



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

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

The Scale Poke Bar
Doing Business as - Trade Name

373 Blair Park rd. #101
Street

Williston, VT 05495
Town or City & Zip Code

(802) 662-4799
Telephone Number

802-999-8502 - pay direct line
Mailing Address (if different from above)

Email address theScalePoke@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 Williston, VT

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 _____

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

Neil Farr
Perni Farr

20 Hideaway Ln - Williston, VT
20 Hideaway Ln - Williston, 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
Perni Farr	Williston, VT	Speeding	2012

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: Verni Farr
TITLE: member manager
DATE: 4/16/18

(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: restaurant space (seats 15) within a larger building.

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: VERMONT REGISMET LLC 373 Blair Park rd Williston VT 05405

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 9330 Lodging _____ (if licensed as a Hotel)

VERMONT TAX DEPARTMENT: Meals & Rooms Certificate/Business Account # MTT-10416090-001

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.

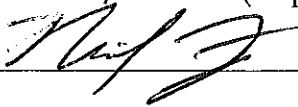
If applicant is applying as an **individual**: I hereby certify that I/We are not under an obligation to pay child support or that I/We are in good standing with respect to child support or am in full compliance with a plan to pay any and all child support payable under a support order. (VSA, Title 15, §795).

Dated at Williston in the County of Chittenden and State of VT,

this 16 day of April, 2018

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 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.

OUTSIDE CONSUMPTION PERMIT

Application Fee \$20.00

Name of Licensed Premise (Corporation/Partnership/Individual, d/b/a)

FRC, LLC

d/b/a The Scale Pole Bar

Address 373 Blair Park rd #10 Town/City Williston, VT

License Number _____ Email or Fax # thescalepole@gmail.com

Outside consumption would be in the area described below: (describe fully, including size, physical barriers, etc.)

Concrete patio approx 10x20ft with seating.
will have rope barriers to designate space

Please remember that this outside consumption permit is an extension of your license to serve alcohol beverages, and that the same rules apply in this area as do in the regularly licensed premise area.

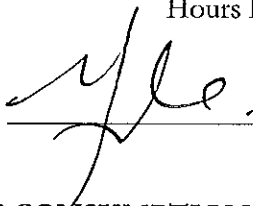
Outside Consumption time period (hours) from 10:00 am to 10:00 pm

Permanent Use (Permanent use will be considered year round use)

Occasional Use Day(s) Requested May - September yearly.

Hours Requested _____

Signature of Licensee



OUTSIDE CONSUMPTION PERMITS MUST FIRST BE APPROVED BY YOUR TOWN/CITY CLERK

Please check one: _____ Approved _____ Disapproved

Town/City Clerk Signature _____