

STATE OF RHODE ISLAND

City or Town

Board of Licensing Commissioners

Application For Transfer of Beverage License

Transfer of Location _____ Name _____ Stock _____

RETAILER CLASS: A _____ BH _____ BM _____ BT _____ BV _____ BVL _____ C _____ D _____ DL _____ E _____ J _____ T _____

Name of Transferee (applicant)

D/B/A

Address

The above hereby petitions the Licensing Board to transfer the said license to:
New Location (if any)

New Name (if any)

If Change of Stockholder's List old & New Stockholders:

Signature of Transferor

Date

Signature of Transferee

Date

The Board of License Commissioners has set a hearing:

Date and Time:

Place:

on this petition and ordered the same to be duly advertised.

For Board of License Commissioners

Date

Title