

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 then 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** - Application Fee-\$50 plus a \$25 non-refundable application fee
- CLASS**

**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. \_\_\_\_\_

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

Gasoline 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 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: \_\_\_\_\_

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

\_\_\_\_\_  
**TOWN CLERK**