



FIRST/SECOND/THIRD CLASS LIQUOR LICENSE AND TOBACCO APPLICATION

(License year is May 1<sup>ST</sup> through April 30<sup>TH</sup> of the following year)

Tillerman VT, LLC

Print Name of Person, Partnership, Corp., Club or LLC

The Tillerman Inn and Restaurant

Doing Business as – Trade Name

1868 North Route 116 Bristol, VT 05443

Street

Bristol 05443

Town or City & Zip Code

(802) 453-2432

Telephone Number

Mailing Address (if different from above)

Email address: kirmse@gmail.com

APPLICATION FEES:

FIRST CLASS LICENSE - \$115.00 to DLC and \$115.00 to Town/City

SECOND CLASS LICENSE- \$70.00 to DLC and \$70.00 to Town/City

SECOND CLASS RETAIL DELIVERY PERMIT - \$100.00 to DLC

THIRD CLASS LICENSE - \$1,095 for a full year to DLC \$550 for 6 or fewer months to DLC

TOBACCO LICENSE- (there is no application fee for tobacco if applying for second class)

TOBACCO ENDORSEMENT PERMIT - \$50.00 to DLC

\*If applying for Tobacco only license, please use the Tobacco Only form.

Please check appropriate categories

FIRST CLASS

SECOND CLASS

THIRD CLASS

TOBACCO

Retail Delivery Permit

Tobacco Endorsement

Restaurant

Hotel

Club

Commercial Kitchen (a Liquor Control Commercial Caterer's License is needed with this license)

TO THE CONTROL COMMISSIONERS OF THE TOWN/CITY OF Bristol

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 Board of Liquor and Lottery. Upon hearing, the Board of Liquor and Lottery may, in its discretion, suspend or revoke such license whenever it may determine that the law or any regulations of the Board of Liquor and Lottery 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 Mary's at Baldwin Creek

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

- INDIVIDUAL                       LIMITED LIABILITY COMPANY  
 PARTNERSHIP                       CORPORATION

Please fill in name and address of individual, partners, directors or members.

LEGAL NAME	STREET/CITY/STATE
Jason Kirmse	1874 North Route 116 Bristol, VT 05443
Katherine Baron	1874 North Route 116 Bristol, VT 05443

Are all of the above citizens or lawful permanent residents of the UNITED STATES?  Yes  No

If naturalized citizen or lawful permanent resident of the United States, please provide a copy of the naturalization or lawful permanent resident documentation.

**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
Tillerman VT, LLC	1868 North Route 116 Bristol, VT 05443

Date of incorporation April 10th, 2021 Is corporate charter now valid? Yes  No

Corporate Federal Identification Number 86-3206037

Have you registered your corporation and/or trade name with the Town/City Clerk? Y  N  and/or Secretary of State? Y  N   
(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)

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:

Title:

Date:

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:

Does applicant own the premises described? YES  NO  If not owned, does applicant lease the premises? YES  NO

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

Are you making this application for the benefit of any other party? YES  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 (please check one):**

FOOD (restaurant)     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 forms.

ALL APPLICANTS MUST COMPLETE AND SIGN BELOW

The applicant(s) understands and agrees that the Board of Liquor and Lottery 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 Bristol in the County of Addison and State of VT,  
this 31<sup>st</sup> day of August, 20 21

**Corporations/Clubs:** Signature of Authorized Agent

  
\_\_\_\_\_

**Individuals/Partners:** (All partners must sign)

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

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 Board of Liquor and Lottery for suitable action thereon, before any license may be granted. For the information of the Board of Liquor and Lottery, 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

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Please check one:  Approved  Disapproved

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

Total Membership \_\_\_\_\_ Members present \_\_\_\_\_

Attest, \_\_\_\_\_  
City or Town Clerk

**TOWN OR CITY CLERK SHALL MAIL ONE APPLICATION DIRECTLY TO THE DIVISION 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)  
DEPARTMENT OF THE TREASURY  
550 MAIN STREET, CINCINNATI, OH 45202  
(513) 684-2979**

**NOTICE: All new applications are investigated by the Enforcement and Licensing Division prior to approval/disapproval of the license by the Board of Liquor and Lottery. Please note that this process can take anywhere from 2 weeks to 6 weeks to complete once Liquor Control receives the application.**

### Personal Information Form To Accompany License Applications

Complete for all Owners, Partners, or Corporate Officers

Legal Name: Jason Kirmse

Telephone: [Redacted] Email: [Redacted]

Address: 1868 North Route 116 Bristol, VT 05443  
Street City/Town State Zip Code

Date of Birth: [Redacted] Place of Birth: [Redacted] Gender: Male

Drivers License #: [Redacted] State: VT

Legal Name: Katherine Baron

Telephone: [Redacted] Email: [Redacted]

Address: 1868 North Route 116 Bristol, VT 05443  
Street City/Town State Zip Code

Date of Birth: [Redacted] Place of Birth: [Redacted] Gender: Female

Drivers License #: [Redacted] State: VT

Legal Name: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City/Town State Zip Code

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

Drivers License #: \_\_\_\_\_ State: \_\_\_\_\_

*Use additional forms if necessary.*

Send completed form with application to:

Vermont Department of Liquor and Lottery  
Division of Liquor Control  
Attention: Licensing  
13 Green Mountain Drive  
Montpelier, VT 05602

Phone (802) 828-2345  
FAX (802) 828-1031  
Email DLC.EnfLic@vermont.gov