



## 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](mailto: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