of Taxes  
133 State Street • P.O. Box 547 • Montpelier, Vermont 05601-0547

**SALES AND USE TAX REGISTRATION**

THIS LICENSE

IS HEREBY ISSUED TO SHIVALIK RAM LLC LOCATED AT 500 RIVERSIDE AVE, BURLINGTON, VT  
UNDER THE PROVISIONS OF CHAPTER 233, 32 V.S.A. AND MUST BE SURRENDERED UPON SALE,  
TRANSFER, MERGER OR TERMINATION OF BUSINESS, OR UPON REVOCATION OF THE LICENSE.

SHIVALIK RAM LLC  
293 MAIN ST  
WINOOSKI, VT 05404

  
Commissioner of Taxes

This license is issued effective August 1, 2013 to Vermont business tax account number 450-455433150F-01.  
It is not transferable (See other side).

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

Vermont Department of Taxes  
133 State Street • P.O. Box 547 • Montpelier, Vermont 05601-0547

**MEALS AND ROOMS TAX LICENSE**

Be it known that SHIVALIK RAM LLC is hereby licensed in accordance with the provisions of Chapter 225 of Title 32, V.S.A., to operate an establishment known as SHIVALIK RAM LLC located at 500 RIVERSIDE AVE, BURLINGTON, VT.

SHIVALIK RAM LLC  
293 MAIN ST  
WINOOSKI, VT 05404

  
Commissioner Of Taxes

This license is issued effective August 1, 2013 to Vermont business tax account number 440-455433150F-01. It is not transferable, and must be surrendered if the business is sold or transferred to a new owner.

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

**STATE OF VERMONT  
OFFICE OF SECRETARY OF STATE**

**The Office of Secretary of State hereby grants a**

**Certificate of Organization**

**to**

**SHIVALIK RAM LLC**

**a Vermont domestic limited liability company effective on June 07, 2012**

**June 11, 2012**

**Given under my hand and the seal  
of the State of Vermont, at  
Montpelier, the State Capital**

*James C. Condos*

**James C. Condos  
Secretary of State**

**IRS** DEPARTMENT OF THE TREASURY  
INTERNAL REVENUE SERVICE  
CINCINNATI OH 45999-0023

005203.210630.0014.002 1 SP 0.450 532

SHIVALIK RAM LLC  
RAJIV SAINI MBR  
C/O 293 MAIN STREET  
WINOOSKI VT 05404

Date of this notice: 06-11-2012

Employer Identification Number:  
45-5433150

Form: SS-4

Number of this notice: CP 575 B

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

IF YOU WRITE, ATTACH THE  
STUB OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 45-5433150. 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.

When filing tax documents, payments, and 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 form(s) by the date(s) shown.

Form 1065

04/15/2013

If you have questions about the form(s) or the due dates(s) 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 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 2004-1, 2004-1 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.

# CERTIFICATE of ACHIEVEMENT

This is to certify that

**Rajiv Saini**

has completed the course

Store Training -- 2nd Class Certification

March 11, 2013



DEPARTMENT OF LIQUOR CONTROL

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# CERTIFICATE of ACHIEVEMENT

This is to certify that

**Deepak Saini**

has completed the course

Store Training -- 2nd Class Certification

April 10, 2013



DEPARTMENT OF LIQUOR CONTROL

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