



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 <i>Hope Valley-Wyoming Fire District 539-2229</i> <i>Richmond-Carolina Fire District 213-6595</i>	
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

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
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 / /