

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 PLEAD 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
lodd rockwood	burlington	speeding	8-2-11

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: lodd rockwood
 TITLE: owner
 DATE: may 20 2013

(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: convenience store located at 249 saint paul street . kerrys kwik stop

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

If leased, name and address of lessor who holds title to property: _____

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 # Applied for Aug. 15th 2013

Business is devoted primarily to: (Circle one)

FOOD (restaurant) ENTERTAINMENT (cabaret) HOTEL CLUB COMMERCIAL CATERING convenience store

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.

[Signature]
 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 194 Burlington in the County of Chittenden and State of Vermont
this 19th day of June, 20 13

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

(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) Kerry Kwik Stop
Contact person Todd + Cami Contact Phone 879-9475
Rockwood

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

No

2. Please describe your experience serving or selling alcohol?

my family has 2 family
stores and I have had the
opportunity to learn from them,
although I have not served alcohol.

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?

I am familiar with the laws
and have completed the training,
and all employees have
completed training.

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

Contacted martin Prevost.

5. How many employees will you have?

6

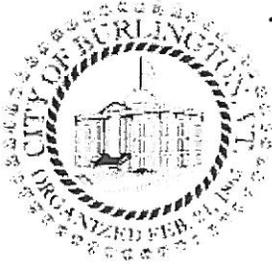
6. What is/will the square footage of the public space and what is/will be your occupancy load??

8000 Sq. Feet

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

Continued Education, strict store policies, always making sure that myself or a manager is on duty. ID everyone

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**

05/01/2013 - 04/30/2014

TO: Jeff Herwood, Clerk/Treasurer's Office
FROM: Lori Olberg, Clerk/Treasurer's Office
DATE: Friday, June 28, 2013
COMPANY: Todd Rockwood
DBA NAME: Kerry's Kwik Stop Purchaser LLC
FORMERLY: Kerry's Kwik Stop
LOCATION: 249 St. Paul Street
PHONE: 879-9475

*Jeffrey,
Please review*

*Thank you
Lori*

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

[Handwritten signature]

Property Taxes Delinquent?

Yes

No

Initials

[Handwritten initials]

Gross Receipts Tax Overdue?

Yes

No

Initials

[Handwritten initials] 7/1/13

Thank You,

Lori Olberg
Clerk/Treasurer's Office
City Hall

Date: Friday, June 28, 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**

05/01/2013 - 04/30/2014

TO: Ken Lerner, Planning & Zoning Office
FROM: Lori Olberg, Clerk/Treasurer's Office
DATE: Friday, June 28, 2013
COMPANY: Todd Rockwood
DBA NAME: Kerry's Kwik Stop Purchaser LLC
FORMERLY: Kerry's Kwik Stop
LOCATION: 249 St. Paul Street
PHONE: 879-9475

*Please review
thanks*

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

Please indicate:

Approved?

Yes No

Initials

LO

Date

6/28/13

Notes:

Change in ownership only.

Thank You,

Lori Olberg
Clerk/Treasurer's Office
City Hall

Date: Friday, June 28, 2013