



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

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
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 / /