

2016 LIQUOR LICENSE RENEWAL APPLICATION

316-016-SECN-001

SECOND CLASS LICENSE TO SELL MALT AND VINOUS BEVERAGES

Page 1

License Year Beginning May 1, 2016 ending April 30, 2017

Fee: \$140.00 of which
\$70.00 is paid to town/city
\$70.00 is paid to DLC
Town: 04030 - HINESBURG

MISREPRESENTATION OF A MATERIAL FACT ON ANY LICENSE APPLICATION SHALL BE GROUNDS FOR SUSPENSION OR REVOCATION OF THE LICENSE, AFTER NOTICE AND HEARING

Applicant: Review all of the information presented on this form, indicating any changes in the spaces provided.

Applicant: Coco Mart, Inc.

Licensee # 316- 16

Doing Business As:

Jiffy Mart
Shelburne Falls Road
Hinesburg VT 05461
Telephone: (802) 482-2070

Mailing Address:
P.O. Box 229
Perkinsville VT 05151

PLEASE INCLUDE EMAIL ADDRESS: ibeattie@champlainoil.com

Description of Premises:

Store in a one story wood frame building with approx. 4800 square feet on the North side of Shelburne Falls Road, approximately 100 yards West of the intersection of Route 116, in the Town of Hinesburg, Vermont.

Lessor:

Champlain Oil Company, Inc.
P.O. Box 2126
South Burlington VT 05403

Last Enforcement Seminar: 10/17/2013 10-14-14

Fed. ID Number: 03-0323725 Incorporation Date: 03/01/1990 Valid Charter?: Yes State of Charter: Vermont

Majority of Directors are US Citizens: Yes

ATTACH AN ADDITIONAL SHEET TO THIS APPLICATION NOTING ANY NECESSARY CORRECTIONS OR CHANGES AND UPDATES THAT HAVE OCCURRED DURING THE PAST YEAR.

Table with 5 columns: Corporation, Name, Address, Town/City, State Zip Code. Lists 7 directors and stockholders of Coco Mart, Inc.

Has any director or stockholder been convicted or pleaded guilty to any criminal or motor vehicle offense in any court of law (including traffic tickets by mail) during the last year? Yes No

In the past year has any director or stockholder of the corporation held any elective or appointive state, county, city, village or town office in Vermont (See VSA, T.7, Ch.9, Sec. 223)? Yes No

Disclosure of Non-profit Organization?: Yes No

ALL APPLICANTS MUST COMPLETE AND SIGN

The applicant understands and agrees that the Liquor Control Board may obtain criminal history record information from State and Federal record repositories.

I/We hereby certify, under the 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, Section 3113)

I/We 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 are in full compliance with a plan to pay any and all child support payable under a support order. (VSA, Title 15, Section 795)

In accordance with 21 VSA, Section 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.

I/We have registered the trade name of these premises with the Secretary of State.

Continued on next page

2016 LIQUOR LICENSE RENEWAL APPLICATION  
SECOND CLASS LICENSE TO SELL MALT AND VINOUS BEVERAGES

316-016-SECN-001  
Page 2

I/We hereby certify that the information in this application is true and complete.

Dated this 12<sup>th</sup> day of February, 2016

Signature of authorized agent  
of corporation, company, club or association

Signature of individual or partners

*Dwight LaRue*  
General manager  
(Title)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you making this application for the benefit of any other party?  Yes  No

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 application and transmit it 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.

APPROVED

DISAPPROVED

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Approved by Board of Control Commissioners of the City or Town of \_\_\_\_\_.

Total Membership \_\_\_\_\_, \_\_\_\_\_ members present

Attest, \_\_\_\_\_, Town Clerk

TOWN OR CITY CLERK SHALL MAIL APPROVED RENEWAL DIRECTLY TO:  
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 license application shall be considered binding except as taken or made at an open public meeting. VSA T-1, Sec.312

2016 TOBACCO LICENSE RENEWAL APPLICATION

316-016-TOBC-001

TOBACCO LICENSE TO SELL TOBACCO

Page 1

License Year Beginning May 1, 2016 ending April 30, 2017

Optional Fee: \$100.00 of which  
 \$0.00 is paid to town/city  
 \$100.00 is paid to DLC  
 Fee due only if licensee does not have a liquor license  
 Town: 04030 - HINESBURG

MISREPRESENTATION OF A MATERIAL FACT ON ANY LICENSE APPLICATION SHALL BE GROUNDS FOR SUSPENSION OR REVOCATION OF THE LICENSE, AFTER NOTICE AND HEARING

Applicant: Review all of the information presented on this form, indicating any changes in the spaces provided.

