2013

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

Champlain Chocolate Company · a	Il (ity sermits closed/Fragroval
Print Full Name of Person, Partnership, Corporation, Club or LLC	and the said conditions
Doing Business As - Trade Name	perove Tan Standarde wanted
Street and street number of premises covered by this application	pprove Mall Standard Conditions untingent upon chean/completed vecad checks
Bullington, VT 05401 Town or City & Zip Code	and ingeria
802-864-0505	vecase meas
Telephone Number 150 Pine Street Burlington VT 05 Mailing Address (if different from above)	sto1 lo 1/22/14
Email address Slangan @ lake champlain chaolates. 10	m la wete
Please circle appropriate categories	FEES: FIRST CLASS LICENSE - \$100.00 to DLC and \$100.00 to Town/City
FIRST CLASS SECOND CLASS TOBACCO	FIRST CLASS LICENSE - \$100,000 to DLC and \$100.00 to Town/City
Restaurant	SECOND CLASS LICENSE-\$50.00 to DLC and \$50.00 to Town/City
Hotel Cabaret	TOBACCO ONLY LICENSE- \$10.00 to Town/City only (there is no fee for tobacco if applying for second class)
Club	
Commercial Kitchen (a Liquor Control Commercial Caterer's License is needed with this license)	
TO THE CONTROL COMMISSIONERS OF THE TOWN/CITY (244,000
Application is hereby made for a license to sell malt and vinous bev Annotated, as amended, and certify that all statements, informatio consideration of such license being granted do promise and agree to regulations made and promulgated by the Liquor Control Board. It suspend or revoke such license whenever it may determine that the violated, or that any statement, information or answers herein contain	n and answers to questions herein contained are true; and in o comply with all local and state laws; and to comply with all Jpon hearing, the Liquor Control Board may, in its discretion, law or any regulations of the Liquor Control Board have been
MISREPRESENTATION OF A MATERIAL FACT ON ANY SUSPENSION OR REVOCATION OF THE LICENSE, AFTER NO	
If this premise was previously licensed, please indicate name	
I/we are applying as: (please circle one)	
INDIVIDUAL LIMITED LIABILITY COMPANY PARTNERSHIP CORPORATION	
Please fill in name and address of individual, partners, directors or me LEGAL NAME STREET/CITY/STATE	mbers.
AP - 20 Healand	
Are all of the above citizens of the UNITED STATES? Yes No	
(Note: Resident Alien is not considered a U.S. Citizen)	
If <u>naturalized citizen</u> , please complete the following:	
Name Court where naturalized (City/State/Zip)	Pache#143641 (23/14/00\$385.00

CORPORATE INFORMATION
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
Champlain Chocolate Company 750 Pine Street Builington VT 05401
Date of incorporation 03/1983 Is corporate charter now valid? Y-es
Date of incorporation 03 1983 Is corporate charter now valid? Yes
Have you registered your corporation and/or trade name with the Town/City Clerk? and/or Secretary of
State? YES (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) 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: SWAN A. LONGON Precurity Chif Manager
(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: Cale 4 Education (Kitchen)
Does applicant own the premises described? No If not owned, does applicant lease the premises?
If leased, name and address of lessor who holds title to property: Tames Edward Company 750 Pine St Builington, VT 05401
· · · · · · · · · · · · · · · · · · ·
Are you making this application for the benefit of any other party? ND
FIRST CLASS APPLICANTS ONLY: No first class license may be issued without the following information.
HEALTH LICENSE #: Food Rest F - 02 Lodging (if licensed as a Hotel)
VERMONT TAX DEPARTMENT: Meals & Rooms Certificate/Business Account # 440 -030286642 F -05
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 1/0	1/14		in the Cour	ity of chitte	inden	and State of	Vermont
this 9	_day of		,20_14				
Corporations/Clul	os: Signa tur	e of Authorized Agent	Individuals/Partners:				
J P	OSU (Title)	lent					
NOTICE: After lo	ocal action, l Board. Tl	all new applications a is process can take an	re investigated by th ywhere from two wee	e Enforcement and ks to six weeks to	d Licensing Divis complete once t	ion prior to approval/e he application has read	disapproval of the license behed Liquor Control.
			TOWN/CITY	APPROVAL/DISAP	PPROVAL		
met by the applican	nt, the comi eon, before	nissioners will endorse any license may be grar	their recommendation	on the back of the on of the Liquor Co be recorded in town	applications and ontrol Board, all a n or city before iss	transmit both copies to oplications shall carry th	d, as amended, have been full o the Liquor Control Board fo ne signature of each individu:
			-	Town/City	,Ve	mont,Date	
	APPROVE	D		statula takatan erajan ser∎		APPROVED	
	·	4					
		- 110					
Approved/Disappro	oved by Boa	rd of Control Commiss	ioners of the City or To	wn (circle one) of	4		\(\tag{\frac{1}{2}}\)
Total Membership						members presen	t
		Attest,					
			City or Town Clerk				

