



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

Corrente LLC
Print Name of Person, Partnership, Corp., Club or LLC
The Arcadian
Doing Business as – Trade Name
7 Bakery Ln.
Street
Middlebury VT 05753
Town or City & Zip Code
802-825-4656
Telephone Number
Mailing Address (if different from above)
Email address the.arcadian.vt@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

Middlebury

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 The Lobby

I/we are applying as: Please check one.

☐ INDIVIDUAL ☒ LIMITED LIABILITY COMPANY ☐ PARTNERSHIP ☐ CORPORATION

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: Matthew Corrente

TITLE: owner

DATE: 9/7/18

(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: Italian Restaurant

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: KIM SMITH 1220 Quaker St Lincoln VT 05443

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 pending Lodging ✓ (if licensed as a Hotel)

VERMONT TAX DEPARTMENT: Meals & Rooms Certificate/Business Account # MRT-10955265

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 Middlebury in the County of Addison and State of Vermont

this 19th day of September, 20 18



OUTSIDE CONSUMPTION PERMIT

Application Fee \$20.00

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

CORRENTE LLC

d/b/a

The Arcadian

Address

1 B. Key Ln

Town/City

Middlebury

License Number

18D

Email or Fax #

the.arcadian.vt@gmail

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

Outside deck approx 10' x 40' seating for 34

Access is only from inside restaurant, can not be accessed from ground level.

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 4 PM to 10 PM (normal dinner Tues-Sat)

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

8 AM

2 PM

(Sunday Brunch)

Occasional Use ☒

Day(s) Requested Seasonal April - November

Hours Requested

4 - 10 PM

Signature of Licensee

[Signature]

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

Please check one: ☐ Approved ☐ Disapproved

Town/City Clerk Signature: _____

Date

Rev. 10/06/2017