Applicant: Coco Mart, Inc.

Licensee # 316- 16

Doing Business As:

Mailing Address:

Jiffy Mart  
 Shelburne Falls Road  
 Hinesburg VT 05461  
 Telephone: (802) 482-2070

P.O. Box 229  
 Perkinsville VT 05151

PLEASE INCLUDE EMAIL ADDRESS: ibeatthedchamplainoil.com

Description of Premises:

Store in a one story wood frame building with approx. 4800 square feet on the North side of Shelburne Falls Road, approximately 100 yards West of the intersection of Route 116, in the Town of Hinesburg, Vermont.

Lessor:

Champlain Oil Company, Inc.  
 P.O. Box 2126  
 South Burlington VT 05403

Last Enforcement Seminar: ~~40/47/2013~~ 10-14-14

Fed. ID Number: 03-0323725 Incorporation Date: 03/01/1990 Valid Charter?: Yes State of Charter: Vermont

Majority of Directors are US Citizens: Yes

ATTACH AN ADDITIONAL SHEET TO THIS APPLICATION NOTING ANY NECESSARY CORRECTIONS OR CHANGES AND UPDATES THAT HAVE OCCURRED DURING THE PAST YEAR.

Corporation	Name	Address	Town/City	State	Zip Code
Director	1. Cairns, Charles	Box 2307, Lake Rd.	Charlotte	VT	05445
Director	2. Cairns, Lynn	Box 2307, Lake Rd.	Charlotte	VT	05445
Director	3. Cairns, Bryan	Box 2307, Lake Rd.	Charlotte	VT	05445
Stockholder	4. Cairns, Bryan	Box 2307, Lake Rd.	Charlotte	VT	05445
Stockholder	5. Cairns, Charles	Box 2307, Lake Rd.	Charlotte	VT	05445
Stockholder	6. Cairns, Lynn	Box 2307, Lake Rd.	Charlotte	VT	05445
Stockholder	7. Cairns, Michael	Box 2307, Lake Rd.	Charlotte	VT	05445

Has any director or stockholder been convicted or pleaded guilty to any criminal or motor vehicle offense in any court of law (including traffic tickets by mail) during the last year?  Yes  No  
 If yes, please attach the following information: Individual's name, court/traffic bureau, offense and date

In the past year has any director or stockholder of the corporation held any elective or appointive state, county, city, village or town office in Vermont (See VSA, T.7, Ch.9, Sec. 223)?  Yes  No  
 If yes, please attach the following information: Individual's name, office and jurisdiction

ALL APPLICANTS MUST COMPLETE AND SIGN

The applicant understands and agrees that the Liquor Control Board may obtain criminal history record information from State and Federal record repositories.

I/We hereby certify, under the 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, Section 3113)

I/We 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 are in full compliance with a plan to pay any and all child support payable under a support order. (VSA, Title 15, Section 795)

In accordance with 21 VSA, Section 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.

I/We have registered the trade name of these premises with the Secretary of State.

Continued on next page

2016 LIQUOR LICENSE RENEWAL APPLICATION  
SECOND CLASS LICENSE TO SELL MALT AND VINOUS BEVERAGES

8627-003-SECN-001  
Page 1

License Year Beginning May 1, 2016 ending April 30, 2017

Fee: \$140.00 of which  
\$70.00 is paid to town/city  
\$70.00 is paid to DLC  
Town: 04030 - HINESBURG

MISREPRESENTATION OF A MATERIAL FACT ON ANY LICENSE APPLICATION SHALL BE GROUNDS  
FOR SUSPENSION OR REVOCATION OF THE LICENSE, AFTER NOTICE AND HEARING

Applicant: Review all of the information presented on this form, indicating any changes in the spaces provided.