TOWN OR CITY CLERK SHALL MAIL <u>ONE</u> 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)
DEPARTMENT OF THE TREASURY

(513) 684-2979



LIQUOR LICENSE

NEW APPLICANT QUESTIONNAIRE

D/E	B/A (Business Name) Chumplain (hoicelate Company
Co	ntact person Evic Lampman Contact Phone 802-264-2147
1.	Have you ever had a liquor license before? If yes, please explain.
2.	Please describe your experience serving or selling alcohol?
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? Mes DLC training completed by Contact - ERIC Landpran All employees hired have taken DLC training class.
4.	Have you had an opportunity to meet with an inspector from the Department of Liquor Control? Note to Classe.
5.	How many employees will you have?

6.	What is/will the square footage of the public space and what is/w occupancy load??	ill be	your
	3000 pt 2		٠
7.	What kind of precautions will you take to prevent underage sales?		
2	All employees have taken Dec staining is is anyone looking to purchase alcohol.		
4			

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



May 1, 2013 --- April 30, 2014

CITY OF BURLINGTON Liquor License Supplemental Questionnaire

	-		
PVA	N	0	W

Renewal

PART IORGANIZATION					
1. Corporation/Sole Proprietor name CHAMPIAN CARCULATE CAMPANY					
2. D/B/A (Business Name) SOUTH ENT KNOWEN 3. Bus. Phone					
4. Business Address Mb PINE STREET					
5. Contact person ERIC LAMPMAN 6. Contact Phone 802-264-2147					
7. Email Address: elampman @lake champlain chocolates. com					
PART IIOPERATION					
1. Regular Hours of Operation:					
Sunday $\frac{7}{7}$ $\frac{7}{7}$ Wednesday $\frac{7}{7}$ Saturday $\frac{7}{7}$ Monday $\frac{7}{7}$ Thursday $\frac{7}{7}$					
Tuesday $7-7$ Friday $7-7$					
2. Occupancy Load 48 3. # of Restrooms 2 4. # of Egresses 3					
5. Date of last Fire/Safety Check Dandung					
PART IIIMANAGER OF RECORD					
Please provide the following information on the manager of record.					
Manager of Record Sarah & Langur					
Home Address 33 East Street ESSEX Jcf. VT 05452					
Phone number 807-734-9459 Social Security Number					
Driver's License # 01518216 Toate of Birth 8/11/59 Place of Birth New York					
WITHIN THE PAST SEVEN YEARS HAS THE MANAGER BEEN CONVICTED OF A FELONY OR A VIOLATION OF STATE OR FEDERAL NARCOTICS LAW?					
ANY PENDING CHARGES? NO					

May 1, 2013 ---- April 30, 2014



Liquor License Supplemental Questionnaire –Page 2 PART IV—LIST OWNERS/DIRECTORS/SHAREHOLDERS/PARTNERS

Name	Address	City/Town/ZIP	Social Security	Date of Birth	Place of Birth
1. JIM Lampman	449CMT PITE RA	CHARLICE VS	r	- 37350	PHL PA
2. ANNE LAMPHAN	4496 MT PHILO LD	CHARLAGE VT		1,12.49	BULL. VT
3 DAN COX	141 ASPEN CIRCLE	SITELAMENT VT		113.49	Buffor Ny
A	2300 N. SENIL HWY	LAKE WHIES FL		17:45	AK
5. ELEN REED	234 Swamp Road	Altesburg Va	4104	7-21-80	Bull. VT
6. ERIC LAMPMAN	60 Wells St., # 2	Burlington, 4	1	5-6-84	B-11. V+
7.			1		

5 (112114
Signature of Applicant	Date:	1/10/11
Print Signature Eric Lampinan		/ (



