

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) 462-9545 Fax: (401) 462-9645  
www.dbr.state.ri.us

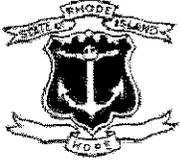
CONDITIONS PRECEDENT FOR WHOLESALE/MANUFACTURER LICENSE

1. A license is required for the sale, storage, manufacture or importation of alcoholic beverages.
2. The following forms must be filed with this office:
  - a. Application for license by Individual/Partnership or Application for License by Corporation
  - b. Alcoholic Beverage Bond:
    - (1) Manufacturer's bond amount - \$5,000
    - (2) Wholesaler's bond amount
      - Class A - \$2,500
      - Class B - \$2,500
3. A hearing date will be set and the applicant will be notified of it.
4. This office shall give notice of the application and date of hearing by advertisement published once a week for at least two weeks in some newspaper having a general circulation in such city or town. (Applicant will be required to pay for the advertisement in advance).
5. Evidence of notification of application and hearing date to all owners of property within 200 feet of proposed place of business by certified mail.
6. Copy of zoning inspection/approval and copy of fire inspection/approval.
7. It shall be necessary for the applicant to make and provide a secure premise for the storage of alcoholic beverages to the satisfaction of the Department. Said premises shall include an office facility separate and apart from the area for storage of alcoholic beverages and have a proper repository for invoices and other documents which shall be available for inspection by the Department during normal operating hours.
8. It shall be necessary for the applicant to obtain suitable truck transportation that has a cab, separated from the body by a permanent partition for the safety of the driver and the security of the alcoholic beverages being transported. This does not apply to brewpubs.



of the application or the revocation of the license in case one has been issued.

20. Corporate applicants: attention is called to the requirements of the 1963 Amendment of 3-5-10 of the General Laws:
  - a. All newly elected Officers or Directors must be reported to the Board of License Commissioners within thirty (30) days
  - b. Any acquisition by any person of more than ten percent (10%) of any class of corporate stock must be reported within thirty (30) days
  - c. Any transfer of fifty percent (50%) or more of any class of corporate stock can be made only by written application to the Licensing Board subject to the procedures for a transfer of a license
21. All forms are to be correctly and completely filled out before returning them to the Department. Failure to do so will result in a delay in processing your application.
22. Completed forms should be forwarded to the above address.



**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS**

**Department of Business Regulation**

**DIVISION OF COMMERCIAL LICENSING AND RACING AND ATHLETICS**

**John O. Pastore Center  
1511 Pontiac Avenue Bldg. 69-1  
Cranston, RI 02920-0942**

**Tele: (401) 462-9506  
TDD: 711**

**Fax: (401) 462-9645  
www.dbr.state.ri.us**

APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE BY INDIVIDUAL OR PARTNERSHIP

WHOLESALER: CLASS A \_\_\_\_\_ CLASS B \_\_\_\_\_ CLASS C \_\_\_\_\_  
MANUFACTURER: BREWERY \_\_\_\_\_ WINERY \_\_\_\_\_ FARMER WINERY \_\_\_\_\_  
BREW ON PREMISE \_\_\_\_\_ BREWPUB \_\_\_\_\_ RECTIFIER \_\_\_\_\_ DISTILLERY \_\_\_\_\_

(Use of additional paper or attachment of lists is permitted as necessary)

\_\_\_\_\_  
Name of Applicant (Corporation Name)

\_\_\_\_\_  
D/B/A

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Address of Premise

\_\_\_\_\_  
State of Incorporation

\_\_\_\_\_  
Date of Incorporation

Name, Address, and Contact Telephone number of all Officers:

\_\_\_\_\_  
President

\_\_\_\_\_  
Vice President

\_\_\_\_\_  
Secretary

\_\_\_\_\_  
Treasurer

**\*\*The above listed officers must submit a Criminal History Record in accordance with Exhibit 2 attached.**

Name, Address and Contact Telephone number of All Directors or Board Members:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\*\*Have any Directors, Board Members or Stockholders ever been convicted of a crime?**

Yes \_\_\_ No \_\_\_ If yes, provide explanation and submit Criminal History Record.

\_\_\_\_\_  
\_\_\_\_\_

\*\*Applicant(s) must complete Tax Payer Status Affidavit attached hereto as Exhibit 1.

\*\*Applicant(s) must provide one of the following documents:

- a. A certified financial statement; or
- b. A non-certified statement with each page signed & dated; or
- c. The prior year's tax return.
- d.

Classes of Stock:

---

(a) Amount of Each Authorized

---

(b) Amount of Each Issued

Names and Addresses of All Registered Owners of each class and amount owned:  
(Corporations having 25 or more stockholders need not file a list of names and addresses of stockholders)

---

If any of the above stock is hypothecated or pledged, provide details:

---

If application is on behalf of an undisclosed principal or party in interest, provide details:

---

Does applicant own premises? Yes\_\_\_ No\_\_\_ Is property mortgaged? Yes\_\_\_ No\_\_\_  
Is property leased? Yes\_\_\_ No\_\_\_

---

Name and address of mortgagee or lessee and amount of extent:

---

Is any other business to be carried on in the licensed premises? Yes\_\_\_ No\_\_\_ If yes, provide explanation.

---

Is any Officer, Board Member or Stockholder engaged in any manner as a Law Enforcement Officer? Yes\_\_\_ No\_\_\_ If yes, provide information on agency employed with and current assignment.

---

Is applicant or any of its Officers, Board Members or Stockholders interested directly or indirectly as principle or associate or in any manner whatsoever in any license issued under Title 3 of the General Laws of the State of Rhode Island, 1956, as amended? Yes\_\_\_  
No\_\_\_ If yes, provide explanation.