Applicant: Frost Beer Works, LLC  
Doing Business As:

Licensee # 8627- 3

Frost Beer Works (CKA) (2nd)  
171 Commerce Street  
Hinesburg VT 05461  
Telephone: (949) 945-4064

Mailing Address:  
171 Commerce Street  
Hinesburg VT 05461

PLEASE INCLUDE EMAIL ADDRESS: GARIN@FROSTBEERWORKS.COM

Description of Premises:

2nd class in the front section of Frost Beer Works Manufacturing Facility. Located on the North side of Commerce Street, Designated as 171, just East of the intersection of Route 116, in the town of Hinesburg, VT.

Lessor:

Frost Investments Group  
163 Slate Barn Road  
Williston VT 05495

Last Enforcement Seminar: 09/30/2014

Filed Articles of Organization: **Yes**

Date Filed: 02/20/2014

Federal ID Number: 46-5381155

Majority of Members are US Citizens: **Yes**

ATTACH AN ADDITIONAL SHEET TO THIS APPLICATION NOTING ANY NECESSARY CORRECTIONS OR CHANGES AND UPDATES THAT HAVE OCCURRED DURING THE PAST YEAR.

Limited Liability

Company	Name	Address	Town/City	State	Zip Code
Member	1. Frost, Garin	163 Slate Barn Drive	Williston	VT	05495

Has any person been convicted or pleaded guilty to any criminal or motor vehicle offense in any court of law (including traffic tickets by mail) during the last year? Yes  No

If yes, please attach the following information: Individual's name, court/traffic bureau, offense and date

In the past year has any person held any elective or appointive state, county, city, village or town office in Vermont (See VSA, T.7, Ch.9, Sec. 223)? Yes  No

If yes, please attach the following information: Individual's name, office and jurisdiction

Disclosure of Non-profit Organization?: Yes  No

ALL APPLICANTS MUST COMPLETE AND SIGN

The applicant understands and agrees that the Liquor Control Board may obtain criminal history record information from State and Federal record repositories.

I/We hereby certify, under the 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, Section 3113)

I/We 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 are in full compliance with a plan to pay any and all child support payable under a support order. (VSA, Title 15, Section 795)

In accordance with 21 VSA, Section 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.

I/We have registered the trade name of these premises with the Secretary of State.

I/We hereby certify that the information in this application is true and complete.

Dated this 26 day of JAN, 2016

Signature of authorized agent  
of corporation, company, club or association

Signature of individual or partners

OWNER / PRES  
(Title)

Are you making this application for the benefit of any other party? Yes  No

2016 LIQUOR LICENSE RENEWAL APPLICATION  
SECOND CLASS LICENSE TO SELL MALT AND VINOUS BEVERAGES

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Page 2

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 application and transmit it 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.

APPROVED

DISAPPROVED

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Approved by Board of Control Commissioners of the City or Town of \_\_\_\_\_.

Total Membership \_\_\_\_\_, \_\_\_\_\_ members present      Attest, \_\_\_\_\_, Town Clerk

TOWN OR CITY CLERK SHALL MAIL APPROVED RENEWAL DIRECTLY TO:  
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 license application shall be considered binding except as taken or made at an open public meeting. VSA T-1, Sec.312

2016 LIQUOR LICENSE RENEWAL APPLICATION  
SECOND CLASS LICENSE TO SELL MALT AND VINOUS BEVERAGES

7581-001-SECN-001  
Page 1

License Year Beginning May 1, 2016 ending April 30, 2017

Fee: \$140.00 of which  
\$70.00 is paid to town/city  
\$70.00 is paid to DLC  
Town: 04030 - HINESBURG

MISREPRESENTATION OF A MATERIAL FACT ON ANY LICENSE APPLICATION SHALL BE GROUNDS  
FOR SUSPENSION OR REVOCATION OF THE LICENSE, AFTER NOTICE AND HEARING

Applicant: Review all of the information presented on this form, indicating any changes in the spaces provided.