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

802-865-7131 TTY 802-865-7142

First Class Liquor License - Restaurant

TO: Jeff Herwood, Clerk/Treasurer's Office

FROM: Lori Olberg, Clerk/Treasurer's Office

DATE: Tuesday, January 21, 2014

COMPANY: Champlain Chocolates Company

DBA NAME: South End Kitchen

FORMERLY:

LOCATION: 716 Pine Street

PHONE: 264-2147

Carpen selvent le method d'Assigni Pet manners le method d'Assigni Pet manners de method d'Assigni Petropher

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	X	Initials	/ KW
Gross Receipts Tax Overdue?				X
Yes	No		Initials	

Thank You,

Lori Olberg Clerk/Treasurer's Office City Hall

Date: Tuesday, January 21, 2014



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

802-865-7131 TTY 802-865-7142

New year	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: Tuesday, January 21, 2014 COMPANY: Champlain Chocolates Company DBA NAME: South End Kitchen FORMERLY: LOCATION: 716 Pine Street	Jers Land Strong Strong of the Contract of the
Please attach any pertinent information which t	the City Council License Committee may require.
Please indicate:	
Approved? Yes	No Initials Date
Notes:	
Fhank You,	

Lori Olberg Clerk/Treasurer's Office City Hall

Date: Tuesday, January 21, 2014

Lori Olberg

From:

Ken Lerner

Sent:

Tuesday, January 21, 2014 4:12 PM

To:

Lori Olberg

Subject:

RE: South End Kitchen

They are good to go - obtained zoning permit # 12-1130CA for "Change use from existing retail/warehouse to proposed manufacturing, warehouse, retail, and "café". Associated building and site changes."

Only difference between a café and restaurant is the size.

ken

** Please note that any response or reply to this electronic message may be subject to disclosure as a public record under the Vermont Public Records Act

----Original Message-----

From: Lori Olberg

Sent: Tuesday, January 21, 2014 4:08 PM

To: Ken Lerner

Subject: South End Kitchen

Importance: High

If you are able to provide me with any info before my meeting tomorrow, that would be greatly appreciated, thanks Ken

----Original Message----

From: Lori Olberg [mailto:lolberg@ci.burlington.vt.us]

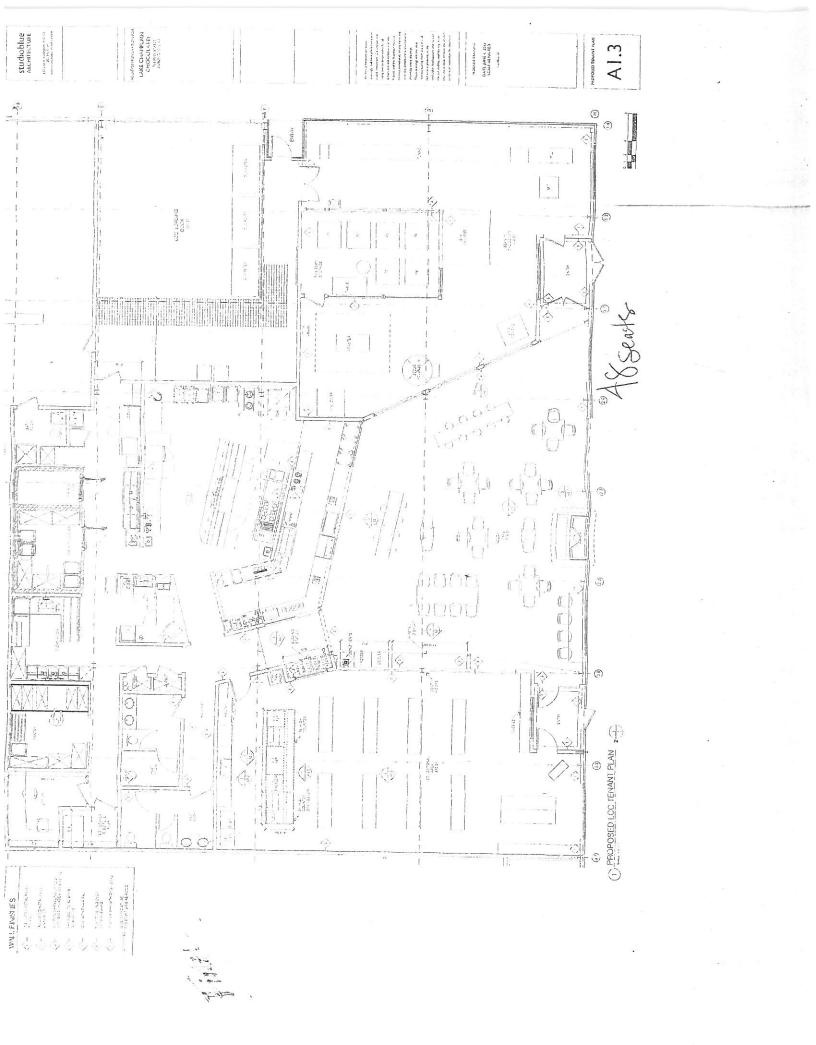
Sent: Tuesday, January 21, 2014 4:09 PM

To: Lori Olberg

Subject:

This E-mail was sent from "RNPB859FD" (8055).

