

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

CLASS D LICENSE APPLICATION

NEW, TRANSFER OR RELOCATION:

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

RENEWAL:

License fee-\$200
Advertising fee-\$100

The following must be submitted with the Application:

- (1) Completed Victualling House License Application and fee;
- (2) Completed Liquor License Application and fee;
- (3) Department of Health forms;
- (4) Sales Permit Tax Identification Number;
- (5) Tentative menu; and
- (6) Abutters List and Map—200 ft. radius of building with owners' names, address, and plat and lot number (only required for new licenses).

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 LOCAL TAXES MUST BE PAID, AND APPROVALS FROM THE DEPARTMENT OF HEALTH, DIVISION OF TAXATION, AND FIRE DEPARTMENT MUST BE SUBMITTED.

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: <input type="checkbox"/>	Transfer: <input type="checkbox"/>	Relocation
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 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

OWNER SIGNATURE

Date

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: _____

COMPLETE ONLY IF RELOCATION:

Relocation Address

Assessor's Plat _____ Lot(s) _____ Zone _____

Property Owner's Name and Address

Property 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: _____



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"