Applicant: Global Grapes & Spirits LLC  
Doing Business As:  
116 Wine & Spirits  
22 Commerce Street #4  
Hinesburg VT 05461  
Telephone: (802) 482-4010

Licensee # 7581- 1

Mailing Address:  
PO Box 642  
Hinesburg VT 05461

PLEASE INCLUDE EMAIL ADDRESS: davepalmer@palmerinsurancevt.com

Description of Premises:  
Store in a single strip mall of steel & block construction referred to  
unit#4. Located on the corner of Rte 116 & Commerce Street  
designated as #22 in the town of Hinesburg, VT

Lessor:  
Aubuchon Realty Company, Inc.  
23 West Main Street  
Westminister MA 01473

Last Enforcement Seminar: 03/19/2015  
Filed Articles of Organization: **Yes** Date Filed: 03/25/2011 Federal ID Number: 45-1206427  
Majority of Members are US Citizens: **Yes**

ATTACH AN ADDITIONAL SHEET TO THIS APPLICATION NOTING ANY NECESSARY CORRECTIONS OR CHANGES  
AND UPDATES THAT HAVE OCCURRED DURING THE PAST YEAR.

Limited Liability Company Member	Name	Address	Town/City	State	Zip Code
1.	Palmer, David	331 Shelburne Road	Shelburne	VT	05482

Has any person been convicted or pleaded guilty to any criminal or motor vehicle offense in any court of law  
(including traffic tickets by mail) during the last year? Yes  No  
If yes, please attach the following information: Individual's name, court/traffic bureau, offense and date

In the past year has any person held any elective or appointive state, county, city, village or town office in Vermont  
(See VSA, T.7, Ch.9, Sec. 223)? Yes  No  
If yes, please attach the following information: Individual's name, office and jurisdiction

Disclosure of Non-profit Organization?: Yes  No

ALL APPLICANTS MUST COMPLETE AND SIGN

The applicant understands and agrees that the Liquor Control Board may obtain criminal history record information from  
State and Federal record repositories.

I/We hereby certify, under the 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, Section 3113)

I/We 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 are in full compliance with a plan to pay any and all child support payable under a support  
order. (VSA, Title 15, Section 795)

In accordance with 21 VSA, Section 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.

I/We have registered the trade name of these premises with the Secretary of State.

I/We hereby certify that the information in this application is true and complete.

Dated this 29 day of JANUARY, 2016

Signature of authorized agent  
of corporation, company, club or association

Signature of individual or partners

David Palmer

\_\_\_\_\_

Owner  
(Title)

Are you making this application for the benefit of any other party? Yes  No

2016 LIQUOR LICENSE RENEWAL APPLICATION  
SECOND CLASS LICENSE TO SELL MALT AND VINOUS BEVERAGES

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Page 1

License Year Beginning May 1, 2016 ending April 30, 2017

Fee: \$140.00 of which  
\$70.00 is paid to town/city  
\$70.00 is paid to DLC  
Town: 04030 - HINESBURG

MISREPRESENTATION OF A MATERIAL FACT ON ANY LICENSE APPLICATION SHALL BE GROUNDS  
FOR SUSPENSION OR REVOCATION OF THE LICENSE, AFTER NOTICE AND HEARING

Applicant: Review all of the information presented on this form, indicating any changes in the spaces provided.

Applicant: Jolley Associates LLC  
Doing Business As:

Licensee # 406-17

Short Stop #143  
Route 116 & Commerce Street  
Hinesburg VT 05461  
Telephone: (802) 527-0116

Mailing Address:  
P.O. Box 671  
St. Albans VT 05478-0671

PLEASE INCLUDE EMAIL ADDRESS: slabelle@sbcjolley.com

Description of Premises:

Premises: XX Owned     Leased

A convenience store of wood frame construction, approximately 2,000 square feet in size and located on the east side of Route 116 near the intersection of Commerce Street in the town of Hinesburg, Vermont.

Last Enforcement Seminar: 11/17/2015

Filed Articles of Organization: **Yes**

Date Filed: 01/01/2013

Federal ID Number: 99-9999999

Majority of Members are US Citizens: **Yes**

ATTACH AN ADDITIONAL SHEET TO THIS APPLICATION NOTING ANY NECESSARY CORRECTIONS OR CHANGES AND UPDATES THAT HAVE OCCURRED DURING THE PAST YEAR.

