

**LIQUOR LICENSE**  
**Town Clerk's License Application Checklist**

Applicant: \_\_\_\_\_

Date Application Received: \_\_\_\_\_

License Number: \_\_\_\_\_ New: \_\_\_\_\_ Renewal: \_\_\_\_\_

<b>TAXES:</b> Richmond Tax Collector's certificate that taxes are current.	
<b>ZONING CERTIFICATE (NEW LICENSE ONLY)</b> <i>Contact the Zoning Official at 539-9000 ext. 3</i>	
<b>FIRE INSPECTION APPROVAL</b> <i>Hope Valley/Wyoming 539-2229</i> <i>Richmond/Carolina 213-6595</i>	
<b>BUILDING OFFICIAL REPORT</b>	
<b>STOP CERTIFICATE</b> <b>(FOR ALL EMPLOYEES SERVING ALCOHOL)</b>	
<b>POLICE CHIEF APPROVAL</b>	
<b>BCI REPORT</b> <i>(Authorization form must be returned signed &amp; notarized)</i>	
<b>CERTIFICATE FROM SECRETARY OF STATES OFFICE</b> <b>(REQUIRED IF LLC OR CORPORATION)</b> <i>Contact SOS at 574-8941</i>	
<b>SITE PLAN (NEW BUSINESS OR IF CHANGES) IF NO CHANGES, PLEASE INDICATE "NO CHANGES" AND INITIAL</b>	
<b>COPY OF MENU</b>	
<b>LIST OF NOTICED ABUTTERS WITHIN 200 FEET</b> <b>(NEW LICENSE ONLY)</b>	
<b>DIVISION OF TAXATION (LIQUOR CONTROL) APPROVAL</b>	
<b>ADVERTISING FEE (TO BE DETERMINED)</b>	
<b>ADMINISTRATION FEE \$25</b>	
<b>LICENSE FEE</b>	
<b>DATE OF PUBLIC HEARING</b>	
<b>DATE VICTUALING LICENSE APPROVED/ISSUED</b> <i>(Does not apply to Class A)</i>	



Town of Richmond, Rhode Island

Town Clerk's Office, 5 Richmond Townhouse Road, Wyoming, RI 02898 (401) 539-9000

**APPLICATION for a MUNICIPAL LICENSE**

DATE OF APPLICATION	<input type="checkbox"/> New License	<input type="checkbox"/> Renewal
NAME OF INDIVIDUAL OR BUSINESS TO HOLD THIS LICENSE		
THE APPLICANT IS <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> CORPORATION <input type="checkbox"/> LIMITED LIABILITY CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> LIMITED PARTNERSHIP <input type="checkbox"/> JOINT VENTURE		
APPLICANT'S BUSINESS MAILING ADDRESS Street or P.O. Box		
City or Town	State	Zip Code
Business telephone number(s)	Website:	
INDIVIDUAL MAKING THIS APPLICATION: Name		
Street		
City or town	State	Zip Code
Telephone number(s)	E-mail address:	
BUSINESS LOCATION in Richmond Street address		
Tax Assessor's Plat and Lot number		
<p>The undersigned, being duly sworn, upon oath does depose and say:</p> <ol style="list-style-type: none"> <li>1. I am an authorized representative of this business.</li> <li>2. The information on both pages of this application is true and correct.</li> <li>3. This business is in compliance with all applicable town ordinances and regulations, state statutes and regulations, and federal statutes and regulations.</li> <li>4. I have reviewed the checklist of documents that are required to obtain this license. I will be able to produce the required documents, or prove I have requested them, before the Town Council meeting at which this application will be considered.</li> </ol>		
SIGNATURE _____		
PRINT NAME _____		
Sworn and subscribed to before me at _____, County of _____, State of Rhode Island, this _____ day of _____, 20 _____.		
_____ Notary Public Print name: My commission expires     /     /		

