

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.

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 30<sup>th</sup> 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 \_\_\_\_\_

Cigarette Sales: Yes  Permit No. \_\_\_\_\_ No   
(Please provide copy)

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 \_\_\_\_\_

Property Owner's Signature \_\_\_\_\_

**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

OWNER #1 SIGNATURE

Date

OWNER #2 SIGNATURE

Date

**CONTACT PERSON INFORMATION:**

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

Contact Person Fax

Cell Phone

E-mail

**COMPLETE ONLY IF TRANSFER:**

Previous Owner's Name and Address

Previous Owner's Signature

**STATE OF RHODE ISLAND  
COUNTY OF PROVIDENCE**

In Cumberland, in said County, on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, personally appeared before me the above-subscribed person(s) and made oath that the above statements signed are true.

Notary Public

My Commission Expires: \_\_\_\_\_

TOWN CLERK

DATE GRANTED: \_\_\_\_\_