

## LIQUOR LICENSE APPLICATION CHECKLIST

### NEW

\$50.00 FILING FEE

Liquor Application

200 Radius Map

Abutter's List (By Plat/Lot)

Corporation Papers

Advertising/Postage Fees

Town Council Approval

Division of Taxation  
(Certificate of Good Standing  
For New License)

Department of Health

Inspections (Sewer,  
Building, Fire)

Confirm excise tax  
Paid (Tax Collector)

Insurance includes Liquor Liability  
(\$300,000)

Tips Certification

Menu

Liquor License fee

### TRANSFER

\$50.00 FILING FEE

Transfer Application

(Do not need)

(Do not need)

Corporation Papers

Advertising

Town Council Approval

Division of Taxation  
(Certificate of Good Standing-Present  
Owner must apply with Div. Tax)

Department of Health

Inspections (Sewer, Building,  
Fire)

Confirm excise tax  
Paid (Tax Collector)

Insurance includes Liquor Liability  
(\$300,000)

Tips Certification

Menu

### RENEWAL

\$50.00 FILING FEE

Liquor Application

(Do not need)

(Do not need)

Secretary of State  
(Certificate of Good  
Standing-If Corp. or LLC)

Advertising Fees

Town Council Approval

Division of Taxation  
(Cert. of Good Standing)

Department of Health

Inspections (Sewer, Building,  
Fire)

Confirm excise tax  
Paid (Tax Collector)

Insurance includes Liquor  
(\$300,000)

Tips Certification

Menu

Liquor License Fee

**\*\*If new business, need sewer application\*\***

**LIQUOR LICENSE FEES**

|                  |            |
|------------------|------------|
| CLASS A:         | \$1,000.00 |
| CLASS B LIMITED: | \$500.00   |
| CLASS BV:        | \$850.00   |
| CLASS D:         | \$500.00   |
| CLASS T:         | \$200.00   |

**PHONE NUMBERS FOR INSPECTIONS**

|                      |                                     |
|----------------------|-------------------------------------|
| Building Department  | 822-9222                            |
| Fire                 | 827-9084                            |
| Sewer                | Sewer Main No: 822-9228             |
| Tax Collector        | 822-9210                            |
| Department of Health | 222-4562 (Tracy)<br>222-2750 (Dina) |
| Division of Taxation | 574-8955                            |



Zoning/Building Official \_\_\_\_\_ Date \_\_\_\_\_

Fire Marshall \_\_\_\_\_ Date \_\_\_\_\_

Sewer \_\_\_\_\_ Date \_\_\_\_\_

Police \_\_\_\_\_ Date \_\_\_\_\_

Tax Collector \_\_\_\_\_ Date \_\_\_\_\_

**Tax Account Numbers**

\_\_\_\_\_  
\_\_\_\_\_

**Zoning  
Certificate #**

**Date  
Paid**

**Plat &  
Lot**

**Other Fee's  
Due**

\_\_\_\_\_  
\_\_\_\_\_

# State of RI-Municipality

## Business Application

Renewal

Official Application

Business Owner (Proprietor/Corporation) \_\_\_\_\_

Business DBA \_\_\_\_\_

Business Location \_\_\_\_\_ Unit # \_\_\_\_\_

Business Phone \_\_\_\_\_ Business Hours of Operation \_\_\_\_\_ Sq. Footage \_\_\_\_\_

Business E-mail \_\_\_\_\_

Describe Proposed Business Use \_\_\_\_\_

Are there other tenants at this address? Yes  No

If known, what was the previous use at this location? \_\_\_\_\_

### Contact Information

Owners Name \_\_\_\_\_ Alternate E-Mail \_\_\_\_\_

Owners Resident Address \_\_\_\_\_ Cell Phone \_\_\_\_\_

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Are there any flammable/hazardous/combustible equipment or materials? Yes  No

Please Describe: \_\_\_\_\_

### LICENSE ACTIVITY (PLEASE CHECK ALL THAT APPLY)

#### Will you be...?

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Selling Alcohol          | <input type="checkbox"/> Pawn Shop                    | <input type="checkbox"/> Preparing Food (Victualling) |
| <input type="checkbox"/> Providing Entertainment  | <input type="checkbox"/> Selling Second Hand Articles | <input type="checkbox"/> Junk Yard/Automobile         |
| <input type="checkbox"/> Dry Cleaner/Laundry      | <input type="checkbox"/> Private Detective            | <input type="checkbox"/> Hawker/Peddler               |
| <input type="checkbox"/> Hotel/Motel              | <input type="checkbox"/> Theatre                      | <input type="checkbox"/> Flea Market                  |
| <input type="checkbox"/> Skate Rink/Bowling Alley | <input type="checkbox"/> Board Cats & Dogs            | <input type="checkbox"/> Retail/Holiday Sales         |
| <input type="checkbox"/> Mobile Food Truck        | <input type="checkbox"/> Pawn Broker                  | <input type="checkbox"/> Registration Only            |
| <input type="checkbox"/> Auto Repair              |   |   |
| <input type="checkbox"/> Other, Explain: _____    |   |   |

(Auctioneer, Bingo, Crafts, Explosives, Firearms (sale of), Swine, Adult Entertainment, Fortune Teller, Tattoo)

- |   |  |
|---|--|
| <input type="checkbox"/> Coin Op Mechanical Devices, if so, how many? _____ | <input type="checkbox"/> Outdoor Extension/Seating/Display |
| <input type="checkbox"/> Pool Tables, if so, how many? _____                | <input type="checkbox"/> Sidewalk/Sandwich Board           |

