

TOWN OF CUMBERLAND – OFFICE OF THE TOWN CLERK
45 BROAD STREET, CUMBERLAND RI 02864
(401)728-2400 FAX (401)724-1103

CLASS A LICENSE APPLICATION

NEW LICENSE:

License fee-\$700
Non-refundable Application fee-\$100
Advertising fee-\$375

TRANSFER:

License Fee-\$200
Non-refundable Application fee-\$100
Advertising fee-\$375

RENEWAL:

License fee-\$700
Advertising fee-\$100

The following must be submitted with the Application:

- (1) Completed Liquor License Application and fee;
- (2) State Liquor License Application;
- (3) Sales Permit Tax Identification Number;
- (4) Alcohol server certification for all employees;
- (5) Plot plan; and
- (6) Abutters List and Map—200 ft. radius of building with owners' names, address, and plat and lot number. (only required for new licenses)

All of the above must be submitted at least one week prior to the next meeting of the Board of License Commissioners, which meets on the first Wednesday of each month. At that time the Board will review the Application and set the matter down for public hearing. A fire inspection must be completed prior to final license approval.

All Liquor Licenses expire every year on November 30th no matter what the application date may be.

All applicants shall execute a written acknowledgement that he/she has read and is familiar with all rules, regulations and laws pertaining to alcoholic beverage licenses.

Please note: A BCI check will be run by the Cumberland Police Department on all owners.

BUSINESS INFORMATION:

New License: Transfer:

License Number _____ Tax ID Number _____

Business Name _____

DBA Name, if applicable _____

Business Type: _____ Corporation _____ Partnership _____ Individual _____ LLC

Business Address _____

Assessor's Plat _____ Lot(s) _____ Zone _____

Business Mailing Address, if different _____

Business Phone Number _____ Business Fax Number _____

Property Owner Name and Address _____

BUSINESS OWNER #1 INFORMATION:

Business Owner Name

Owner Home Address

Home Phone Number

Cell Phone Number

E-Mail

Owner Date of Birth

Place of Birth

BUSINESS OWNER #2 INFORMATION:

Check if additional owners and attach separate sheet

Business Owner Name

Owner Home Address

Home Phone Number

Cell Phone Number

E-Mail

Owner Date of Birth

Place of Birth

CONTACT PERSON INFORMATION:

Contact Person Name, Address, and Phone Number (if different from Owner)

Contact Person Fax

Cell Phone

E-mail

Date: _____

OWNER #1 SIGNATURE

Date: _____

OWNER #2 SIGNATURE

COMPLETE ONLY IF TRANSFER:

Previous Owner's Name and Address

PREVIOUS OWNER'S SIGNATURE

TOWN CLERK

DATE GRANTED: _____