

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

BVL LICENSE APPLICATION

NEW LICENSE:

License fee-\$500
Non-refundable Application fee-\$100
Advertising fee-\$375

TRANSFER:

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

RENEWAL:

License fee-\$500
Advertising fee-\$100

The following must be submitted with the Application:

- (1) Completed Liquor License Application;
- (2) Completed Victualling 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 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 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.

Please note: A BCI check will be run by the Cumberland Police Department on all owners.

BUSINESS INFORMATION:		New License: <input type="checkbox"/>	Transfer: <input type="checkbox"/>
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 _____

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: _____