



**State of Rhode Island and Providence Plantations**  
**DEPARTMENT OF BUSINESS REGULATION**  
**Division of Commercial Licensing and Racing and Athletics**  
**LIQUOR SECTION**  
**John O. Pastore Center, Bldg. 69-1**  
**1511 Pontiac Avenue**  
**Cranston, RI 02920-0942**  
**Tele: (401) 462-9506 Fax: (401) 462-9645**  
**www.dbr.ri.gov**

**APPLICATION FOR CLASS G/GD LICENSE**

Pursuant to RIGL Title 3 § 3-7-15 and § 3-7-15.1 of the General Laws of Rhode Island, 1956 as amended, the undersigned, a  
 Corporation incorporated under the laws of \_\_\_\_\_ a citizen resident

With the State of \_\_\_\_\_ hereby makes application for a license to keep for sale and to sell beverages for consumption therein or thereon described premises, but only when actually en route.

CHECK ONE:     Railroad                       Marine Vessel                       Airline

Name of Vessel (If Applicable) \_\_\_\_\_

FEDERAL ID# \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

If New Marine Vessel License a copy of the most recent valid "Certificate of Inspection" issued by the United States Coast Guard must be included with the application.

D/B/A name of applicant \_\_\_\_\_

Name and Address of Officers of the Corporation  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**REQUIREMENTS:**

- 1 A Certificate of Good Standing (Application enclosed – Select either New or Renewal) must be furnished to the Division of Taxation. The Certificate of Good Standing Application must be sent directly to the Division of Taxation at the address listed on the form.
- 2 The annual Licensing fee or a Class G Is \$250.00 and must be submitted with this application payable To "Rhode Island General Treasurer". The annual Licensing fee for a Class GD is \$100.00. A Marine Vessel must have a Class G license before being issued a Class GD. Both may be applied for on one form for fee of \$350.00.
- 3 It is agreed by the undersigned that the license applied for, if issued, shall be subject to such conditions, rules and regulations as the Division of Commercial Licensing and Regulation may impose from time to time.

APPLICANT: \_\_\_\_\_ Phone# \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
DEPARTMENT OF ADMINISTRATION  
DIVISION OF TAXATION  
ONE CAPITOL HILL  
PROVIDENCE, RHODE ISLAND 02908-5812

Certificate of Good Standing Application for a Liquor License

Taxpayer Name: \_\_\_\_\_  
DBA: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_

A Certificate of good standing is required for you to obtain your liquor license. Since these requests are processed on a first come, first serve basis, failure to complete the application properly could result in delays which are unnecessary. Please return this application promptly to the above address.

**Note: Any outstanding taxes must be paid by Certified check, Money Order or Cash prior to issuance of Certificate.**

**Complete All of the Following**

Application Date: \_\_\_\_\_ Sales Tax Permit # \_\_\_\_\_

Business Type: SoleOwner \_\_\_\_\_ Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ Other \_\_\_\_\_

SS Number(S) of Owners/Partners: \_\_\_\_\_

Federal Employer Number \_\_\_\_\_ Do you have employees? Yes \_\_\_\_\_ No \_\_\_\_\_

Telephone Number(S): Home \_\_\_\_\_ Business \_\_\_\_\_

Signature of Responsible Person \_\_\_\_\_ Title \_\_\_\_\_  
(Owner, Partner of Corporate Office)

**Office Use Only**

Registration \_\_\_\_\_ DET \_\_\_\_\_ B.C. Tax-Reg \_\_\_\_\_ Ret.Pelf. \_\_\_\_\_

**COLLECTION SECTION:**

Sale and Use Tax Del \_\_\_\_\_

Withholding Tax Del \_\_\_\_\_

Personal Income Tax \_\_\_\_\_

Remarks: \_\_\_\_\_

Clearance Authorized By: \_\_\_\_\_ Date \_\_\_\_\_

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
DEPARTMENT OF ADMINISTRATION  
DIVISION OF TAXATION  
ONE CAPITOL HILL  
PROVIDENCE, RHODE ISLAND 02908-5812

Certificate of Good Standing Application for a Liquor License **RENEWAL**

Taxpayer Name: \_\_\_\_\_  
DBA: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_

A Certificate of good standing is required for you to obtain your liquor license. Since these requests are processed on a first come, first serve basis, failure to complete the application properly could result in delays which are unnecessary. Please return this application promptly to the above address.

**Note: Any outstanding taxes must be paid by Certified check, Money Order or Cash prior to issuance of Certificate.**

**Complete All of the Following**

Application Date: \_\_\_\_\_ Sales Tax Permit # \_\_\_\_\_

Business Type: SoleOwner      Corporation      Partnership      Other \_\_\_\_\_

SS Number(S) of Owners/Partners: \_\_\_\_\_

Federal Employer Number \_\_\_\_\_ Do you have employees? Yes      No \_\_\_\_\_

Telephone Number(S): Home \_\_\_\_\_ Business \_\_\_\_\_

Signature of Responsible Person \_\_\_\_\_ Title \_\_\_\_\_  
(Owner, Partner of Corporate Office)

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**COLLECTION SECTION:**

Sale and Use Tax Del \_\_\_\_\_

Withholding Tax Del \_\_\_\_\_

Personal Income Tax \_\_\_\_\_

Remarks: \_\_\_\_\_

Clearance Authorized By: \_\_\_\_\_ Date \_\_\_\_\_