

STATE OF VERMONT
Agency of Agriculture, Food & Markets, Business Office/ L&R
100 State Street, Montpelier, VT 05620-3206
(802) 828-2436

VERMONT GINSENG DEALER'S PERMIT APPLICATION

Business Name _____

Applicant or Individual's Name _____

Mailing Address _____

Business Location _____

Telephone # _____ E-mail address _____

I do hereby request a Ginseng Dealer's Permit as defined by 6 V.S.A. Chapter 206 and Regulations for the Collection, Cultivation and Sale of American Ginseng.

I will maintain such records as described by regulation and make them available on a quarterly basis (March 31, June 31, September 31 and December 31) to the Secretary of Agriculture or his duly appointed representative.

_____ Date _____ Signature

By law (32 V.S.A. Section 3113) no agency of the State may renew a license or other authority to conduct a trade or business (including a license to practice a profession) unless the licensee first certifies that he or she is in good standing with the Department of Taxes. A person is in good standing if no taxes are due, if the liability for any tax that may be due is on appeal, if the taxpayer is in compliance with a payment plan approved by the Commissioner of Taxes, or if the licensing authority determines that immediate payment of taxes due and payable would pose an unreasonable hardship.

The maximum penalty for perjury is fifteen (15) years in prison, a \$10,000 fine or both.

CERTIFICATION OF COMPLIANCE WITH 32 V.S.A. SECTION 3113

I hereby certify, under the pains and penalties of perjury, that I am 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.

_____ Date _____ Signature

Revised 3/08

For Office Use Only

Permit # _____ Expiration Year _____ Date processed _____