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

BV LICENSE APPLICATION

NEW LICENSE:
License fee-$1000
Non-refundable Application fee-$100
Advertising fee-$375

TRANSFER:
License Fee-$200
Non-refundable Application fee-$100
Advertising fee-$375

RENEWAL:
License fee-$1000
Advertising fee-$100

The following must be submitted with the Application:
(1) Completed Liquor License Application;
(2) Completed Victualing House License and fee;
(3) State Liquor License Application;
(4) Department of Health forms;
(5) Tentative menu;
(6) Sales Permit Tax Identification Number;
(7) Alcohol server certification for all employees;
(8) Plot Plan; and
(9) Abutters List and Map-200 ft. radius of building with owners’ names, address, & plat and lot number (New & Relocations on

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 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.

<table>
<thead>
<tr>
<th>BUSINESS INFORMATION:</th>
<th>New License: □ Transfer: □</th>
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<tbody>
<tr>
<td>License Number</td>
<td>Tax ID Number</td>
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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:

- **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:**