

**STATE OF VERMONT
DEPARTMENT OF AGRICULTURE, FOOD & MARKETS**

MAPLE DEALER/PROCESSOR LICENSE

I hereby apply for a license to engage in the business of buying and selling pure maple syrup and pure maple products in the State of Vermont under the provisions of Title 6 VSA, Ch. 32.

_____ DEALER A person who annually buys, or otherwise acquires, 1,000 to 2,499 gallons of maple syrup, for purposes of packaging
(\$20) for resale, or for resale in bulk.

_____ PROCESSOR A person who annually buys, or otherwise acquires, 2,500 gallons of maple syrup or more for purposes of packaging for
(\$100) resale, processing into associated products, or for resale in bulk.

I certify that on January 1, 1999, my inventory of maple syrup was as in Column 1 and from January 1, 1999 through December 31, 1999, my purchases were as in Column 2.

	Column 1 INVENTORY <u>(pounds)</u>	Column 2 PURCHASED <u>(pounds)</u>
<u>I. Inventory and Purchases:</u>		
Pure Vermont Maple Syrup	-----	-----
Pure Maple Syrup Produced in Canada	-----	-----
Pure Maple Syrup Produced in areas Other Than Canada and Vermont	-----	-----

<u>II. Sales & Use:</u>	Labeled as a Vermont Product <u>(Pounds)</u>	Not Labeled Vermont <u>(Pounds)</u>	TOTAL <u>(Pounds)</u>
<u>From January 1, 1999 to December 31, 1999</u>			
Maple Syrup in Bulk Containers . .	-----	-----	-----
Packaged Maple Syrup.	-----	-----	-----
Maple Syrup Used to Make. Pure Maple Products	-----	-----	-----
TOTALS	-----	-----	-----

I used _____ pounds of pure Vermont maple syrup as an ingredient in products other than pure maple products.

On December 31, 1999 my inventory of maple syrup was:

Pure Vermont Maple Syrup: _____ pounds
Maple Syrup Produced Outside Vermont: _____ pounds

I agree that any and all maple products, maple flavored products, and any artificial maple flavored products which I sell, will be labeled and sold in compliance with the provisions of 6 V.S.A. Chapter 32, and all regulations promulgated under the Act.

I certify that all of the above information is true and accurate and that I maintain records adequate to prove its authenticity.

DATE: _____ SIGNED: _____
COMPANY: _____
ADDRESS: _____