

2013

FIRST/SECOND CLASS LIQUOR LICENSE AND TOBACCO APPLICATION

LICENSE YEAR IS MAY 1ST THROUGH APRIL 30TH OF THE FOLLOWING YEAR

LVNA 61 VT. INC

Print Full Name of Person, Partnership, Corporation, Club or LLC

Doing Business As - Trade Name

9 Center Street

Street and street number of premises covered by this application

Burlington VT

Town or City & Zip Code

Telephone Number

Mailing Address (if different from above)

Email address Deborah a golson

DBA REVOLUTION KITCHEN

* recommended for approval
 @ 6/4/13 lc mtg. lo
 • all standard conditions

Please circle appropriate categories

FIRST CLASS

SECOND CLASS

TOBACCO

Restaurant

Hotel

Cabaret

Club

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

FEES:

FIRST CLASS LICENSE - \$100.00 to DLC and \$100.00 to Town/City

SECOND CLASS LICENSE - \$50.00 to DLC and \$50.00 to Town/City

TOBACCO ONLY LICENSE - \$10.00 to Town/City only
(there is no fee for tobacco if applying for second class)

TO THE CONTROL COMMISSIONERS OF THE TOWN/CITY OF BURLINGTON, 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 Levity Comedy

I/we are applying as: (please circle one)

INDIVIDUAL
 PARTNERSHIP

LIMITED LIABILITY COMPANY
 CORPORATION

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

LEGAL NAME

STREET/CITY/STATE

Peter Maisel

125 BOWY TIVOLI NY 12583

Debra Maisel

125 BOWY TIVOLI NY 12583

Are all of the above citizens of the UNITED STATES? ☒ Yes ☐ No
 (Note: Resident Alien is not considered a U.S. Citizen)

If naturalized citizen, please complete the following

Name

Court where naturalized (City/State/Zip)

Date

pd ch# 1735

On 4/1/13 \$100.00

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

Debra Maisel

125 EDWIN TOWN NH 0583

Peter Maisel

125 EDWIN TOWN NH 0583

Date of incorporation

03/25/13

Is corporate charter now valid?

Corporate Federal Identification Number

46-2546414

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) complete the following information

YES NO If yes, please

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

TITLE

DATE

Debra Maisel
Co-owner
3/23/13

(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

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

Bill Blohm - 485 South Union Burlington Vermont

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 #

Pending

Business is devoted primarily to (Circle one)

FOOD (restaurant)

ENTERTAINMENT (cabaret)

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 applications

CABARET APPLICANTS ONLY:

Applicant hereby certifies that the sale of food shall be less in amount or volume than the sales of alcoholic beverages and the receipts from entertainment and dancing, if at any time this should not be the case, the applicant/licensee shall immediately notify the Department of Liquor Control of this fact

Signature of Individual, Partner, authorized agent of Corporation or LLC member

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 _____ in the County of _____ and State of _____
this _____ day of _____, 20____

Corporations/Clubs Signature of Authorized Agent Individuals/Partners (All partners must sign)

Debra M. Smith

(Title)

[Signature]

NOTICE: After local action, all new applications are investigated by the Enforcement and Licensing Division prior to approval/disapproval of the license by the Liquor Control Board. This process can take anywhere from two weeks to six weeks to complete once the application has reached Liquor Control.

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

Approved/Disapproved by Board of Control Commissioners of the City or Town (circle one) 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

Lori Olberg

From: debra Maisel <info@luna61.com>
Sent: Wednesday, May 22, 2013 10:40 AM
To: Lori Olberg
Subject: Re: 5/7 LC Agenda

Good morning we have added a Db to luna61vt.inc Db revolution kitchen thank you how are we progressing? Thank you

Sent from my iPhone

On May 6, 2013, at 3:25 PM, Lori Olberg <lolberg@burlingtonvt.gov> wrote:

I don't think so, I think that we are pretty much all set with your application with tomorrow being the 2nd lc meeting and then onto CC approval for the 20th, your application will be contingent upon Fire Marshal approval (a standard condition)

From: debra Maisel [mailto:info@luna61.com]
Sent: Monday, May 06, 2013 3:18 PM
To: Lori Olberg
Subject: Re: 5/7 LC Agenda

Do we need to bring anything

Sent from my iPhone

On May 3, 2013, at 4:09 PM, Lori Olberg <lolberg@burlingtonvt.gov> wrote:

Greetings:

Here is the agenda for Tuesday, if there is an asterisk THEN you or a representative needs to be present.

