

**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 than 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 date the application may be filed.**

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

**A COPY OF A TENTATIVE MENU MUST BE SUBMITTED, IF APPLICABLE.**

<b>BUSINESS INFORMATION:</b>	
License Number _____	Tax ID No. _____
_____	
Business Name	
_____	
DBA Name, if applicable	
_____	
Business Type: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Individual <input type="checkbox"/> 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: \_\_\_\_\_

\_\_\_\_\_  
**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"