Office Use: Plat: \_\_\_\_\_ Lot: \_\_\_\_\_

BOARD OF LICENSE COMMISSIONERS  
APPLICATION FOR LIQUOR LICENSE

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

Business Structure:  Corporation  Partnership  LLC  Individual

Name of Applicant/Corporation

D/B/A

Address of Premise

Phone Number of Business

Email Address

State – Incorporated:  Rhode Island  Date of Incorporation: \_\_\_\_\_

Name, Address, Telephone of all Officers/Members with percentage ownership:

|                            |         |       |                |
|----------------------------|---------|-------|----------------|
| President/Member Name      | Address | Phone | %<br>Ownership |
| Vice President/Member Name | Address | Phone | %<br>Ownership |
| Secretary/Member Name      | Address | Phone | %<br>Ownership |
| Treasurer/Member Name      | Address | Phone | %<br>Ownership |

Name and Address of All Directors or Board Members, with percentage ownership:

|      |         |       |                |
|------|---------|-------|----------------|
| Name | Address | Phone | %<br>Ownership |
| Name | Address | Phone | %<br>Ownership |
| Name | Address | Phone | %<br>Ownership |

If application is on behalf of undisclosed principal or party, please give details:

Does Applicant Own Premises? Yes \_\_\_ No \_\_\_ Is Property Mortgaged? Yes \_\_\_ No \_\_\_ or Leased? Yes \_\_\_ No \_\_\_

Give Name and Address of Mortgagee (Bank or Mortgage Holder) or Lessor (Landlord) and Amount of Extent

|      |         |               |
|------|---------|---------------|
| Name | Address | Amount - Term |
|------|---------|---------------|

Have any Officers, Members or Stockholders ever been arrested or convicted of a crime? Yes\_\_ No\_\_ If yes, explain:

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Is any other business to be carried on in Licensed Premises? Yes\_\_\_\_ No\_\_\_\_ If yes, explain:

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Is Applicant or any of its Officers, Members or Stockholders interested directly or indirectly, as principle or associate, or in any manner whatsoever, in any retail license issued under Title 3 of the RI General Laws? If yes, explain:

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Is Applicant the owner or operator of any other business? If yes, explain:

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State amount of capital invested in the business?

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Do you have now, or will you be installing, a draught system Yes\_\_ No\_\_

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

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Applicant Signature

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Date

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Notary Public

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Date

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. Corporation 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 RIGL §3-5-10:
  - (A) All newly elected officers, members, or directors must be reported to the Board of License Commissioners within 30 days.
  - (B) Any acquisition by any person of more than ten per cent (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.

**APPLICATION FOR TRANSFER OF LICENSE ONLY**

Transfer of Location \_\_\_\_\_ Name \_\_\_\_\_ Stock \_\_\_\_\_ Current Retail Class \_\_\_\_\_

\_\_\_\_\_  
Name of Transferor (applicant/old owner)

\_\_\_\_\_  
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 stockholders, list old and new stockholders:  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Transferor (old owner)

\_\_\_\_\_  
Date

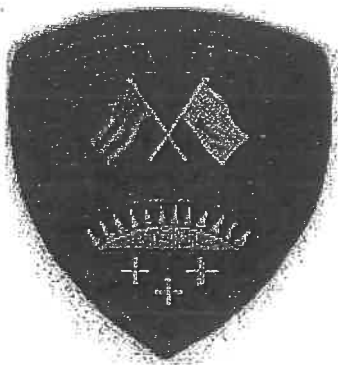
\_\_\_\_\_  
Signature of Transferee (New Owner)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Date

# WEST WARWICK POLICE BUSINESS LISTING



**Name of business:**

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**Location of business**

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**Phone number of business**

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**Owner of business**

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**Owners phone number**

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**Name of alarm company**

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**Phone number of alarm co**

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**After hour contact person**

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**After hour phone number**

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**Back up contact person**

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**Back up phone number**

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**TOWN OF WEST WARWICK  
TRADE NAME CERTIFICATE  
FILED UNDER THE PROVISIONS OF TITLE 6,  
CHAPTER 1 OF THE GENERAL LAWS  
OF RHODE ISLAND, 1956, AS AMENDED**

This is to certify that \_\_\_\_\_ the undersigned:

Full Name

Address, City/Town, State

Phone Number

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Type of Business

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\_\_\_\_\_ the sole owner(s) of the business conducted under the name of:

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Located at \_\_\_\_\_,

West Warwick, Rhode Island.

Signatures of all owners  
must be subscribed in  
Space opposite

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STATE OF RHODE ISLAND  
COUNTY OF KENT

In West Warwick, in said County, this \_\_\_\_\_ day of \_\_\_\_\_,  
20\_\_\_\_, personally appeared before me the above subscribed \_\_\_\_\_  
\_\_\_\_\_ and made oath that the above statements signed by \_\_\_\_\_  
are true.

\_\_\_\_\_  
Notary Public  
My Commission Expires:

**Items that will be inspected on all Liquor License Inspections (where applicable):**

1. Fire Alarm System is within its testing and inspection date.
2. Sprinkler system within its testing and inspection dates and properly tagged.
3. Emergency lighting and remote exterior light heads functioning on ac and dc power.
4. Exit signage functioning on ac and dc power.
5. Portable fire extinguishers properly mounted with signage, within its testing and inspection dates and properly service tagged.
6. Correct keys within the Key Access Box.
7. Suppression System (Ansul) within its testing and inspection dates and properly service tagged.
8. Address numbers clearly visible on exterior of building or door.
9. Hoods (commercial cooking) cleaned and within its testing and inspection dates.
10. Occupancy signage present.
11. Presence of combustible storage.
12. Crowd Manager license.
13. Unobstructed access to utilities (3 feet clearance all around).
14. Unobstructed exits and signs are visible.

**Do not schedule an appointment until you have checked all the above items. If you fail your inspection, you must call for a re-inspection after all items have been corrected.**