

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

**VICTUALLING HOUSE LICENSE APPLICATION OR TRANSFER**

Victualling House Licenses are classified in the following four classes; check the one that applies:

- 1<sup>st</sup> CLASS** – Applies to any liquor establishment furnishing food which is cooked and served on the premises.  
**Application Fee-\$125 plus a \$25 non-refundable application fee; Renewal Fee-\$125**
- 2<sup>nd</sup> CLASS** – Applies to any establishment, other than a liquor-license holder, furnishing food which is cooked and served on the premises, having a seating capacity of 20 or more.  
**Application Fee-\$115 plus a \$25 non-refundable application fee; Renewal Fee-\$115**
- 3<sup>rd</sup> CLASS** – Applies to any establishment with a seating capacity of under 20, furnishing food cooked on the premises, prepared food, perishables and/or coffee, such as supermarkets.  
**Application Fee-\$105 plus a \$25 non-refundable application fee; Renewal Fee-\$105**
- 4<sup>th</sup> CLASS** – Applies to any establishment with no seating area, furnishing prepared foods, deli-style items, perishables and/or coffee, such as convenience/variety stores.  
**Application Fee-\$100 plus a \$25 non-refundable application fee; Renewal Fee-\$100**
- 5<sup>th</sup> CLASS** – Applies to the operation of any agricultural or farm-related business which sells for consumption on the premises certain food items which complement the principal business, serve as a convenience to the public and otherwise are in harmony with the rural atmosphere of the Town.  
**Application Fee-\$100 plus a \$25 non-refundable application fee; Renewal Fee-\$100**
- TRANSFER- CLASS** - **Application Fee-\$50 plus a \$25 non-refundable application fee.**

**Victualling House Licenses expire every year on November 30<sup>th</sup> no matter what the application date may be.**

All of the above must be submitted at least one week prior to the next meeting of the Town Council, which meets on the first and third Wednesday of each month. **ALL LOCAL TAXES MUST BE PAID, AND APPROVALS FROM THE DIVISION OF TAXATION, DEPARTMENT OF HEALTH, AND FIRE DEPARTMENT MUST BE SUBMITTED.**

**A COPY OF A TENTATIVE MENU MUST BE SUBMITTED, IF APPLICABLE.**

**BUSINESS INFORMATION:**

License Number \_\_\_\_\_ Tax ID No. \_\_\_\_\_

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 No. \_\_\_\_\_

Business Fax No. \_\_\_\_\_

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:** \_\_\_\_\_