~~thank you~~

<LCAGENDA130507.doc>

STATE OF VERMONT
OFFICE OF SECRETARY OF STATE

The Office of Secretary of State hereby grants a

Certificate of Incorporation

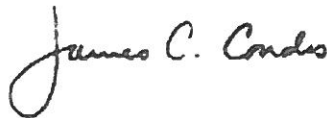
to

LUNA61VT.INC

a Vermont domestic corporation, effective March 25, 2013

March 27, 2013

Given under my hand and the seal
of the State of Vermont, at
Montpelier, the State Capital



James C. Condos
Secretary of State

RECEIVED

2013 APR - 1 A 10: 36

BURLINGTON CLERK
TREASURER'S OFFICE



ARTICLES OF INCORPORATION (Vermont profit T.11A)

Vermont Secretary of State, 128 State Street, Montpelier, VT 05633-1104 (802-828-2386)

Corporate Name:

Luna61vt inc

(Alternate name - if first choice is not available)

Corp type: check one: ☒ General (T.11A) ☐ Professional (T.11, Ch.4)☐ Close (T.11A, Ch.20) ☐ Benefit (T.11A, Ch.21)**State a brief Purpose here:**

Restaurant

Registered agent's name

Debra Maisel

Registered agent's address: (street, city and zip code in VT)

25 Westward Drive, Burlington, VT 05408

Principal office address: (street, city, state and zip code)

25 Westward Drive, Burlington, VT 05408

Fiscal operating year end (month): Unless stated otherwise DEC will be designated.

December

A corporation is required to file an annual report within 2½ months of the close of its fiscal year. Failure to file may result in termination of the its charter. Reports are obtained and filed online.

Number of shares the corporation is authorized to issue:

200

Classes of shares (common/preferred/etc.) & number of shares authorized to issue, in each:

Common 200

One or more classes of shares that together have unlimited voting rights:

One or more classes of shares (which may be the same class with voting rights) that together are entitled to receive the net assets of the corporation upon dissolution:

Common

PROFESSIONAL corporations must provide the name, address, profession, license number & expiration date of not less than one-half of its directors and officers.

CLOSE Corporation: Corporations designated as "close" shall include the provisions listed below. Simply check the box accepting each provision, adding specific information as it applies.

RECEIVED
2013 APR - 1 A 10:36
BURLINGTON CLERK
TREASURER'S OFFICE

2013 MAR 31 PM 3:10

The provisions of T.11A apply to close corporations in the absence of a ~~contrary~~ or inconsistent provision in Chapter 20. A corporation whose status terminates as a close corporation becomes subject the obligations and rights of a general corporation.

- ☐ This corporation is a close corporation and each certificate for shares shall note this fact;
- ☐ All the issued and outstanding stock of all classes shall be held of record by not more than 35 persons;
- ☐ Each certificate for shares shall further note any provisions set forth in the articles of incorporation and described in 11A, V.S.A. § 20.02(5);
- ☐ The corporation shall make no offering of any of its shares of any class which would constitute a "public offering" within the meaning of the U.S. Securities Act of 1933 (15 U.S.C. § 77 et seq);
- ☐ All issued and outstanding shares of all classes shall be represented by certificates and shall conform in the form and content to the requirements of 11A, V.S.A. § 6.25;
- ☐ Shares transfer restrictions, if any: _____

☐ Dissolution provisions, if any: _____

☐ Managed with a board of directors?

