



STATE OF RHODE ISLAND

CRANSTON  
City or Town

BOARD OF LICENSING COMMISSIONERS  
APPLICATION FOR LICENSE BY  
INDIVIDUAL OR PARTNERSHIP

RETAILER CLASS:

A \_\_\_ BH \_\_\_ BM \_\_\_ BT \_\_\_ BV \_\_\_ BVL \_\_\_ C \_\_\_ E \_\_\_ ED \_\_\_ J \_\_\_ T \_\_\_ 2:00 A.M. \_\_\_

|  |      |                  |
|--|------|------------------|
| Name of Applicant  | DOB: | Sales Permit No. |
| D/B/A  |      |                  |
| Address of Premise   |      |                  |
| Name, DOB, Address and Telephone Number of Each Applicant  |      |                  |
| Are you a citizen? Yes ___ No ___ If naturalized, date and court where admitted  |      |                  |
|  |      |                  |
|  |      |                  |
| Name and addresses of each person interested in business for which application is being made, State nature of interest |      |                  |
|  |      |                  |
|  |      |                  |
|  |      |                  |
| Is Application for the benefit of another? If so explain:  |      |                  |
|  |      |                  |
| Has applicant obtained loan or arranged to do so from another bank? If yes explain:                                    |      |                  |
|  |      |                  |
| If application is in behalf of undisclosed principal or party in interest? Give details:                               |      |                  |
|  |      |                  |
| Doe applicant own premises? Yes ___ No ___ Is property mortgaged? Yes ___ No ___                                       |      |                  |
| Is property leased? Yes ___ No ___   |      |                  |
| Give name and address of Mortgage or Lessee and amount of Extent   |      |                  |
|  |      |                  |
|  |      |                  |
| Has any of the applicants 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 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 Chapter 3-7 of the General Laws of Rhode Island, 1956, 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?  |

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

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness of Licensing Board or Notary Public

\_\_\_\_\_  
Date of Witness or Notary Expiration

### Instructions for Corporation Applicants

1. Every question on Application Form must be answered. Any false statement made by the Applicant will be sufficient grounds for the denial of the application or the 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 (Question # 8)
3. Attention is called to the requirements of the 1963 amendment of Section 3-5-10 of the General Laws.
  - 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.

COPY SHALL BE FORWARDED TO LIQUOR CONTROL ADMINISTRATION BY  
CITY CLERK

**REQUIREMENTS TO BE MET BEFORE LIC. CAN BE ISSUED**

**\*\*\*ZONING APPROVAL FROM THE BUILDING INSPECTIONS DEPT. (780-6012)**

**\*\*\*COPY OF DRIVERS LICENSES FOR ALL OFFICERS**

HEALTH DEPT. FINAL INSPECTION/APPROVAL OF SITE

HEALTH DEPT. FOOD PROTECTION COURSE COMPLETED (SERVE SAFE CERTIFICATION) 222-2749

ALL CITY TAXES MUST BE PAID – PLEASE CONTACT THE CITY TAX COLLECTION DEPT. AT 461-1000, EXT. 3142

CLEARANCE FROM RI STATE DIVISION OF TAXATION – CERT. OF GOOD STANDING (574-8829)

ALCOHOL TRAINING CERTIFICATION

COPY OF PROPOSED MENU AND FOOD SERVICES TO BE PROVIDED

COPY OF CERTIFICATE OF INSURANCE EVIDENCING COMMERCIAL GENERAL-LIABILITY AND LIQUOR LIABILITY AND PROPERTY DAMAGE COVERAGE IN THE MINIMUM AMOUNT OF \$300,000.00. THE CERTIFICATE SHALL PROVIDE THAT THE INSURANCE SHALL NOT BE MODIFIED OR CANCELLED UNLESS PRIOR, ADVANCED NOTICE IS GIVEN TO THE CITY.

**\*\*\*COPY OF CORPORATION FILED WITH SECRETARY OF STATE'S OFFICE AS WELL AS PROOF OF FICTICIOUS BUSINESS NAME CERTIFICATE (\*\*\*IF APPLICABLE)**

COPY OF LEASE OR PURCHASE AND SALES AGREEMENT

**\*\*\*A DIAGRAM OF THE AREA IN WHICH ALCOHOL IS TO BE SERVED AND STORED INCLUDING INTERIOR AND EXTERIOR (IF APPLICABLE) MUST BE ON FILE BEFORE THE LICENSE CAN BE ISSUED**

A RELEASE OF ANY PENDING LIENS AGAINST THE LICENSE IF THE LICENSE IS A TRANSFER

FOR TRANSFER OF LIQUOR LICENSES - NEW APPLICANT MUST BRING IN OLD LICENSE BEFORE THE TRANSFER CAN BE ISSUED

**\*\*\*THE APPLICANT MUST GO TO THE TAX ASSESSOR'S OFFICE (RM. 113) IN CITY HALL AND REQUEST A 200 FT RADIUS MAP WITH THE NAMES AND ADDRESSES OF THE TAXED OWNERS. A SET OF MAILING LABELS IS ALSO REQUIRED. (NOT APPLICABLE IF SAME LOCATION)**

PAY FEE \$1000 – FOR RETAIL SALES

\$1500 – FOR BEER AND WINE

\$2000 – FOR FULL LIQUOR LICENSE

**\*\*\*ADVERTISING FEE - \$80.00 FOR NEW APPLICATION**

**- \$280.00 FOR A TRANSFER**

**\*\*\* Starred/bold items need to be presented with application**