

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 & lot number(*New & Relocations only*)

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 and a BCI check will be run by the Cumberland Police Department on all owner(s) prior to final license approval.

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

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:

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 _____

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: _____



CUMBERLAND POLICE DEPARTMENT



"Working Together to Build a Safer Community"

John R. Desmarais
Chief of Police

Name: _____
(Print or Type)

Maiden Name: _____

D/O/B: _____

DISCLAIMER

I _____ hereby direct and authorize the Bureau of Criminal Identification of the Department of Attorney General for the State of Rhode Island to make available to the Cumberland Police Department, any criminal record that the Bureau of Criminal Identification has on file in reference to me.

I hereby waive and release any and all manner of actions, cause of actions, and demands of every kind, nature and description, arising from any release of criminal records and requests therefrom, whatsoever against the State of Rhode Island, Bureau of Criminal Identification, the Attorney General, and employees of the Attorney General's Office in both law and equity which I may now have or in the future may have.

Signature of Applicant

Sworn to before me in the City of _____ State of

_____ this _____ day of _____, 2013.

Notary Public

Commission Expires

NOTE: Copy of photo identification with date of birth must accompany this Disclaimer. "A NATIONALLY ACCREDITED AGENCY"