DIRECTORS'S names and addresses: A board of directors of a corporation which is not a close corporation dispensing with a board of directors must consist of one or more individuals with the number specified in or fixed in accordance with these articles or bylaws. The number of directors may be increased or decreased by amendment. (T.11A, 8.03).

PETER MAISEL, 125 BROADWAY, TIVOLI, NY 12583
 PETER MAISEL, 125 BROADWAY, TIVOLI, NY 12583

Benefit Corporation: List the name of the benefit director and the benefit officer below.

Name of benefit director: _____

Name of benefit officer: _____

One or more natural persons of majority age (18) may act as incorporator.

Incorporators printed name: _____

LAUREN DÉPASS

Incorporators SIGNATURE & ADDRESS: _____

c/o BLUMBERGEXCELSIOR CORPORATE SERVICES, INC., 62 WHITE STREET, NEW YORK, NY 10013

\$75.00 FEE File in duplicate with a self-addressed envelope. If a delayed effective date is not specified, it is effective the date it is approved. A delayed date cannot be later than 90 days after the filing. Effective date, if applicable: _____

BURLINGTON CLERK
TREASURER'S OFFICE

2013 APR -1 A 10:10

RECEIVED

2013 APR 24 PM 3:10

- Meals -

Wild Mushroom Fettuccini – sautéed shitake & portabella mushrooms, baby kale, in a garlic shoyu sauce served with fresh pasta – 17

Stir-fry – broccoli, bok choy, carrots, & kale, stir-fried with tofu in a ginger garlic sauce, served with brown rice or rice noodles – 16

Sweet Potato Enchilada – layered corn tortilla with sweet potato, sautéed spinach & goat cheese topped with black beans and served with rice & salsa – 17

Laksa Noodlepot – rice noodles, broccoli, bok choy, carrots & shitake mushrooms with tofu, cooked in a flavorful spicy coconut broth – 18

Jerk Seitan Cutlet – grilled slice of seitan, smothered in a zesty jerk sauce and served with brown rice and beans – 18

Pad Thai – rice noodles stir fried in a spicy sweet and sour sauce with veggies & tofu, garnished with peanuts and cilantro – 17

Sloppy Joe Taco Nuevos – Corn tortilla with melted cheese, scrambled tofu, served with black beans, brown rice, salsa, & potatoes – 17

Ravioli – Ask for the nightly special – 17

Seitan Picatta – thin slices of seitan served with a white wine, caper, and olive sauce, served with rice and a side salad – 18

Bangkok Curry – yellow curry with assorted veggies & tofu with brown rice or rice noodles – 17

Orbit – a platter of quinoa, black beans, wild sea vegetables & steamed greens – 16

- Kid's Menu -

Cheese Quesadilla – with rice and beans – 7

Tofu and Noodles – 7

Butter and Noodles – with parmesan cheese 7



VERMONT SECRETARY OF STATE

Jim Condos

ARCHIVES

CORPORATIONS

ELECTIONS

OTHER
PROGRAMS

RECORDS & DOCUMENTS

SECRETARY'S
DESK

Corporation Information

Corporation Name	LUNA61VT.INC
Corporation Status	Active
File No	V-74438-0
Type	Vermont
Incorporation Date	03/25/2013
Corporation Description	RESTAURANT
State of Incorporation	VT
Fiscal Month End	12
Registered Agent	DEBRA MAISEL
Address	25 WESTWARD DR
City State Zip	BURLINGTON VT 05408
Director 1	PETER MAISEL
Principal Street Address	25 WESTWARD DR
City State Zip	BURLINGTON VT 05408

Above accurate as of: 03/27/2013

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This Web Page is





LIQUOR LICENSE

NEW APPLICANT QUESTIONNAIRE

D/B/A (Business Name) LUNA 61 VT. INC

Contact person Debra Moser Contact Phone 845 546 0965

1. Have you ever had a liquor license before? If yes, please explain.

yes, I have a license in Tivoli NY
for 12 years

2. Please describe your experience serving or selling alcohol?

serve at lunch & dinner
only beer & wine

3. Are you familiar with the laws relating to the sale of alcohol in Vermont? Have you completed the training required by DLC? Have your employees? If not, what is your plan for training?

yes, training was provided
will have employees soon OVP

4. Have you had an opportunity to meet with an inspector from the Department of Liquor Control?

not yet

5. How many employees will you have?

unknown ??

