

ANNUAL RENEWAL 2016

VERMONT SECURITIES DIVISION
INVESTMENT ADVISER AND FEDERAL COVERED INVESTMENT ADVISER VERMONT
BRANCH OFFICE FORM (Form VT-1)

Check one:

_____ To renew a branch office filing (complete items 1-10, 12, and the Addendum to this form if required by item 8 or 9) - **requires \$100 fee payable to "Department of Financial Regulation."**

_____ To amend branch office information (complete as set forth above and circle items being amended) - no fee required.

_____ To request termination of a branch office (complete items 1-6, 10-12) - no fee required.

1. Investment Adviser **Firm** filing this form: _____

2. Contact name at Investment Adviser firm: _____
Contact telephone number: _____

3. Investment Adviser **Firm** Registration Depository Number: _____

4. Branch Office # if known: _____

5. Physical location of the investment adviser's branch office (include street address, suite or room number, city, state and zip code):

Mailing address (if different from above): _____

If address is being amended, indicate previous location: _____

6. Branch office phone number: _____

7. Name and Central Registration Depository number of manager/resident investment adviser representative in charge: _____

8. Is this office owned, leased, or rented by any person other than the firm filing this form?
_____ NO _____ YES (If "YES", file Addendum)

9. Will business be conducted at this branch office under any name other than that of the above-named firm?
_____ NO _____ YES (If "YES", file Addendum)

10. List each investment adviser representative working out of this office, including each representative's CRD number (attach additional sheets if necessary).

FOR TERMINATION REQUESTS: If requesting termination, please indicate whether the investment adviser representatives working from this office are terminating their registrations or transferring to another branch office.

11. TO BE COMPLETED ONLY FOR OFFICES REQUESTING TERMINATION:

Termination Date: _____

Records of this office may be obtained by contacting:

Name: _____ Daytime Telephone: _____

Business Address: _____

Home Address: _____

Reason for Termination: _____

12. By executing this form, the undersigned, in his or her individual capacity and on behalf of the above-named applicant firm hereby swears and affirms that all information on this form and all materials filed in connection with it are true, correct and complete. The undersigned stipulates, recites, acknowledges and agrees that if the Vermont Securities Division finds that any information contained in this application or in an amendment to this application is false, such finding shall constitute a violation of 9 V.S.A. § 5505.

Signed: _____ Date: _____

Officer, Partner or Sole Proprietor of Applicant Firm

Typed Name and Title of Signatory

Please mail completed form to: **Department of Financial Regulation
Securities Division 89 Main Street
Montpelier, VT 05620**

**ADDENDUM TO INVESTMENT ADVISER AND FEDERAL COVERED INVESTMENT ADVISER
VERMONT BRANCH OFFICE FORM (Form VT-2)**

This addendum must be completed for each branch office which will be owned, leased or rented by any person other

than the firm filing a branch office form; or for any branch office which will conduct business under a name other than that of the firm filing a branch office form.

1. Name of investment adviser or federal covered investment adviser (same as item 1 on Form VT-1):

2. Will business be conducted at this branch office under any name other than that of the above-named firm?
 NO YES

If "Yes," provide the name(s) under which business will be conducted at this location:

3. What types of businesses or services will be offered at this office? Check all that apply.

Insurance Investment Advice Law Office

Accounting Services Financial Planning Tax Advice

Securities Banking (Specify bank): _____

Other - please describe with specificity: _____

4. Is there any agreement or contract between the above-named applicant and any person concerning the operations at this office? NO YES

5. What person(s) are responsible, directly or indirectly, for paying the expenses of this office? Please provide name, CRD number, address, and phone number for each:

6. This office will be:

owned leased rented other

for purposes of conducting an investment advisory business. If this property will be owned, leased or rented by someone other than the investment adviser or federal covered investment adviser, attach a list with the name(s), address(es) and phone number(s) of the person(s) owning, leasing or renting such property. If owned, leased or rented by a corporation or partnership, attach the names, titles, addresses, and phone numbers of all officers, directors, and owners of such corporation or partnership.

7. By executing this form, the undersigned, in his or her individual capacity and on behalf of the above-named applicant firm hereby swears and affirms that all information on this form and all materials filed in connection with it are true, correct and complete. The undersigned stipulates, recites, acknowledges and agrees that if the Vermont Securities Division finds that any information contained in this application or in an amendment to this application is false, such finding shall constitute a violation of 9 V.S.A. § 5505.

Signed: _____ Date: _____
Officer, Partner or Sole Proprietor of Applicant Firm

Typed Name and Title of Signatory

Please mail completed form to: **Department of Financial Regulation**
Securities Division, 89 Main Street
Montpelier, VT 05620