---

Is Applicant the owner or operator of any other business? Yes\_\_\_ No\_\_\_ If yes, provide explanation.

---

State amount of capital invested in business?

---

\*I hereby certify under the penalty of perjury that the above statements are true.

---

Applicant (Signature of Authorized Officer)

Notary Public:

Signed this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

---

Signature of Notary Public

My Commission Expires:



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Department of Business Regulation  
DIVISION OF COMMERCIAL LICENSING AND  
RACING AND ATHLETICS

John O. Pastore Center  
1511 Pontiac Avenue Bldg. 69-1  
Cranston, RI 02920

Tele: (401) 462-9506  
TDD: 711

Fax: (401) 462-9645  
www.dbr.state.ri.us

Bond amounts:

Wholesale A, \$2,500  
Wholesale B, \$2,500  
Manufacturer, \$5,000

ALCOHOL BEVERAGE BOND

KNOW ALL MEN BY THESE PRESENT, that I (we) \_\_\_\_\_ of the City/Town  
of \_\_\_\_\_ County of \_\_\_\_\_ State of Rhode Island, as principal, and  
\_\_\_\_\_ of \_\_\_\_\_ County of \_\_\_\_\_ and  
\_\_\_\_\_ In said state as sureties \_\_\_\_\_

a surety Company authorized to do business in the State of Rhode Island, as Surety are holden  
and firmly bound upon \_\_\_\_\_ as he/she is treasurer of said State in the full sum of  
\_\_\_\_\_ to be paid to said treasurer as foresaid, and his successor in said office,  
to the payment of which sum we do hereby jointly and severally bind ourselves, our respective  
heirs, executors, administrators, successors and assigns.

Sealed with our seals this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_ THE CONDITION OF  
THIS OBLIGATION IS SUCH, that whereas, the above named Principal has been Granted  
a license to sell alcoholic beverages under Title 3 of the General Laws of Rhode Island, 1956  
as Amended, said license covering the premises at \_\_\_\_\_ until the first day

Page 2, Alcohol Beverage Bond

of December, unless sooner revoked by the authority granting same or otherwise as provided by law, said principle paying to the Treasurer of the State of Rhode Island the license fee required.

NOW THEREFORE, if said principal shall not violate or suffer to be violated on any licensed premise under his control any of the provisions of this chapter (3-6-13) or of any chapter in this title or of any chapter of Title 11 and shall pay all costs and damages incurred by violation of any of either of said chapters on the part of said principal, then this obligation shall be void otherwise to remain in full force and effect.

SIGNED, SEALED AND DELIVERED IN THE PRESENCE OF:

---

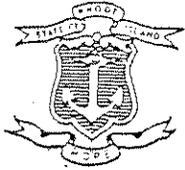
---

---

---

EXHIBIT 1

Tax Payer Status Affidavit / Identity Verification



All persons applying or renewing any license, registration, permit or other authority (hereinafter called "licensee") to conduct a business or occupation in the state of Rhode Island are required to file all applicable tax returns and pay all taxes owed to the state prior to receiving a license as mandated by state law (RIGL 5-76) except as noted below.

In order to verify that the state is not owed taxes, licensees are required to provide their Social Security Number and Federal Tax Identification Number as appropriate. These numbers will be transmitted to the Division of Taxation to verify tax status prior to the issuance of a license. This declaration must be made prior to the issuance of a license.

Please return this affidavit along with your completed license application to: Rhode Island Department of Business Regulation, 1511 Pontiac Avenue, Cranston, RI 02920.

Licensee Declaration

- I hereby declare, under penalty of perjury, that I have filed all required state tax returns and have paid all taxes owed.
- I have entered a written installment agreement to pay delinquent taxes that is satisfactory to the Tax Administrator.
- I am currently pursuing administrative review of taxes owed to the state.
- I am in federal bankruptcy. (Case # \_\_\_\_\_)
- I am in state receivership. (Case # \_\_\_\_\_)
- I have been discharged from Bankruptcy. (Case # \_\_\_\_\_)

\_\_\_\_\_  
Type of Professional License for which you are applying

\_\_\_\_\_  
Full Name (Please Print or Type)

\_\_\_\_\_  
Social Security Number (or FEIN if appropriate)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Phone Number (including area code if not 401)

\_\_\_\_\_  
Date

**NOTE: IF YOU DO NOT SIGN THIS DECLARATION YOUR APPLICATION CANNOT BE PROCESSED. PLEASE CALL THE DEPARTMENT WITH ANY QUESTIONS.**

EXHIBIT 2

CRIMINAL HISTORY RECORD SUBMISSION REQUIREMENT

A Rhode Island CHR may be obtained by contacting the Bureau of Criminal Identification at the Rhode Island Department of Attorney General ("DAG"). One may contact the DAG in person by visiting 150 South Main Street, Providence, Rhode Island. To apply for a CHR in this manner, one must bring picture identification with the date of birth listed. Hours of operation are 8:30 a.m. to 4:30 p.m.

To apply for a Rhode Island CHR by mail, one must send a notarized copy of a photo ID that has a date of birth listed, a signed and notarized letter giving permission to the DAG to conduct a background investigation, along with a self-addressed stamped envelope. The cost of a CHR, whether applying in person or by mail, is five dollars (\$5.00) and payable by check or money order to "BCI". Please allow time for the DAG to process and generate your request. For further questions about this process, please contact the DAG at (401) 274-4400.

**If you reside in another state, supply a CHR from your home state, as well as one from Rhode Island.**