6. What is/will the square footage of the public space and what is/will be your occupancy load??

1276 square feet

49 seats

7. What kind of precautions will you take to prevent underage sales?

Sebra has taken alcohol test.
All employees will watch the
video.

Please note that your application will not go before the License Subcommittee until this application has been satisfactorily completed and returned to the Clerk's Office

Lori Olberg

From: debra Maisel <info@luna61.com>
Sent: Tuesday, April 16, 2013 3:54 PM
To: Lori Olberg
Subject: Re: missing info

1276 square feet 49 seats I took the alcohol test and all employees will watch the video

Sent from my iPhone

On Apr 16, 2013, at 3:40 PM, Lori Olberg <lolberg@burlingtonvt.gov> wrote:

Still need this to be filled out and submitted to me please, thank you Debra

From: CTKonica@ci.burlington.vt.us [mailto:CTKonica@ci.burlington.vt.us]
Sent: Tuesday, April 16, 2013 11:38 AM
To: Lori Olberg
Subject: Message from KMBT_C550

<SKMBT_C55013041615370.pdf>

CERTIFICATE of ACHIEVEMENT

This is to certify that

debra maisel

has completed the course

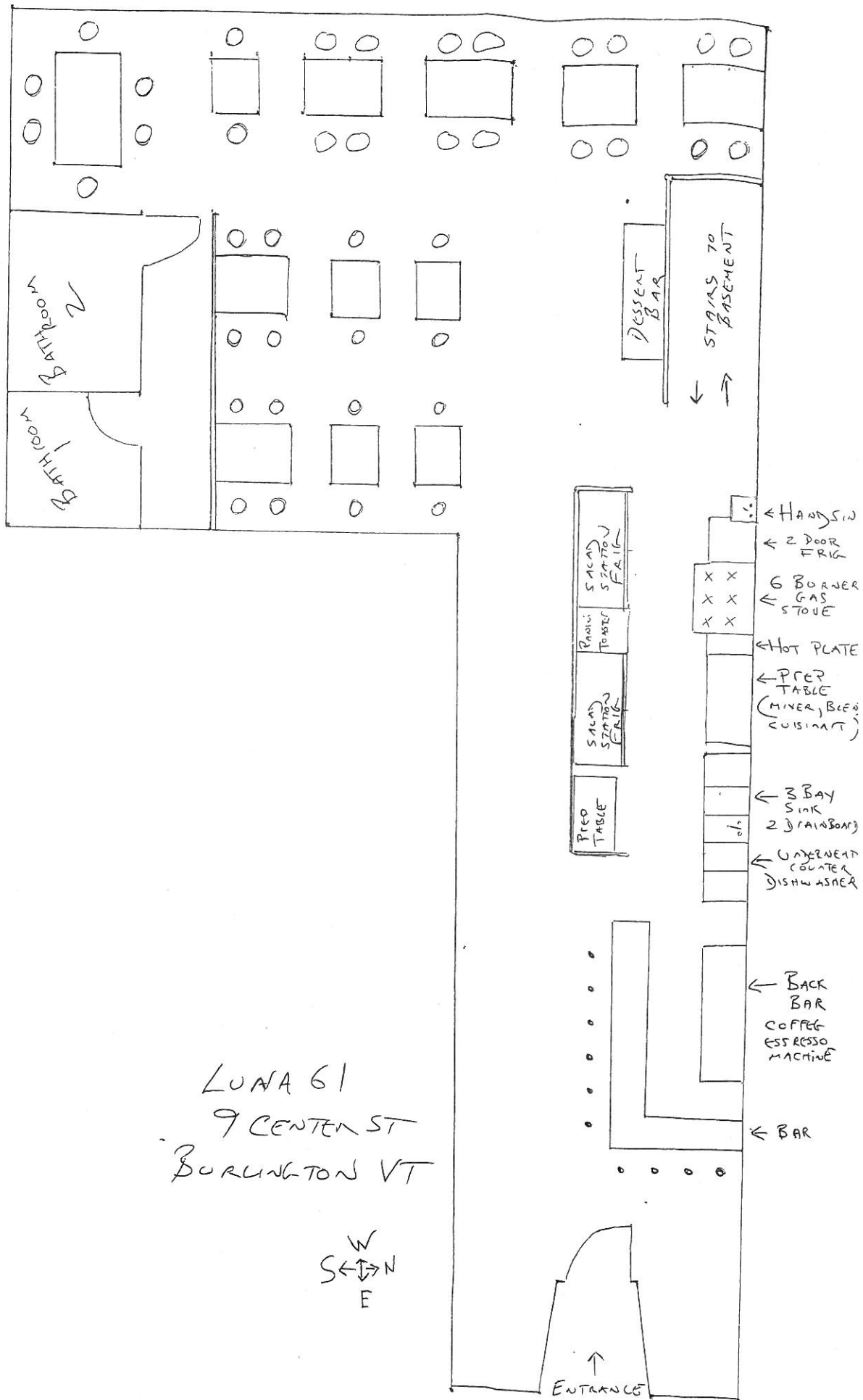
Server Training - 1st class Seminar Certification

