APPLICATION FOR PUBLIC WAREHOUSE LICENSE

FACILITIES THAT STORE MILK, CREAM, BUTTER, CHEESE, EGGS AND FRUIT FOR HIRE IN QUANTITIES OF ONE THOUSAND (1,000) POUNDS OR MORE OF EACH COMMODITY AND HEREBY APPLIES FOR A LICENSE TO OPERATE SUCH WAREHOUSE AS REQUIRED BY 6 VSA, SECTION 893, AND SECTION 3306, AND ENCLOSES THE REQUIRED FEE OF $100.00 HEREWITH.

PLEASE COMPLETE THE APPLICATION IN ITS ENTIRETY TO AVOID DELAYS IN LICENSING

Company Name ____________________________________________________________

Primary Contact __________________________________________________________

Phone Number __________________________

Address ________________________________________________________________

City or Town _________________________ State _____ Zip Code ________________

Phone Number __________________________

E911 Address _____________________________________________________________

City _________________________________

READ THIS CAREFULLY PRIOR TO SIGNING APPLICATION FORM ON NEXT PAGE

Tax Department Requirement

By signing This Application You Certify That You Are In Good Standing with the Requirements Below. If You Certify Falsely That You Are In Good Standing You May Be Subject To Prosecution.

By law (15 V.S.A. Section 795), the State may not renew a license for trade or business unless the licensee first certifies that he or she is in good standing with any order to pay child support.

By law (32 V.S.A. Sec. 3113), the State may not renew a license for business or trade unless the licensee certifies, under the pains and penalties of perjury, that he/she is in good standing with the Department of Taxes. The maximum penalties for perjury are fifteen (15) years in prison, a $10,000 fine or both.
Good standing means:  
- that no taxes are due;  
- the liability is on appeal;  
- the licensee is complying with a State authorized payment plan; or  
- the immediate payment would cause unreasonable hardship. (If you are claiming hardship, please contact the licensing agency for further information.)

For further information the licensee should contact the Department of Taxes at (802) 828-2518.

I hereby certify that the information given is correct to the best of my ability. I further certify under the pains and penalties of perjury that I am in good standing with respect to all taxes due to the State of Vermont.

Print name of individual signing the application

_______________________________________________________

Print title of individual signing the application

_______________________________________________________

Signature:  ______________________________________________________

Date:  ______________________

Mail to:

Dairy Section  
Vermont Agency of Agriculture, Food and Markets  
116 State Street  
Montpelier, Vermont 05602-2901