Scan Date: 01.21.2014 16:08:53 (-0500)
Queries to: CT Scanner@ci.burlington.vt.us



south end KITCHEN

at Lake Champlain Chocolates

GATHER

EAT

learn

in the morning

the bakery 4.

scone muffin pecan sticky bun sweet breakfast bun savory breakfast bun

from the kitchen (v)

egg sandwich **6.**housemade english muffin, fried egg, cheddar (L)

egg white sandwich 6.
housemade english muffin,
egg whites, greens (L)

quiche 7.

caramelized onion
+ roasted mushroom

skillet frittata 8. eggs, potato, bell peppers + cheddar (L, H)

donuts 2.

raised chocolate glaze
chocolate cake chocolate glaze
apple cider cinnamon sugar (L)
donut of the day
donut holes

from the pantry (V)

fresh fruit 5..
local yogurt 5.
house made granola + milk 5.,
granola + yogurt 6.
add fruit +2.
add honey +1. (L)

fresh squeezed juice 6. / 8.

hot cereal 5. (V)
steel cut oats, fruit + milk
red quinoa, roasted pears
+ almonds

tartine

an open-face sandwich

+ honey butter 5. (V)

sweet potato hash + fried egg 7.

citrus cured salmon
+ goat cheese spread, cucumbers + capers 9.

additions

+1.
LCC honey (L)
cheese (L)
jam
maple syrup (L)

VT Creamery sea salt butter (L) VT Creamery cultured butter (L) extra egg (L)

+2.

+3.
bacon (L)
sausage (L)
ham
breakfast potatoes
sweet potato hash
toast with butter + jam (L)

lunch

(served llam - 3pm)

soup 4. / 6.

pressed sandwiches s.

ham, brie, arugula + mostarda roasted mushroom, grilled onion, spinach + red pepper pesto (V) melt of the day (see menu board)

tartine s.

herb + fennel roasted chicken with ratatouille tuscan white bean spread, cucumbers, radish + cress (V) tartine of the day (see menu board)

salad

simple side **4.** / **6.** (V) kale + romaine caesar **7.** frisée, lardon + poached egg **8.**

local cheese plate + bread 9.

with simple side salad (V, L)

tart 9.

pear, camelized onion, bleu cheese + walnut with simple side salad (V, L)

soufflé 9.

clothbound cheddar soufflé + apple chutney with simple side salad (V, L)

desserts s.

double chocolate layer cake flourless chocolate pecan torte chocolate pot de crème chocolate chevre cheese cake

sampler plate 9.

blue bandana drinking chocolate, ice cream, and cookies

coffee

brewed 12 oz 2. / 16 oz 3. café au lait 12 oz 3.50
*pour over - made to order 12 oz 3.50

espresso

single 2. double 3. extra shot 1. macchiato 2.50

espresso beverages

classic americano café latte cappuccino	8 oz 2.50 3. 3.	12 oz 3. 3.50 3.50	signature 12 oz mocha old world peppermint mocha aztec mocha	hazelnut latte vanilla latte
cappuccino	3.	3.50	aztec mocha	maple latte

hot chocolate	12 oz	16 oz	
traditional	3.	3.50	
aztec	3.	3.50	
drinking choco	late	8 oz	12 oz
old world 54%		3.50	4.
peppermint 54%		4.	4.50
sao thome 70%	4.	4.50	
tanzania 75%		4.	4.50

blue bandana 4 oz 5.

