

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 ___ (2:00a.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 ___
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Give 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 anymanner 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 draft system?

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)