

Private Label and Barrel Select Guidelines

The Vermont DLC allows manufacturers of distilled spirits to sell full/half barrels to Vermont Liquor Agencies and Licensees (restaurants and bars). To place the special order, the following guidelines must be adhered to

- Suppliers must obtain approval in writing from the VDLC at least 15 days prior to the placement of the special order by the licensee or agency store.
- Suppliers must provide the VDLC a quote sheet for the products being ordered.
 - o A copy of the TTB approved label must accompany the quote sheet.
 - An estimate of the case yield from the barrel is required.
- DLC reserves the right to determine the viability of order in regard to location and quantities.
- The VDLC maintains the prerogative to retain a portion of the special order for its own purposes.
- Suppliers must provide the VDLC with a list of quantities and licensees/agencies to whom allocations are authorized.
- Licensees are required to purchase all their allocated product within 10 business days following its arrival at their local agency.
- Supplier agrees that they will become a bailment supplier before the barrel or private label product arrives in the
 VDLC warehouse.
- If licensee goes out of business or changes names/ownership or doesn't pick up product within 10 business days, the supplier agrees to remove the product from the DLC warehouse within 30 days.
- Supplier must provide a marketing plan for the product; to include on premise signage, specialty cocktails made with product, social media, or in the case of a hotel or lodge, in-room signage.
- The customer who orders the product will retain ownership of the barrel.

Private Label/Barrel Select Request Form

| Name of Supplier: | |
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| Address of Supplier: | |
| Contact Name: | |
| Phone Number: | |
| Email Address: | |
| | |
| Name/Location of Store: | |
| Store manager contacted: | |
| Product description: | |
| How much product to be shipped | |
| Estimated ship date from Supplier: | |
| Licensee Number: | |
| Licensee Name & Address: | |
| Signature of Licensee | |
| Signature of Store Manager | |
| Signature of Supplier: | |
| | |
| Department Approval: | |
| Signature of Liquor Purchasing Specialist: | |
| Signature of Director of Retail Operations: | |
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By filing this request, I agree to operate in Vermont under the requirements of Title 7 and all other applicable Vermont Laws and Regulations.

By signing this, I acknowledge that all the information provided is true and correct, and that I agree to meet the operating conditions as specified in the guidelines for consumer tastings of distilled spirits.