

Brandon Board of Liquor Control Commissioners Meeting
November 13, 2017
7:00 p.m.

The Brandon Board of Liquor Control Commissioners will meet Monday, November 13, 2017 immediately following the Select Board Meeting to begin at 7:00 p.m. at the Brandon Town Hall located at 1 Conant Square expecting to consider the items noted on this agenda. Agendas shall be posted on the community bulletin board located at the Town Office at 49 Center Street and on the community bulletin board located between Dave's Grocery and the Forest Dale Post Office. The Select Board reserves the right to add additional items, if necessary, at the beginning of the meeting.

- 1) Call to Order
 - a) Agenda Adoption

- 2) Approval of Minutes:
 - a) Board of Liquor Control Commissioners Meeting - September 11, 2017

- 3) Approve Liquor Licenses:
 - Hot Shots Beverage Center
 - Walgreens Eastern Co., Inc.

- 4) Approve Art Gallery, Book Store, Museum or Library Serving Permit
 - Brandon Free Public Library from 2:00 p.m. until 6:00 p.m. on December 3, 2017

- 5) Adjournment

**Brandon Board of Liquor Control Commissioners Meeting
September 11, 2017**

NOTE: These are unapproved minutes, subject to amendment and/or approval at the subsequent board meeting.

Board Members In Attendance: Seth Hopkins, Brian Coolidge, Tracy Wyman, Doug Bailey, Devon Fuller

Others In Attendance: Dave Atherton, Jeff Stewart, Ray Jobst, Bernie Carr, Richard Baker, Arlen Bloodworth

1. Call to Order

The meeting was called to order at 7:58PM by Seth Hopkins - Chair.

a. Agenda Adoption

Motion by Tracy Wyman/Doug Bailey to adopt the agenda as presented. **The motion passed unanimously.**

2. Consent Agenda

a) Minutes of Board of Liquor Control Commissioners Meeting – July 10, 2017

b) Approve Request to Cater Malt, Vinous and/or Spirituous Liquors

. Common Ground Restaurant & Pub, LLC dba Mae's Place for the Brandon Volunteer Firefighters Annual Corn Hole Tournament and Fundraiser at Wyman Road on September 16, 2017, from 10:00AM until 5:00PM

Motion by Devon Fuller/Brian Coolidge to approve the consent agenda as presented. **The motion passed with one abstention – Tracy Wyman.**

3. Adjournment

Motion by Doug Bailey/Devon Fuller to adjourn the Board of Liquor Control Commissioners' meeting at 7:59PM. **The motion passed unanimously.**

Respectfully submitted,

Charlene Bryant
Recording Secretary



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

Crystal Phillips

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

Hot Shots Beverage Center

Doing Business as - Trade Name

34 Conant Square #2

Street

Brandon VT 05733

Town or City & Zip Code

802-377-0076

Telephone Number

2141 US RTE 7 Leicester, VT 05733

Mailing Address (if different from above)

Email address CCole8775@gmail.com

Please check appropriate categories

FIRST CLASS

SECOND CLASS RETAIL DELIVERY PERMIT

TOBACCO TOBACCO ENDORSEMENT

Restaurant

Hotel

Club

Commercial Kitchen (a Liquor Control Commercial Caterer's

License is needed with this license)

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

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.*

TO THE CONTROL COMMISSIONERS OF THE TOWN/CITY OF Brandon

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 Champlain Beverage

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 Crystal Phillips STREET/CITY/STATE 2141 US RTE 7 Leicester VT

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 _____

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: Crystal Phillips
TITLE: owner
DATE: 11/3/17

(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: Current Champlain Beverage
3~~rd~~ Conant Square Brandon

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: Tom Scheck, Brandon, VT

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 # _____

Please check one: Business is devoted primarily to:

 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 and then click on licensing and then forms.

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 11/3/17 in the County of Rotland and State of VT
this 3 day of November, 2017

Corporations/Clubs: Signature of Authorized Agent

Individuals/Partners: (All partners must sign)

John Phelan

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

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 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

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

Please fill in for Individual, Partners, or Directors

Applicant/s Personal Information

Legal Name: Crystal Phillips Address: 2141 US RTE 7 Leicester VT 05733
Date of Birth 08/07/1975 Place of Birth Middlebury Sex F SS# 009-60-3003

Legal Name: _____ Address: _____
Date of Birth _____ Place of Birth _____ Sex _____ SS# _____

Legal Name: _____ Address: _____
Date of Birth _____ Place of Birth _____ Sex _____ SS# _____

Legal Name: _____ Address: _____
Date of Birth _____ Place of Birth _____ Sex _____ SS# _____

Legal Name: _____ Address: _____
Date of Birth _____ Place of Birth _____ Sex _____ SS# _____

