RETAILER EXEMPTION REQUEST FORM

*ALL FIELDS OF THIS FORM MUST BE COMPLETED IN ORDER TO BE ACCEPTED FOR REVIEW*

Retailer Name: _________________________________________________________________________________

Retailer Physical Location: ________________________________________________________________________

(If requesting exemptions for multiple locations, please complete a request form for each location.)

Mailing Address: ________________________________________________________________________________

Contact Name: ________________________________         Telephone Number: ____________________________

Email: ________________________________         Is the Retailer a Vermont Retail Liquor Agency? ____________

Alternate Redemption Location: ____________________________________________________________________

(Alternate redemption location must be a Certified Redemption Center. See website for most current list.)

Distance from Retailer to Alternate Redemption Location (road miles): _________________________________

Number of containers per month currently being sold by retailer: _________________________________

(If number of containers is not available, please provide gross monthly beverage sales.)

Please describe how the Alternate Redemption Location meets the law’s definition of meeting the public need (including convenience for customers):

______________________________________________________________________________________________________

______________________________________________________________________________________________________

______________________________________________________________________________________________________

______________________________________________________________________________________________________

The information contained in this request is complete and true to the best of my knowledge. I acknowledge that this exemption will remain in effect only so long as the alternative location continues to operate as a certified redemption center.

_____________________________________________   __________________________________________
Printed Name of Applicant  Signature of Applicant  Date of Signature

Send This Completed Form & Direct Questions To:
Rebecca Webber, Vermont’s Beverage Container Law Administrator, rebecca.webber@vermont.gov, (802) 522-3658
Or, by mail, to: Waste Management & Prevention Division, 1 National Life Drive - Davis 1, Montpelier, VT 05620-3704