

2016 LIQUOR LICENSE RENEWAL APPLICATION  
FIRST CLASS RESTAURANT/BAR LICENSE TO SELL MALT AND VINOUS BEVERAGES

8023-001-1RST-001  
Page 1

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

Fee: \$230.00 of which  
\$115.00 is paid to town/city  
\$115.00 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: Back to Basics Vermont, Inc.  
Doing Business As:

Licensee # 8023- 1

Hinesburg Public House  
10516 Route 116  
Hinesburg VT 05461  
Telephone: (802) 482-5500

Mailing Address:  
10516 Route 116  
Hinesburg VT 05461

PLEASE INCLUDE EMAIL ADDRESS: \_\_\_\_\_

Description of Premises:

Restaurant in a single story steel constructed building consisting of approx. 4,083 square feet of space located on the west side of Route 116, designated as #10516 in the town of Hinesburg, Vermont.

Lessor:

Catamount-Malone/Hinesburg LLC  
Burlington VT 05401

Last Enforcement Seminar: 04/08/2015

Fed. ID Number: 45-5550188 Incorporation Date: 04/18/2012 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. Patten, William	113 Fox Meadows	Hinesburg	VT	05461
Director	2. Patten, Kathleen	113 Fox Meadows	Hinesburg	VT	05461
Director	3. Patten, Cyrus	4532 Monkton Road	Monkton	VT	05469
Director	4. Schubart, William	144 Magic Hill Road	Hinesburg	VT	05461
Director	5. Schubart, Katherine	144 Magic Hill Road	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  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

Vt. Dept. of Health Food License No.: 15658

Vt. Dept. of Health Lodging No.:

Vt. Tax Dept. Meals & Rooms Cert./Acct. No.: 440-45550188F-01

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  
OUTSIDE CONSUMPTION PERMIT

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Page 1

Fee: \$20.00  
Paid to DLC

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

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Hinesburg Public House

Mailing Address:

10516 Route 116

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Hinesburg VT 05461

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Telephone: (802) 482-5500

PLEASE INCLUDE EMAIL ADDRESS: INFO@HINESBURGHPUBLICHOUSE.COM

Description of the delineated area is as follows:

10x40 deck attached to restaurant. Deck is accessed from dining room and is enclosed with a cedar railing. An retracable awning is also installed. Jan 1 to Dec 31 Sun-Sat 3pm-closing.

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

Dated this 22 day of MARCH, 2016

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

Signature of individual or partners

[Signature]  
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

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 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

2016 LIQUOR LICENSE RENEWAL APPLICATION  
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I/We hereby certify that the information in this application is true and complete.

Dated this 22 day of MARCH, 2016

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of corporation, company, club or association

Signature of individual or partners

[Handwritten Signature]  
PRESIDENT  
(Title)

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

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DISAPPROVED

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\_\_\_\_\_

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