

State of Rhode Island

*Board of Licensing Commissioners*

Application for License by Individual or Partnership

**Retailer Class:**

A \_\_\_\_\_ BT \_\_\_\_\_ BV \_\_\_\_\_ C \_\_\_\_\_

**Name of Applicant** (Corp. Name): \_\_\_\_\_

**DBA:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Address of Premise:** \_\_\_\_\_

**Hours of Operation:** \_\_\_\_\_

**Name, Address, Phone # and Date of Birth of each applicant:**

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

**Citizen?** YES -or- NO **If Naturalized, date and court where admitted:**

\_\_\_\_\_

**Name and Address of each person interested or to become interested in business for which application is being made (state nature of interest):**

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

**Is application for the benefit of another?** YES -or- NO **If so, explain:**

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

**Has applicant obtained a loan or arranged to do so from other than a bank?**

YES -or- NO **If yes, explain:**

\_\_\_\_\_

**If application is in behalf of undisclosed principal or party in interest, give details:**

\_\_\_\_\_

**Does Applicant Own Premise?** YES -or- NO **Is Property Mortgaged?** YES -or- NO

**Is Property Leased?** YES -or- NO

**Give Name and Address of Mortgage or Lessee Amount of Extent:**

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**Have any of the applicants ever been arrested or convicted of a crime? YES -or- NO**  
(If yes, explain): \_\_\_\_\_

**Is any other business to be carried on in Licensed Premises? YES -or- NO**  
(If yes, explain): \_\_\_\_\_

**Is any Officer, Board Member or Stockholder engaged in any manner as a Law Enforcement Officer? YES -or- NO** (If yes, explain): \_\_\_\_\_

**Do any of the applicants have any interest direct or indirect, as principle or associate, or in any manner whatsoever, in any retail license issued under Chapter 3-7 of the General Laws of Rhode Island, 1956, as amended?**  
(If yes, explain): \_\_\_\_\_

**Is Applicant the owner or operator of any other business? YES -or- NO** (If yes, explain): \_\_\_\_\_

**State amount of capital invested in the business:** \_\_\_\_\_

**Does applicant have a draft system: YES -or- NO**

*I hereby certify that the above statements are true to the best of my knowledge and belief.*

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness of Licensing Board or Notary Public

\_\_\_\_\_  
Date of Witness or Notary Expiration

**Instructions for Applicants**

1. Every question on the Application Form must be answered. Any false statement made by the Applicant will be sufficient grounds for the denial of the application or the revocation of the license in case one has been granted.
2. Submit with this application a copy of the proposed menu – Class BV;BVL.
3. Submit with this application a copy of Pharmacist’s Dept. of Health Licenses. (Class E)

*(Copy Shall Be Forwarded To Liquor Control Administration By Town Clerk)*

**Town of Jamestown, Rhode Island**  
**Board of License Commissioners**  
**Alcoholic Beverage License Application**

As part of the application process for a liquor license in the Town of Jamestown, the Alcoholic Beverage Licensing Commission of said town conducts an investigation to determine if the applicant has ever been convicted of any crime in this state or any other state. The applicant acknowledges the same, and consents to the investigation by the Commission or its designee, including the Jamestown Police Department, and the release of any information relating to a past criminal conviction of the applicant by any federal, state or municipal source to the Commission or its designee.

**Signature of Applicant:** \_\_\_\_\_

For Office Use Only

**Advertising Fee:** \$ \_\_\_\_\_ **License Fee:** \$ \_\_\_\_\_ **Paid/Date:** \_\_\_\_\_

*Approval: Please Sign & Date*

Chief of Police: \_\_\_\_\_

Fire Chief: \_\_\_\_\_

Zoning/Building Official: \_\_\_\_\_

Water & Sewer Clerk: \_\_\_\_\_

Tax Collector: \_\_\_\_\_



This application has been **GRANTED/DENIED** by the Jamestown Town Council at a meeting held on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ for the period of **December 1, 20\_\_\_\_\_ to November 30, 20\_\_\_\_\_**.

Issued: \_\_\_\_\_

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Kimberly A. Turcone, Deputy Town Clerk

***Please display this license in a prominent place in your establishment***