



ALCOHOLIC BEVERAGE LICENSE CHECKLIST

Applicant: _____ License # _____

ZONING - FOR NEW LICENSES OR LOCATIONS ONLY -- Confirmation by Zoning Enforcement Officer that use is allowed at the proposed location.	
FIRE INSPECTION APPROVAL Hope Valley-Wyoming Fire District 539-2229 Richmond-Carolina Fire District 213-6595	
S.T.O.P. CERTIFICATES – Certification that all employees serving alcohol have had alcohol server training	
BACKGROUND CHECK - Signed, notarized authorization for a criminal background check & copy of state issued photo ID	
SITE PLAN – For new applications, new locations, or if previously-filed site plan has changed. Expansion requires Town Council approval.	
COPY OF MENU	
STATE TAXES - Certification by R. I. Division of Taxation that all state taxes are current	
Copy of Current Liability Insurance	
ADVERTISING/POSTAGE COST TBD	
ADMINISTRATIVE FEE \$25	
LICENSE FEE	
****FOR OFFICE USE ONLY****	
Tax Collector Approval	
Building Official Approval	
Police Chief Approval	
Abutters Notices (for new applicants and new locations ONLY)	

Date of public hearing

Date victualing license approved Issued

**TOWN OF RICHMOND
Town Council**

**INDIVIDUAL OR PARTNERSHIP APPLICATION FOR
AN ALCOHOLIC BEVERAGE LICENSE**

RETAILER CLASS:

A ___ BH ___ BM ___ BT ___ BV ___ BVL ___ F ___ E ___ ED ___ J ___ T ___ (2:00 AM ___)

Name of Applicant

Telephone Number

D/B/A

Address of Premise

Name, Age, Address and Telephone Number of each Applicant:

Citizens? Yes ___ No ___ If naturalized, date and Court where admitted: _____

Name and Address of each person interested or to become interested in business for which application is being made. State nature of interest:

Is Applicant for the benefit of another? If so, explain: _____

Has Applicant obtained a loan or arranged to do so from other than a bank? If yes, explain: _____

If Application is on behalf of undisclosed principal or party in interest, provide details: _____

Does Applicant own Premises? Yes ___ No ___ Is Property Mortgaged? Yes ___ No ___

Is Property Leased? Yes ___ No ___

Give name and address of Mortgagee or Lessee and amount or extent: _____

Location where liquor will be served:

Have any of the Applicants ever been arrested or convicted of a crime? Yes _____ No _____ if yes, explain: _____

Is any other business to be carried on in Licensed Premises? Yes _____ No _____ If yes, explain _____

Is any Applicant engaged in any manner as a Law Enforcement Officer? If yes, explain _____

Do any of the Applicants have any interest indirect, as principle or associate, or in any manner whatsoever, in any retail license issued under Chapter 3-7 of the General Laws of Rhode Island, 1958, as amended? 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

Applicant (Printed Name) and Title

Applicant (Signature) _____
Date

Applicant (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
P. O. BOX 203
WYOMING, RI 02898**

(401) 539-8289 • (401) 539-8283 FAX
Elwood M. Johnson, Jr., Chief of Police

AUTHORIZATION FOR A CRIMINAL BACKGROUND CHECK

Full name	Date of birth
Address	Phone number
Former address	
Criminal record? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Name of employer	
Address of employer	
Name of previous employer	
Address of previous employer	
What are you applying for?	
Name of business	
Location of business	

Please submit a copy of a government-issued photo identification card.

The undersigned, being duly sworn, upon oath does depose and say:

1. The information above is true and correct.
2. I hereby authorize the Richmond Police Department to examine all court records and police records, including but not limited to Rhode Island Bureau of Criminal Identification records, that pertain to me and to disclose the contents to the Richmond Town Council.

Signature of applicant

Sworn and subscribed to before me at _____, County of _____, State
of Rhode Island, this ____ day of _____, 20 ____.

Notary Public
Print name:
My commission expires / /