All hot chocolate + drinking chocolate come with choice of either whipped cream or house-made marshmallow.

extra whipped cream +.50 extra marshmallow +1.

iced drinks	16 oz	20 oz	hot tea
tea	3.	3.50	cup 2.
coffee	3.	3.50	pot 6.
americano	3.	3.50	
café latte	3.50	4.	
vanilla latte	4.	4.50	
maple latte	4.	4.50	
mocha	4.	4.50	

flaor We grind and serve George Howell's Terroir coffee + espresso.

served until 7pm

ice cream

our classics single 3.50 double 5.

vanilla bean belgian chocolate

coffee

maple butter pecan mocha chip almond butter crunch vanilla chocolate chip

cones

sugar

waffle +1. chocolate dipped waffle +1.50

toppings .50 ea

tanzania chocolate sauce

salted caramel sauce maple syrup

toffee crumble spiced pecans toasted almonds candied peanuts roasted walnuts

cherries marshmallow cream maple popcorn whipped cream granola

milk shake 6.

any classic flavor black & white maple Rookies Root Beer Float

affogato 5.

ice cream + espresso

ice cream sandwiches 6.

brownie + vanilla bean ice cream apple cookie, crème fraiche ice cream + toffee crumble

ice cream + toasted almonds

sundaes

the classic 7.

warm brownie, vanilla bean ice cream, tanzania chocolate sauce, whipped cream + toasted walnuts

the 802 7.

warm apples, maple butter pecan ice cream, salted caramel sauce, whipped cream + maple popcorn

the 716 7.

coffee ice cream, salted caramel sauce, belgian chocolate ice cream, tanzania chocolate sauce, whipped cream + toffee crumble

make your own 5.

1 scoop + 3 toppings

The South End Kitchen is a café, education kitchen, and Blue Bandana Chocolate Maker.

We commit to the transparency of our ingredients and to artisanal production.

We support Vermont farmers, producers, and talented chefs with a passion for their craft.

We source cacao beans from sustainable producers that embrace biodiversity and organic practices.

Join us

at the South End Kitchen, a place to gather, eat, and learn.

716 Pine St * Burlington, Vermont * 802.864.0505 southendkitchenvt.com

Name (print): Signature: Date: Investigator's Signature:	-	ears from above dately of	Seminar Att	endance	
Category (circle one):	Owner	Director	Partner	Manager	Employee'
Corporation Name:					
Business Name:					
Street and Town:					
Seminar held in:					Town/City
Education Regulation 3-I V.S.A. T.7 §239	3				
Certifica	Vermont	t Departmen	nt of Liquor ss Semin	Control	ndance
Name (print):		CONME	Diffelu	110	
Signature:	-				
Date:		1 1 E	14		
Investigator's Signature:		ate of First Cla	ss Seminar Att	endance	
	Owner	Director hamplai	Partner	Manager	Employee
Corporation Name:	The contract of the contract o	Cod V	(dec 1000	014103	
Business Name:	Dia	CTICK C	Linder		
Street and Town:	Fine She	Burre	1		Town /City
Seminar held in:	314	11/10/11/00			Town/City

Name (print): Signature: Date: Investigator's Signature:	(expires two years from above date) No 14413 Certificate of First Class Seminar Attendance	
Category (circle one): (Owner Director Partner Manager	Employee
Corporation Name:		
Business Name:		
Street and Town:		-
Seminar held in:		Town/City
	Vermont Department of Liquor Control te of First Class Seminar Atten	
Name (print): Signature: Date: Investigatòr's Signature:	(expired two years from above taste) N2 387. Certificate of First Class Seminar Attendance	
,	Owner Director Partner Manager	Employee
Business Name:		
Street and Town:		
Seminar held in:		Town/City

Name (print): Signature: Date: Investigator's Signature:	(expires two years from above one) N2 388 Certificate of First Class Seminar Attendance
J	wner Director Partner Manager Employee
Corporation Name:	THE ENT. KIND LAW CHAMPLIA. N CHOKOLATES
Business Name: Sout	H END KITCHEN
Street and Town: Tine	St S. Burlington
Seminar held in:	me I burne Town/City
Education Regulation 3-B V.S.A. T.7 §239	
and the second s	Vermont Department of Liquor Control ce of First Class Seminar Attendance
Name (print): Signature: Date: Investigator's Signature:	Wood Market Medical Market Medical Med
Name (print): Signature: Date: Investigator's Signature: Category (circle one):	Certificate of First Class Seminar Attendance where Director Partner Manager Employee
Name (print): Signature: Date: Investigator's Signature:	Certificate of First Class Seminar Attendance where Director Partner Manager Employee
Name (print): Signature: Date: Investigator's Signature: Category (circle one):	Certificate of First Class Seminar Attendance When the Manager Employee When Manager Employee
Name (print): Signature: Date: Investigator's Signature: Category (circle one): Corporation Name:	Certificate of First Class Seminar Attendance When the Manager Employee When Manager Employee

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Town/City	,		12.6		Seminar held in:
		8,			Street and Town:
					Business Name:
Employee	Manager	Partner	Director	Owner	Category (circle one): Corporation Name:
	ttendance	Seminar A	Certificate of First Class Seminar Attendance	Certifi	
	- Constant	om above date)	(expires two years from above date)		Investigator's Signature:
	7		2-0		Signature: Date:
		, in			Name (mint).