Limited Liability

Company	Name	Address	Town/City	State	Zip Code
Member	1. Jolley, Bruce	180 Overlake Drive	Colchester	VT	05446
Member	2. Jolley, Robert, Estate of	180 Overlake Drive	Colchester	VT	05446

Has any person been convicted or pleaded guilty to any criminal or motor vehicle offense in any court of law (including traffic tickets by mail) during the last year?     Yes XX No  
If yes, please attach the following information: Individual's name, court/traffic bureau, offense and date

In the past year has any person held any elective or appointive state, county, city, village or town office in Vermont (See VSA, T.7, Ch.9, Sec. 223)?     Yes XX No  
If yes, please attach the following information: Individual's name, office and jurisdiction

Disclosure of Non-profit Organization?:     Yes XX No

ALL APPLICANTS MUST COMPLETE AND SIGN

The applicant understands and agrees that the Liquor Control Board may obtain criminal history record information from State and Federal record repositories.

I/We hereby certify, under the 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, Section 3113)

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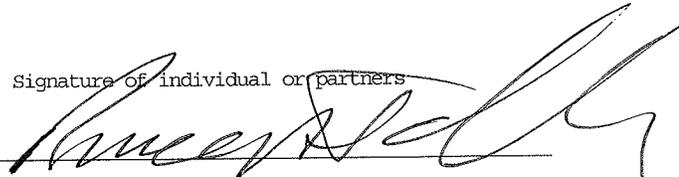
I/We have registered the trade name of these premises with the Secretary of State.

I/We hereby certify that the information in this application is true and complete.

Dated this 26<sup>th</sup> day of January, 2016

Signature of authorized agent  
of corporation, company, club or association

Signature of individual or partners



(Title)

Are you making this application for the benefit of any other party?     Yes XX No

2016 LIQUOR LICENSE RENEWAL APPLICATION  
SECOND CLASS LICENSE TO SELL MALT AND VINOUS BEVERAGES

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Page 1

License Year Beginning May 1, 2016 ending April 30, 2017

Fee: \$140.00 of which  
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\$70.00 is paid to DLC  
Town: 04030 - HINESBURG

MISREPRESENTATION OF A MATERIAL FACT ON ANY LICENSE APPLICATION SHALL BE GROUNDS  
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Applicant: Review all of the information presented on this form, indicating any changes in the spaces provided.

Applicant: K.B. Enterprises, Incorporated  
Doing Business As:

Licensee # 2713- 1

Lantman's Best Yet Market  
10681 Rt 116  
Hinesburg VT 05461  
Telephone: (802) 482-2361

Mailing Address:  
P.O. Box 301  
Hinesburg VT 05461

PLEASE INCLUDE EMAIL ADDRESS: lantmansmarket@yahoo.com

Description of Premises:

Premises: XX Owned      Leased

Grocery store on the first floor of a three story wood frame building situated on the east side of State Route 116, directly across from the intersection of West Road and Route 116 in the Town of Hinesburg Vermont.

Last Enforcement Seminar: 09/22/2015

Fed. ID Number: 03-0341409 Incorporation Date: 03/31/1994 Valid Charter?: **Yes** State of Charter: Vermont

Majority of Directors are US Citizens: **Yes**

ATTACH AN ADDITIONAL SHEET TO THIS APPLICATION NOTING ANY NECESSARY CORRECTIONS OR CHANGES AND UPDATES THAT HAVE OCCURRED DURING THE PAST YEAR.

Corporation	Name	Address	Town/City	State	Zip Code
Director	1. Busier, Brian L.	10549 Route 116	Hinesburg	VT	05461
Director	2. Busier, Kathy L.	10549 Route 116	Hinesburg	VT	05461
Stockholder	3. Busier, Brian L.	10549 Route 116	Hinesburg	VT	05461
Stockholder	4. Busier, Kathy L.	10549 Route 116	Hinesburg	VT	05461

Has any director or stockholder been convicted or pleaded guilty to any criminal or motor vehicle offense in any court of law (including traffic tickets by mail) during the last year?      Yes X No  
If yes, please attach the following information: Individual's name, court/traffic bureau, offense and date

In the past year has any director or stockholder of the corporation held any elective or appointive state, county, city, village or town office in Vermont (See VSA, T.7, Ch.9, Sec. 223)?      Yes X No  
If yes, please attach the following information: Individual's name, office and jurisdiction

Disclosure of Non-profit Organization?:      Yes XX No

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I/We have registered the trade name of these premises with the Secretary of State.