**TOWN OF RICHMOND**  
**Town Council**

**LIMITED LIABILITY COMPANY APPLICATION FOR AN ALCOHOLIC BEVERAGE LICENSE**

RETAILER CLASS: A \_\_\_ BH \_\_\_ BM \_\_\_ BT \_\_\_ BV \_\_\_ BVL \_\_\_ C \_\_\_ E \_\_\_ ED \_\_\_ J \_\_\_ T \_\_\_ (2:00 am)

\_\_\_\_\_  
Name of Applicant (LLC)

\_\_\_\_\_  
D/B/A

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Address of Premise

\_\_\_\_\_  
State of organization

\_\_\_\_\_  
Date of organization

Name and address of Managing Member and all other Members:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does Applicant own premises?

Yes \_\_\_ No \_\_\_

Is property mortgaged?

Yes \_\_\_ No \_\_\_

Is Property Leased?

Yes \_\_\_ No \_\_\_

Give name and address of mortgagee or lessor and amount of mortgage or annual rent:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Location where liquor will be served:

\_\_\_\_\_  
\_\_\_\_\_

Have any Members ever been arrested or convicted of a crime? \_\_\_\_\_

\_\_\_\_\_

Is any other business to be carried on in licensed premises? Yes \_\_\_ No \_\_\_ If yes, explain \_\_\_\_\_

\_\_\_\_\_

Is any Member engaged in any manner as a Law Enforcement Officer?

If yes, explain \_\_\_\_\_

Is Applicant or any of its Members interested directly or indirectly, as principle or associate, or in any manner whatsoever, in any retail license issued under Title 3, Chapter 7 of the General Laws of Rhode Island?

If yes, explain: \_\_\_\_\_  
\_\_\_\_\_

Is Applicant the owner or operator of any other business? If yes, explain \_\_\_\_\_  
\_\_\_\_\_

State amount of capital invested in the business: \_\_\_\_\_

Does establishment have a draft system?  
If Yes, explain \_\_\_\_\_

**I hereby certify that the above statements are true to the best of my knowledge and belief.**

\_\_\_\_\_  
Applicant (Signature)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name and Title

\_\_\_\_\_  
Witness or Notary Public

\_\_\_\_\_  
Date

**Instructions for Applicants**

1. Every question on Application Form must be answered. Any false statement will be sufficient grounds for the denial of the application or revocation of the license in case one has been granted.
2. Submit with this application a copy of proposed menu. (Class BV; BVL)
3. Submit with this application a copy of Pharmacist's Dept. of Health License. (Class E)

**TOWN CLERK SHALL FORWARD COPY TO THE DIVISION OF COMMERCIAL LICENSING AND REGULATION.**



Richmond Police Department  
PO Box 203  
Wyoming, RI 02898



Elwood Johnson, Jr.  
Chief of Police

TELEPHONE 401-539-8289  
Fax 401-539-8283

**ADDITIONAL INFORMATION**

FULL NAME \_\_\_\_\_

PRESENT ADDRESS \_\_\_\_\_

FORMER ADDRESS \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

PAST CRIMINAL RECORD: \_\_\_\_\_ YES \_\_\_\_\_ NO

NAME OF EMPLOYER \_\_\_\_\_

ADDRESS OF EMPLOYER \_\_\_\_\_

NAME OF PREVIOUS EMPLOYER \_\_\_\_\_

ADDRESS OF PREVIOUS EMPLOYER \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_

TYPE OF LICENSE APPLYING FOR \_\_\_\_\_

NAME OF BUSINESS \_\_\_\_\_

LOCATION OF BUSINESS \_\_\_\_\_

In order to allow for a complete and proper background check, I do hereby authorize the Richmond Police Department to examine any and all court records and police records, including but not limited to, Rhode Island Bureau of Criminal Identification records that pertain to myself and to release these findings to the Town of Richmond.

Notary \_\_\_\_\_

Exp. Date \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Chief Elwood Johnson, Jr.

Please submit a copy of your government issued photo ID