

STATE OF RHODE ISLAND

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:

Tel. #

D/B/A:

Address of Premise

Name, Age, Address and Telephone Number of each Applicant:

Citizen? Yes ___ No ___ If Naturalized, Date and Court Where Admitted

Name and Address of each person interested or to become 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 other than a bank? If yes, explain:

If application is in behalf of undisclosed principal or party in interest, give details:

Does Applicant Own Premises? Yes ___ No ___ Is Property Mortgaged? Yes ___ No ___

Is Property Leased? Yes ___ No ___

Give the name and address of Mortgagee or Lessee and Amount of Extent

Have any of the applicants ever 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:

Do any of the Applicants have any interest direct or indirect, 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.

Does applicant have a draft system? Yes _____ No _____

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 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. 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)

(COPY SHALL BE FORWARDED TO LIQUOR CONTROL ADMINISTRATION BY CITY CLERK)