Continued on next page

2016 TOBACCO LICENSE RENEWAL APPLICATION 2713-001-TOBC-001  
TOBACCO LICENSE TO SELL TOBACCO Page 1

License Year Beginning May 1, 2016 ending April 30, 2017

Optional Fee: \$100.00 of which  
\$0.00 is paid to town/city  
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Fee due only if licensee does not have a liquor license  
Town: 04030 - HINESBURG

MISREPRESENTATION OF A MATERIAL FACT ON ANY LICENSE APPLICATION SHALL BE GROUNDS FOR SUSPENSION OR REVOCATION OF THE LICENSE, AFTER NOTICE AND HEARING

Applicant: Review all of the information presented on this form, indicating any changes in the spaces provided.

Applicant: K.B. Enterprises, Incorporated  
Doing Business As:

Licensee # 2713- 1

Lantman's Best Yet Market  
10681 Rt 116  
Hinesburg VT 05461  
Telephone: (802) 482-2361

Mailing Address:  
P.O. Box 301  
Hinesburg VT 05461

PLEASE INCLUDE EMAIL ADDRESS: lantmansmarket@yahoo.com

Description of Premises:

Premises: XX Owned \_\_\_ Leased

Grocery store on the first floor of a three story wood frame building situated on the east side of State Route 116, directly across from the intersection of West Road and Route 116 in the Town of Hinesburg Vermont.

Last Enforcement Seminar: 09/22/2015

Fed. ID Number: 03-0341409 Incorporation Date: 03/31/1994 Valid Charter?: Yes State of Charter: Vermont

Majority of Directors are US Citizens: Yes

ATTACH AN ADDITIONAL SHEET TO THIS APPLICATION NOTING ANY NECESSARY CORRECTIONS OR CHANGES AND UPDATES THAT HAVE OCCURRED DURING THE PAST YEAR.

Corporation	Name	Address	Town/City	State Zip Code
Director	1. Busier, Brian L.	10549 Route 116	Hinesburg	VT 05461
Director	2. Busier, Kathy L.	10549 Route 116	Hinesburg	VT 05461
Stockholder	3. Busier, Brian L.	10549 Route 116	Hinesburg	VT 05461
Stockholder	4. Busier, Kathy L.	10549 Route 116	Hinesburg	VT 05461

Has any director or stockholder been convicted or pleaded guilty to any criminal or motor vehicle offense in any court of law (including traffic tickets by mail) during the last year? \_\_\_Yes XNo

If yes, please attach the following information: Individual's name, court/traffic bureau, offense and date

In the past year has any director or stockholder of the corporation held any elective or appointive state, county, city, village or town office in Vermont (See VSA, T.7, Ch.9, Sec. 223)? \_\_\_Yes XNo

If yes, please attach the following information: Individual's name, office and jurisdiction

ALL APPLICANTS MUST COMPLETE AND SIGN

The applicant understands and agrees that the Liquor Control Board may obtain criminal history record information from State and Federal record repositories.

I/We hereby certify, under the 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, Section 3113)

I/We 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 are in full compliance with a plan to pay any and all child support payable under a support order. (VSA, Title 15, Section 795)

In accordance with 21 VSA, Section 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.

I/We have registered the trade name of these premises with the Secretary of State.

I/We hereby certify that the information in this application is true and complete.

Dated this 10th day of February, 2016

Signature of authorized agent  
of corporation, company, club or association

Signature of individual or partners

Brian E Busier

President  
(Title)

Are you making this application for the benefit of any other party? \_\_\_Yes \_\_\_No

MAKE CHECKS PAYABLE TO AND MAIL TO: VERMONT DEPARTMENT OF LIQUOR CONTROL  
13 GREEN MOUNTAIN DRIVE  
MONTPELIER, VT 05602

2016 LIQUOR LICENSE RENEWAL APPLICATION  
SECOND CLASS LICENSE TO SELL MALT AND VINOUS BEVERAGES

2713-001-SECN-001  
Page 2

I/we hereby certify that the information in this application is true and complete.

Dated this 10<sup>th</sup> day of February, 2014

Signature of authorized agent  
of corporation, company, club or association

Signature of individual or partners

Brian L. Bunn

President  
(Title)

Are you making this application for the benefit of any other party?  Yes  No

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 application and transmit it 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.

APPROVED

DISAPPROVED

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Approved by Board of Control Commissioners of the City or Town of \_\_\_\_\_.

