

20 13

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

KATHLEEN ELLEN DONAHUE

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

"LOLA'S MARKET"

Doing Business As - Trade Name

41 KING STREET (AKA 39 KING STREET)

Street and street number of premises covered by this application

BURLINGTON, VERMONT 05401

Town or City & Zip Code

202-669-8327

Telephone Number

131 MAIN ST, #706, BURLINGTON, VT 05401

Mailing Address (if different from above)

Email address KATHLEEN.E.DONAHUE@YAHOO.COM

• recommended for approval  
C 9/3/13 lc mtg

- All standard conditions  
Contingent upon Fire  
Marshal approval  
all open to permits

Please circle appropriate categories

FIRST CLASS

SECOND CLASS

TOBACCO

Restaurant

Hotel

Club

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

FEES:

closed

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

TOBACCO LICENSE- (there is no fee for tobacco if applying for second class)

If applying for Tobacco only license please use the Tobacco Only form. Fee for this license is \$100.00 payable to DLC

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 KATHLEEN ELLEN DONAHUE

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

KATHLEEN ELLEN DONAHUE ; 131 MAIN STREET, #706  
BURLINGTON, VERMONT 05401

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 # 742  
\$70.00  
8/19/13

**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 PLEI 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  
KATHLEEN DONAHUE ; BURLINGTON, VT ; SPEEDING ; APRIL, 2004.  
KATHLEEN DONAHUE ; EAST LANSING, MI ; SPEEDING ; JUNE, 2007

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: \_\_\_\_\_  
TITLE: \_\_\_\_\_  
DATE: \_\_\_\_\_

(If you have not attended an Education Seminar prior to making application, please visit [www.liquorcontrol.vermont.gov](http://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: 41 KING STREET (FORMERLY 39 KING STREET) . IT IS A COMMERCIAL SPACE ON THE CORNER OF KING AND SO. CHAMPLAIN STREET

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: Fred and Claire Loyer ; P.O. BOX 25 COLCHESTER, VT 05446

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 # \_\_\_\_\_

Business is devoted primarily to: (Circle one)  
FOOD (restaurant) HOTEL CLUB COMMERCIAL CATERING BAR

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](http://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 Burlington in the County of Chittenden and State of Vermont  
this 16 day of August, 2013

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

Ms.

Kathleen Donahue

(Title)

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

NOTICE: All new applications are investigated by the Enforcement and Licensing Division prior to approval/disapproval of the license by the Liquor Control Board. Please note that this process can take anywhere from 2 weeks to 6 weeks to complete once Liquor Control receives the application.



## LIQUOR LICENSE

### NEW APPLICANT QUESTIONNAIRE

D/B/A (Business Name) "LOLA'S MARKET"

Contact person KATHLEEN DONAHUE Contact Phone 202-669-8327

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

NO.  
\_\_\_\_\_  
\_\_\_\_\_

2. Please describe your experience serving or selling alcohol?

I sold alcohol as a waitress at Junior's Pizza and as a cashier at City Market. I never had any issues with illegal sales.  
\_\_\_\_\_

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?

I am. I am a licensed attorney, and I understand the laws pertaining to those under 21, Adults accompanied by minors, and individuals who are too intoxicated for service.  
I plan to enroll myself and my employees in the required training the moment it is necessary. I also plan to be present quite often on the premises (7 days a week) and will provide oversight & reminders to staff on a frequent basis.

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

Not at this time.  
\_\_\_\_\_  
\_\_\_\_\_

5. How many employees will you have?

To begin with, 4/5 staff members (including myself)  
\_\_\_\_\_

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

Approximately 1200 square feet

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

Diligent ID checks for anyone who appears to be age 40 and under. I will be aware of "youth" hanging around who may ask adults to buy for them. I will give special attention to men with beards as they can appear older than they are. I will always turn away sales for even a slight suspicion of underage alcohol purchase.

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

# CERTIFICATE OF ACHIEVEMENT

This is to certify that

**Kathleen Donahue**

has completed the course

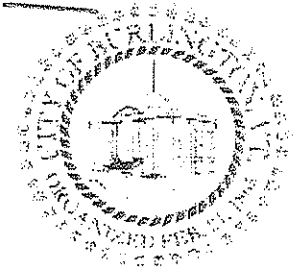
Store Training -- 2nd Class Certification

August 28, 2013



DEPARTMENT OF LIQUOR CONTROL

z1bvtikDnq



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

802-865-7131 TTY 802-865-7142

**Application Review  
Second Class Liquor License**

05/01/2013 - 04/30/2014

TO: Jeff Herwood, Clerk/Treasurer's Office  
FROM: Lori Olberg, Clerk/Treasurer's Office  
DATE: Tuesday, August 20, 2013  
COMPANY: Lola's Market  
DBA NAME:  
FORMERLY:  
LOCATION: 41 King Street (aka 39 King Street)  
PHONE: 202-669-8327

*Please review*  
*Thanks*  
*Lori*

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.

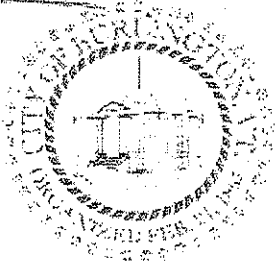
Property Taxes Overdue?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	Initials
Property Taxes Delinquent?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	Initials
Gross Receipts Tax Overdue?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	Initials

*JEH*

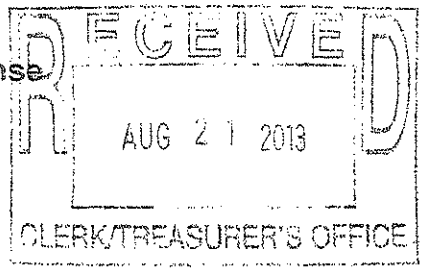
Thank You,

\_\_\_\_\_  
Lori Olberg  
Clerk/Treasurer's Office  
City Hall

Date: Tuesday, August 20, 2013



Lori, Recd 8/28/13  
 I have completed my DLC training.  
 Also, I have submitted & been approved for Zoning for a convenience store.  
 Thanks! Kathleen  
 CLERK AND TREASURER  
 39 KING STREET  
 PHILADELPHIA, PA 19106  
 (215) 686-7142



TO: Ken Lerner, Planning & Zoning ( )  
 FROM: Lori Olberg, Clerk/Treasurer's Office  
 DATE: Wednesday, August 21, 2013  
 COMPANY: Lola's Market  
 DBA NAME: Lola's Market  
 FORMERLY:  
 LOCATION: 41 King Street (aka 39 King Street)  
 PHONE: 202-669-8327

Please review  
 Thanks

LORI

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

Please indicate:

Approved?

Yes

No

Initials KJ

Date 8/21/13

Notes: There is no zoning permit for 'convenience store' at this property. It is zoned Residential High density and the last permit on file was for retail sales (beauty store) - see attached. Option for a convenience store as a 'neighborhood commercial' use could be allowed ~~subject to~~ Conditional Use approval after a public hearing by the DRB. Contact any zoning staff person for application information and requirements for submittal.

Thank You,

Lori Olberg  
 Clerk/Treasurer's Office  
 City Hall

Date: Wednesday, August 21, 2013