

LIQUOR LICENSE
Town Clerk's License Application Checklist

Applicant: _____

Date Application Received: _____

License Number: _____ New: _____ Renewal: _____

TAXES: Richmond Tax Collector's certificate that taxes are current.	
ZONING CERTIFICATE (NEW LICENSE ONLY) <i>Contact the Zoning Official at 539-9000 ext. 3</i>	
FIRE INSPECTION APPROVAL <i>Hope Valley/Wyoming 539-2229</i> <i>Richmond/Carolina 213-6595</i>	
BUILDING OFFICIAL REPORT	
STOP CERTIFICATE (FOR ALL EMPLOYEES SERVING ALCOHOL)	
POLICE CHIEF APPROVAL	
BCI REPORT <i>(Authorization form must be returned signed & notarized)</i>	
CERTIFICATE FROM SECRETARY OF STATES OFFICE (REQUIRED IF LLC OR CORPORATION) <i>Contact SOS at 574-8941</i>	
SITE PLAN (NEW BUSINESS OR IF CHANGES) IF NO CHANGES, PLEASE INDICATE "NO CHANGES" AND INITIAL	
COPY OF MENU	
LIST OF NOTICED ABUTTERS WITHIN 200 FEET (NEW LICENSE ONLY)	
DIVISION OF TAXATION (LIQUOR CONTROL) APPROVAL	
ADVERTISING FEE (TO BE DETERMINED)	
ADMINISTRATION FEE \$25	
LICENSE FEE	
DATE OF PUBLIC HEARING	
DATE VICTUALING LICENSE APPROVED/ISSUED <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			
The undersigned, being duly sworn, upon oath does depose and say: 1. I am an authorized representative of this business. 2. The information on both pages of this application is true and correct. 3. This business is in compliance with all applicable town ordinances and regulations, state statutes and regulations, and federal statutes and regulations. 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.			
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

CORPORATION APPLICATION FOR AN ALCOHOLIC BEVERAGE LICENSE

RETAILER CLASS: A ___ BH ___ BM ___ BT ___ BV ___ BVL ___ C ___ E ___ ED ___ J ___ T ___ (2:00 a.m.)

Name of Applicant (Corporation)

D/B/A Telephone number

Address of Premise

State of incorporation Date of incorporation

Names and addresses of Officers:

President _____

Vice President _____

Secretary _____

Treasurer _____

Names and addresses of members of Board of Directors:

Classes of stock: (a) Amount of each authorized _____

(b) Amount of each issued _____

Name and addresses of all registered owners of each class and amount owned: (Attach list if necessary)

If any of the above stock is hypothecated or pledged, provide details: _____

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

Does Applicant own property
Yes ___ No ___

Is property mortgaged?
Yes ___ No ___

Is property leased?
Yes ___ No ___

Name and address of mortgagee or lessor and amount of mortgage or annual rent:

Locations within building where liquor will be served:

Have any officers, board members or stockholders ever been arrested or convicted of a crime? If yes, explain:

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

Is any officer, board member or stockholder engaged in any manner as a law enforcement officer?

If yes, explain

Is Applicant or any of its officers, board members or stockholders 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?

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. Corporations having 25 or more stockholders need not file a list of the names and addresses of stockholders.
3. Attention is called to the requirements of R.I. Gen Laws 3-5-10:
 - (a) All newly elected officers or directors must be reported to the Board of License Commissioners within 30 days.
 - (b) Any acquisition by any person of more than ten percent (10%) of any class of corporate stock must be reported within 30 days.
 - (c) Any transfer of fifty percent (50%) or more of any class of corporate stock can be made only by written application to the licensing board subject to the procedures for a transfer of a license.
4. Submit with this application a copy of proposed menu. (Class BV; BVL)
5. 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
BACKGROUND CHECK



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