Legal
Name: _____ Address: _____

Date of Birth _____ Place of Birth _____ Sex _____ SS# _____

Legal
Name: _____ Address: _____

Date of Birth _____ Place of Birth _____ Sex _____ SS# _____

CERTIFICATE of ACHIEVEMENT

This Is To Certify That

Crystal Phillips

has completed the course

Store Training -- 2nd Class Certification

November 3, 2017



WNxybyQaUf



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

Walgreens Eastam Co., Inc. (#10333)

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

Doing Business as - Trade Name

1 Union Street

Street

Brandon, VT 05733

Town or City & Zip Code

(802) 362-2580 (phone number for counsel)

Telephone Number

WGB&B, PO PO Box 2748 Manchester Ctr, VT 05255 (address for counsel)

Mailing Address (if different from above)

Email address merrill@greenmtlaw.com

Please check appropriate categories

FIRST CLASS
X SECOND CLASS RETAIL DELIVERY PERMIT
X TOBACCO TOBACCO ENDORSEMENT

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

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
TOBACCO LICENSE- (there is no 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.

TO THE CONTROL COMMISSIONERS OF THE TOWN/CITY OF Brandon, 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 Rite Aid Pharmacy

I/we are applying as: Please check one:

INDIVIDUAL LIMITED LIABILITY COMPANY PARTNERSHIP X CORPORATION

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

LEGAL NAME

STREET/CITY/STATE

Richard Mark Ashworth

70 Tournament Drive North, Hawthorn Woods, IL 60047

Amelia Dorothy Legutka

130 Homewood Ave, Libertyville, IL 60048

Collin Gregory Smyser

1649 N. Burling St., Chicago, IL 60614

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

Weigreen Arizona Drug Co. - 100% Ownership

106 Wilnot Rd., Deerfield, IL 60015

See Corporate Structure Chart, attached

Date of incorporation April 22, 2009

Is corporate charter now valid? Yes

Corporate Federal Identification Number 36-1924026

Have you registered your corporation and/or trade name with the Town/City Clerk? and/or Secretary of State? Yes (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: BARBARA PELLICIONE

TITLE: MANAGER
DATE: Jan 11, 2017

(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: Current Licensed File Aid Premises

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: Data to Follow in DLC

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 # _____

Please check one: Business is devoted primarily to:
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 and then click on licensing and then forms.

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, §1379 (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 Dorset in the County of LAKE and State of VT

this 17th day of OCT 2017

Corporations/Clubs: Signature of Authorized Agent
[Signature]

Individuals/Partners: (All partners must sign)



TOWN/CITY APPROVAL/DISAPPROVAL

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_____, Vermont, _____
Town/City Date

APPROVED

DISAPPROVED

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

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 DEPARTMENT OF LIQUOR CONTROL, 13 Green Mountain Drive, Montpelier, VT 05602. If application is disapproved, local control commissioners shall notify the applicant by letter.

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

CERTIFICATE of ACHIEVEMENT

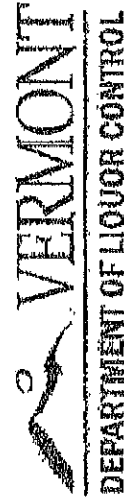
This is to certify that

Barbara Pelliccione

has completed the course

Store Training -- 2nd Class Certification

January 11, 2017



cp0X7ba.FIC

ART GALLERY, BOOK STORE,
MUSEUM OR LIBRARY SERVING
PERMIT

- Art Gallery
 Book Store
 Library
 Museum

APPLICATION FEE: \$20.00

Name of Business Brandon Free Public Library

d/b/a _____

Address: 4 Franklin St.

Town/City: Brandon, VT Zip 05733

Contact Name: Molly Kennedy

Email: molly@brandonpubliclibrary.org

Telephone: (802) 247-8230

Location (specify defined area inside of business): 1st Floor, main room

**A VALID CERTIFICATE SHOWING CURRENT EDUCATIONAL TRAINING IS
REQUIRED WITH THIS PERMIT REQUEST.**

(Please go to our website liquorcontrol.vermont.gov and click on seminar schedule to view available seminars)

Date of event: 12/3/17

Hours of operation: Beginning 2 pm Ending 6 pm

Signed: Molly Kennedy Date 11/7/17

Please check one: Approved Disapproved

Town/City Clerk signature

Town/City

Date

Submit to Town/City at location of event. After action by local control commissioners, this application will be forwarded to the Vermont Liquor Control Board at least 5 days prior to the date of the event.

CERTIFICATE of ACHIEVEMENT

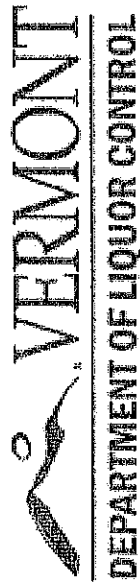
This is to certify that

Molly Kennedy

has completed the course

Book Store and Art Gallery Library Museum Permit Certification

November 10, 2016



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