

Food & Lodging Program 108 Cherry Street P.O. Box 70 Burlington, VT 05402-0070 802-863-7221

For office use only:
ID #

APPLICATION FOR LICENSE TO OPERATE A FOOD AND LODGING ESTABLISHMENT

Previously Licensed Location Ownership Change	ESTABLISHMENT NAME (dba): FULL LEGAL NAME OF CORPORATION, LLC OR OWNER(S):				
PHYSICAL ADDRESS:	ESTABLISHMENT PHONE:				
MAILING ADDRESS:					
EMAIL:	OFFICE PHONE:				
	n:PHONE:				
This location was a previously licensed establishment known as:					
EXPECTED OPENING DATE:		IF SEASONAL, OPENS:	CLOSES:		
WASTEWATER PERMIT # AND DATE : SEATS ALLOWED ON WW PERMIT:					
WATER SOURCE TYPE: Public			SEWAGE DISPOSAL TYPE:		
Restaurant (1-25 seats) Restaurant (26-50 seats) Restaurant (51-100 seats) Restaurant (101-200 seats) Restaurant (201- 599 seats) Restaurant (600 or more seats) Home Caterer Commercial Caterer Commercial Caterer – Push Cart Commercial Caterer – Mobile U Limited Operation Home Bakery Small Commercial Bakery Large Commercial Bakery	\$105.00 \$180.00 \$300.00 \$385.00 \$450.00 \$1000.00 \$155.00 \$260.00	Food Pro Food Pro Children Seafood V Shellfish Lodging Lodging Lodging Lodging	•	•	
FOR OFFICE USE ONLY: Date Received	Amount \$	SInsp	pector Assigned		

APPLICANT'S STATEMENT REGARDING CHILD SUPPORT AND TAXES

You must answer questions 1 and 2.

Regarding Child Support

Title 15 § 795 requires that: A professional license or other authority to conduct a trade or business may not be issued or renewed unless the person certifies that he or she is in good standing with respect to or in full compliance with a plan to pay any and all child support payable under a support order as of the date the application is filed. "Good standing" means that less than one-twelfth of the annual support obligation is overdue; or liability for any support payable is being contested in a judicial or quasi-judicial proceeding; or he or she is in compliance with a repayment plan approved by the office of child support or agreed to by the parties; or the licensing authority determines that immediate payment of support would impose an unreasonable hardship. (15 V.S.A. § 795)

1. You <u>must</u> check one of the statement you have children:	ents below regarding child support regardless whether or not
I hereby certify that, as of the dat subject to a support order and I a	e of this application: (a) I am not subject to any support order or (b) I am m in good standing with respect to it, or (c) I am subject to a support order plan to pay any and all child support due under that order.
application and I hereby request	or good standing with respect to child support dues as of the date of this that the licensing authority determine that immediate payment of child bnable hardship. Please forward an "Application for Hardship". or
☐ I hereby certify that 15 V.S.A. § 7	95 is not applicable, because this is a business seeking certification.
renewed unless the person certifies that he o means that no taxes are due and payable and	Regarding Taxes cense or other authority to conduct a trade or business shall not be issued or rishe is in good standing with the Department of Taxes. "Good standing" diall returns have been filed, the tax liability is on appeal, the taxpayer is in the Commissioner of Taxes, or the licensing authority determines that a unreasonable hardship. (32 V.S.A. § 3113)
compliance with a plan to pay an (The maximum penalty for perjury)	tements below regarding taxes: and penalties or perjury, that I am in good standing with respect to or in full y and all taxes due to the State of Vermont as of the date of this application. y is fifteen years in prison, a \$10,000.00 fine or both). or good standing with respect to taxes due to the State of Vermont as of the
date of this application and I here	by request that the licensing authority determine that immediate payment of able hardship. Please forward an "Application for Hardship".
Tax ID Number: <u>OR</u>	Social Security #*/ Date of Birth//
(c)(2)(C), and will be used by the Department	er is mandatory, it is solicited by the authority granted by 42 U.S.C. § 405 of Taxes and the Department of Employment and Training in the individuals affected by such laws, and by the Office of Child Support.
	STATEMENT OF APPLICANT
	nis application is true and accurate to the best of my knowledge and that I ssion of information is unlawful and may jeopardize my
Printed Name:	Date:
Signature of Applicant:	Title: