

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

BV OR BVL TRANSFER OR RELOCATION APPLICATION

_____ **BV LICENSE TRANSFER**

_____ **BVL LICENSE TRANSFER**

_____ **BV LICENSE RELOCATION**

_____ **BVL LICENSE RELOCATION**

License fee--\$200

Non-refundable Application fee--\$100

Advertising fee--\$375

License fee--\$200

Non-refundable Application fee-\$100

Advertising fee--\$375

The following must be submitted with the Application:

- (1) Completed Victualling House License Application and fee;
- (2) Completed Liquor License Application and fee;
- (3) Department of Health forms;
- (4) Sales Permit Tax Identification Number;
- (5) Tentative menu; 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 LOCAL TAXES MUST BE PAID, AND APPROVALS FROM THE DEPARTMENT OF HEALTH, DIVISION OF TAXATION, AND FIRE DEPARTMENT MUST BE SUBMITTED.

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.

BUSINESS INFORMATION:

License Number _____ Tax ID Number _____

Business Name _____

DBA Name, if applicable _____

Business Type: _____ Corporation _____ Partnership _____ Individual _____ LLC

Address Relocating from _____

Address Relocating to _____

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

Business Mailing Address, if different _____

Business Phone Number _____

Business Fax Number _____

Property Owner Name and Address _____

BUSINESS OWNER INFORMATION:

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: _____

APPLICANT'S SIGNATURE

COMPLETE ONLY IF TRANSFER:

Previous Owner's Name and Address

PREVIOUS OWNER'S SIGNATURE

TOWN CLERK

DATE GRANTED: _____