Total Membership \_\_\_\_\_, \_\_\_\_\_ members present Attest, \_\_\_\_\_, Town Clerk

TOWN OR CITY CLERK SHALL MAIL APPROVED RENEWAL DIRECTLY TO:  
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 license application shall be considered binding except as taken or made at an open public meeting. VSA T-1, Sec. 312

2016 LIQUOR LICENSE RENEWAL APPLICATION  
SECOND CLASS LICENSE TO SELL MALT AND VINOUS BEVERAGES

3423-018-SECN-001  
Page 1

License Year Beginning May 1, 2016 ending April 30, 2017

Fee: \$140.00 of which  
\$70.00 is paid to town/city  
\$70.00 is paid to DLC  
Town: 04030 - HINESBURG

MISREPRESENTATION OF A MATERIAL FACT ON ANY LICENSE APPLICATION SHALL BE GROUNDS  
FOR SUSPENSION OR REVOCATION OF THE LICENSE, AFTER NOTICE AND HEARING

Applicant: Review all of the information presented on this form, indicating any changes in the spaces provided.

Applicant: KPH Drugs, Inc  
Doing Business As:

Licensee # 3423- 18

Kinney Drugs, Inc #103  
10212 Rte 116  
Hinesburg VT 05461  
Telephone: (802) 000-0000

Mailing Address:  
29 East Main Street  
Gouverneur NY 13642

PLEASE INCLUDE EMAIL ADDRESS: laurieweekes@kinneydrugs.com

Description of Premises:

Store in an approx 11,550 square feet single story building located  
on the north west corner of the intersection of Rte 116 & Farmall  
Drive designated as #10212 Rte 116 in the town of Hinesburg, VT

Lessor:

Milot Real Estate LLC  
76 St Paul Street Suite 600  
Burlington VT 05401

Last Enforcement Seminar: 02/11/2015

Fed. ID Number: 03-0352444 Incorporation Date: 01/01/1928 Valid Charter?: **Yes** State of Charter: New York  
Majority of Directors are US Citizens: **Yes**

ATTACH AN ADDITIONAL SHEET TO THIS APPLICATION NOTING ANY NECESSARY CORRECTIONS OR CHANGES  
AND UPDATES THAT HAVE OCCURRED DURING THE PAST YEAR.

Corporation	Name	Address	Town/City	State	Zip Code
Director	1. Schnackel, Bridget-Ann	3 Burns Cove Road	Jamesville	NY	13078
Director	2. McCoy, Stephen	6078 Hiller Drive	Cicero	NY	13039
Director	3. Painter, Craig	P.O. Box 541	Carmel Valley	CA	93924
Stockholder	4. Kinney Drugs, Inc.,	29 East Main St.	Gouverneur	NY	13642

Has any director or stockholder been convicted or pleaded guilty to any criminal or motor vehicle offense in any court  
of law (including traffic tickets by mail) during the last year? Yes  No  
If yes, please attach the following information: Individual's name, court/traffic bureau, offense and date

In the past year has any director or stockholder of the corporation held any elective or appointive state, county,  
city, village or town office in Vermont (See VSA, T.7, Ch.9, Sec. 223)? Yes  No  
If yes, please attach the following information: Individual's name, office and jurisdiction

Disclosure of Non-profit Organization?: Yes  No

ALL APPLICANTS MUST COMPLETE AND SIGN

The applicant understands and agrees that the Liquor Control Board may obtain criminal history record information from  
State and Federal record repositories.

I/We hereby certify, under the 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, Section 3113)

I/We 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 are in full compliance with a plan to pay any and all child support payable under a support  
order. (VSA, Title 15, Section 795)

In accordance with 21 VSA, Section 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.

I/We have registered the trade name of these premises with the Secretary of State.

Continued on next page

2016 LIQUOR LICENSE RENEWAL APPLICATION  
SECOND CLASS LICENSE TO SELL MALT AND VINOUS BEVERAGES

3423-018-SECN-001  
Page 2

I/We hereby certify that the information in this application is true and complete.

Dated this 27 day of Jan, 2016

Signature of authorized agent  
of corporation, company, club or association

Signature of individual or partners

Michael J. Bergeron

\_\_\_\_\_

VP Financial Planning & Treasury  
(Title)

\_\_\_\_\_

Are you making this application for the benefit of any other party? \_\_\_Yes No

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 application and transmit it 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.