Name (print): Signature: Date: Investigator's Signature:	(expires two years from above date) Certificate of First Class	Seminar Attendance		
Category (circle one):	Owner Director	Partner Man	ager Employee	ſ
Corporation Name:			Principle Section 10 Add 1	
Business Name:	outh End.	Kitchen		
Street and Town:	16 Pine St	Burlingte	n	
Seminar held in:			Town/City	
Education Regulation 3-B V.S.A. T.7 §239				
		Certificate	Texpires two years from above date) of First Class Seminar	Attendance

Name (print): Signature: Date: Investigator's Signature:	(expires two years from above dute) 383 Certificate of First Class Seminar Attendance	
Category (circle one): O	Owner Director Partner Manager Employ	/ee
Corporation Name:	NCE CHAMPIAIND ONOCOLATES	
Business Name: _ \(\leq \cdot \cdot \cdot \)	SIN ENT KINCKEN	
Street and Town:	c 40+ posision To so of	
Seminar held in:	ollose NE Town	City
Education Regulation 3-B V.S.A. T.7 §239		
	Vermont Department of Liquor Control te of First Class Seminar Attendance	e
Name (print):	Marksel Dryman	
Signature:	11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Date:	01/314 3	
Investigator's Signature:	(expires two years from above date) 12 4410 Certificate of First Class Seminar Attendance	- 14
Category (circle one): O	Owner Director Partner Manager Employ	yee
Corporation Name:		
Business Name:		
Street and Town:		
Seminar held in:	Town/	City

Name (print):	COMM DO LOCAS	
Signature:	NV low residence	
	11810614	
Date:	(expires two years from above date)	
Investigator's Signature:	Certificate of First Class Seminar Attendance	
Category (circle one): (Owner Director Partner Manager	Employee
Corporation Name:		
Business Name:		
Street and Town:		
Seminar held in:		Town/City
Education Regulation 3-B V.S.A. T.7 §239	k	
Certifica	Vermont Department of Liquor Control te of First Class Seminar Atte	ndance
Name (print):	Mary 1. A Marie Diago	
Signature:	Slacillo Steering	
Date:	1/8/14 = 1	
Investigator's Signature:	(expires two years from above date) 4392 Certificate of First Class Seminar Attendance	
Category (circle one):	Owner Director Partner Manager	Employee
Corporation Name:	Willer Carl Kaicher	
Business Name:	o lod lituan	
Street and Town:	Short Parliches	
Seminar held in:	lana.	Town/City

YiJ\riwoT	^	/			Seminar held in:
,		1 27	· · · · · · · · · · · · · · · · · · ·	1.7	Street and Town:
			7 W 2	y	Business Name:
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st. Employee	Manage	Partner	Director	Owner	Category (circle one):
				er-stockholmen e	
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	da representa	and the section of th		AN .	Investigator's Signature:
		om above date)	fi steay owi sariqza)		
			- F		Date:
	1_		1 12.11		Signature:
			* / 2/		Name (print):
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Certifica			ass Semina		endance
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nte:		AUST 3.	2014		
	(expires two year	rs from above date)	N2 4109		
vestigator's Signature:					
	Certificat	e of First C	lass Seminar Atten	dance	
ategory (circle one):	Owner	Director	Partner	Manage	r Employee
orporation Name:					
usiness Name:					
reet and Town:	1 2	<u> </u>	J. J.		
eminar held in:					Town/City
lucation Regulation 3- S.A. T.7 §239	B .i.				

Vermont Department of Liquor Control

Certificate of First Class Seminar Attendance Certificate of First Class Seminar Attendance (expires two years from above date)

Name (print):

Signature:

Date:

Investigator's Signature:

Director

Partner

/Manager/

Employee

Category (circle one): Owner

Corporation Name:

Street and Town: Business Name:

Seminar held in:

Town/City