March 23, 2013



DEPARTMENT OF LIQUOR CONTROL

h3FUmn7KZ



LUNA 61
9 CENTER ST
BURLINGTON VT

W
S ← → N
E



OFFICE OF THE CLERK AND TREASURER
149 CHURCH STREET
BURLINGTON, VT 05401

802-865-7131 TTY 802-865-7142

Application Review
First Class Liquor License - Restaurant

05/01/2013 - 04/30/2014

TO: Kathy Dunn, Clerk/Treasurer's Office

FROM: Lori Olberg, Clerk/Treasurer's Office

DATE: Wednesday, April 3, 2013

COMPANY: Luna61Vt.Inc.

DBA NAME: Luna61Vt.Inc.

FORMERLY: Levity

LOCATION: 9 Center Street

PHONE: 845-546-0965

Please renew

Thank you

The above applicant has applied for a new/renewal license. Please complete the appropriate section below verifying the status of the applicant's taxes and return it to this office as soon as possible.

Property Taxes Overdue?

Yes

☐

No

☒

Initials

Property Taxes Delinquent?

Yes

☐

No

☒

Initials

Gross Receipts Tax Overdue?

Yes

☐

No

☒

Initials

Thank You,

Lori Olberg
Clerk/Treasurer's Office
City Hall

Date: Wednesday, April 3, 2013



OFFICE OF THE CLERK AND TREASURER
149 CHURCH STREET
BURLINGTON, VT 05401

802-865-7131 TTY 802-865-7142

Application Review
First Class Liquor License - Restaurant

05/01/2013 - 04/30/2014

TO: Ken Lerner, Planning & Zoning Office
FROM: Lori Olberg, Clerk/Treasurer's Office
DATE: Wednesday, April 3, 2013
COMPANY: Luna61Vt.Inc.
DBA NAME: Luna61Vt.Inc.
FORMERLY: Levity
LOCATION: 9 Center Street
PHONE: 845-546-0965

*Please review
thanks*

Please attach any pertinent information which the City Council License Committee may require.

Please indicate:

Approved?

Yes



No



Initials

LO

Date

4/4/2013

Notes:

*Restaurant use - must meet life safety
codes as per building inspector + fire marshal.*

Thank You,

Lori Olberg
Clerk/Treasurer's Office
City Hall

Date: Wednesday, April 3, 2013