APPROVED

DISAPPROVED

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Approved by Board of Control Commissioners of the City or Town of \_\_\_\_\_.

Total Membership \_\_\_\_\_, \_\_\_\_\_ members present Attest, \_\_\_\_\_, Town Clerk

TOWN OR CITY CLERK SHALL MAIL APPROVED RENEWAL DIRECTLY TO:  
DEPARTMENT OF LIQUOR CONTROL  
13 GREEN MOUNTAIN DRIVE  
MONTPELIER, VT 05602

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**2016 TOBACCO LICENSE RENEWAL APPLICATION 3423-018-TOBC-001**

TOBACCO LICENSE TO SELL TOBACCO

Page 1

License Year Beginning May 1, 2016 ending April 30, 2017

Optional Fee: \$100.00 of which  
 \$0.00 is paid to town/city  
 \$100.00 is paid to DLC  
 Fee due only if licensee does not have a liquor license  
 Town: 04030 - HINESBURG

**MISREPRESENTATION OF A MATERIAL FACT ON ANY LICENSE APPLICATION SHALL BE GROUNDS FOR SUSPENSION OR REVOCATION OF THE LICENSE, AFTER NOTICE AND HEARING**

Applicant: Review all of the information presented on this form, indicating any changes in the spaces provided.

Applicant: KPH Drugs, Inc  
 Doing Business As:

Licensee # 3423- 18

Kinney Drugs, Inc #103  
 10212 Rte 116  
 Hinesburg VT 05461  
 Telephone: (802) 000-0000

Mailing Address:  
 29 East Main Street  
 Gouverneur NY 13642

PLEASE INCLUDE EMAIL ADDRESS: laurianeekes@kinneydrugs.com

**Description of Premises:**

Store in an approx 11,550 square feet single story building located on the north west corner of the intersection of Rte 116 & Farmall Drive designated as #10212 Rte 116 in the town of Hinesburg, VT

**Lessor:**

Milot Real Estate LLC  
 76 St Paul Street Suite 600  
 Burlington VT 05401

Last Enforcement Seminar: 02/11/2015

Fed. ID Number: 03-0352444 Incorporation Date: 01/01/1928 Valid Charter?: **Yes** State of Charter: New York

Majority of Directors are US Citizens: **Yes**

**ATTACH AN ADDITIONAL SHEET TO THIS APPLICATION NOTING ANY NECESSARY CORRECTIONS OR CHANGES AND UPDATES THAT HAVE OCCURRED DURING THE PAST YEAR.**

Corporation	Name	Address	Town/City	State	Zip Code
Director	1. Schnackel, Bridget-Ann	3 Burns Cove Road	Jamesville	NY	13078
Director	2. McCoy, Stephen	6078 Hiller Drive	Cicero	NY	13039
Director	3. Painter, Craig	P.O. Box 541	Carmel Valley	CA	93924
Stockholder	4. Kinney Drugs, Inc.,	29 East Main St.	Gouverneur	NY	13642

Has any director or stockholder been convicted or pleaded guilty to any criminal or motor vehicle offense in any court of law (including traffic tickets by mail) during the last year? Yes  No  
 If yes, please attach the following information: Individual's name, court/traffic bureau, offense and date

In the past year has any director or stockholder of the corporation held any elective or appointive state, county, city, village or town office in Vermont (See VSA, T.7, Ch.9, Sec. 223)? Yes  No  
 If yes, please attach the following information: Individual's name, office and jurisdiction

**ALL APPLICANTS MUST COMPLETE AND SIGN**

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I/We have registered the trade name of these premises with the Secretary of State.

I/We hereby certify that the information in this application is true and complete.

Dated this 14 day of Jan, 2014

Signature of authorized agent  
 of corporation, company, club or association

Signature of individual or partners

Michael J. Bergson

V.P. Financial Planning & Treasury  
 (Title)

Are you making this application for the benefit of any other party? Yes  No

**MAKE CHECKS PAYABLE TO AND MAIL TO: VERMONT DEPARTMENT OF LIQUOR CONTROL  
 13 GREEN MOUNTAIN DRIVE  
 MONTPELIER, VT 05602**