



**Town of Richmond  
Town Clerk's Office**

5 Richmond Townhouse Rd., Wyoming, RI 02898 (401) 539-9000 x 9

**Alcoholic Beverage License Application  
Checklist and Fact Sheet**

|  | <b>Confirmation</b> | <b>Date</b> |
|--|---------------------|-------------|
| <b>TAXES:</b> Confirmation by the Richmond Tax Collector that taxes and fees on business location are current, please contact <a href="mailto:taxcollector2@richmondri.gov">taxcollector2@richmondri.gov</a> or call <b>401-539-0546</b>   |                     |             |
| <b>ZONING:</b> <i>FOR NEW LICENSES OR NEW LOCATIONS ONLY:</i> Confirmation by the Zoning Enforcement Officer that use is allowed at the proposed location. Please contact <a href="mailto:jjordan@richmondri.gov">jjordan@richmondri.gov</a> or call 401-539-2285 x 9649.  |                     |             |
| <b>BUILDING INSPECTION:</b> <i>FOR NEW OR SUBSTANTIALLY RENOVATED BUILDINGS ONLY:</i> Certificate of Use of Occupancy is required from the Building Official. To schedule an inspection, please contact <a href="mailto:building@richmondri.gov">building@richmondri.gov</a> , <a href="mailto:bpzclerk@richmondri.gov">bpzclerk@richmondri.gov</a> or call <b>401-539-2285 x 9684</b> |                     |             |
| <b>FIRE INSPECTION:</b> Written certification by the deputy fire marshal for the fire district that the building complies with the fire safety code. For <b>Richmond/Carolina</b> , contact <b>Chris Moore</b> at <a href="tel:401-430-0075">401-430-0075</a> . For <b>Hope Valley/Wyoming</b> , contact <a href="mailto:phawkins@hvdfd.org">phawkins@hvdfd.org</a>                    |                     |             |
| <b>POLICE CHIEF APPROVAL:</b> The chief of police must approve license application and the area where liquor will be stored at the proposed location. To schedule, please contact <b>401-539-8289</b> or <a href="mailto:chief@richmondpd.org">chief@richmondpd.org</a>  |                     |             |
| <b>BACKGROUND CHECK:</b> Signed, notarized authorization for a criminal background check and copy of state issued photo I.D.   |                     |             |
| <b>STATE TAXES:</b> Certification by the R.I. Division of Taxation that all state taxes are current. Please contact <a href="mailto:tax.collections@tax.ri.gov">tax.collections@tax.ri.gov</a> or call 401-574-8941  |                     |             |
| <b>SITE PLAN:</b> For new applications, new locations, or if previously filed site plan has changed. Expansion requires Town Council approval.   |                     |             |
| <b>COPY OF CURRENT LIABILITY INSURANCE</b>   |                     |             |
| <b>S.T.O.P. CERTIFICATES:</b> Certification that all employees serving alcohol have had alcohol server training.   |                     |             |
| <b>LICENSE FEE:</b> Dependent on Class Type (see below for schedule of fees)   |                     |             |
| <b>COPY OF MENU</b>  |                     |             |
| <b>ADMINISTRATIVE FEE: \$25</b>  |                     |             |
| <b>ABUTTERS NOTICE (for new applicants and new locations only)</b>   |                     |             |

**AFFIDAVIT OF COMPLIANCE:** Per Richmond Code of Ordinances 5.04.030(b) An applicant for a license or permit must submit with the application or renewal an affidavit of compliance. The affidavit shall state that the business is currently in compliance with all town, state and federal statutes, ordinances, and regulations. Compliance with all town, state and federal statutes, ordinances and regulations shall be a continuing condition of the license or permit.

| <b>TYPE OF LICENSE</b>           | <b>FEE:</b>             |
|----------------------------------|-------------------------|
| <b>Class A</b>                   | <b>\$500</b>            |
| <b>Class B Tavern</b>            | <b>\$800</b>            |
| <b>Class B Victualer</b>         | <b>\$850</b>            |
| <b>Class B Victualer Limited</b> | <b>\$450</b>            |
| <b>Class B Extended Hours</b>    | <b>Additional \$200</b> |
| <b>Class C</b>                   | <b>\$700</b>            |
| <b>Class D</b>                   | <b>\$600</b>            |
| <b>Class D Limited</b>           | <b>\$300</b>            |
| <b>Class E</b>                   | <b>\$10</b>             |
| <b>Class F</b>                   | <b>\$15</b>             |
| <b>Class F-1</b>                 | <b>\$35</b>             |
| <b>Class SE</b>                  | <b>\$25</b>             |

**(Office Use Only)**

**Date of Council Approval:** \_\_\_\_\_

**Fee Paid:** \_\_\_\_\_

**License Issued by:** \_\_\_\_\_

**Date License Issued:** \_\_\_\_\_

**Date License Expires:** \_\_\_\_\_

**TOWN OF RICHMOND  
Town Council**

**CLUB APPLICATION FOR AN ALCOHOLIC BEVERAGE LICENSE**

RETAILER CLASS: D \_\_\_\_\_ DL \_\_\_\_\_

DATE: \_\_\_\_\_

\_\_\_\_\_  
Name of Club (Corp. Name)

\_\_\_\_\_  
d/b/a

\_\_\_\_\_  
Address of premise

\_\_\_\_\_  
State of incorporation

\_\_\_\_\_  
Date of incorporation

\_\_\_\_\_  
Is Club charter still valid?

\_\_\_\_\_  
Name and Address of all Officers

President \_\_\_\_\_

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

Secretary \_\_\_\_\_

Treasurer \_\_\_\_\_

\_\_\_\_\_  
Names and Addresses of members of Board of Directors

\_\_\_\_\_  
Name and address of person in charge of bar:

(a) Salary amount fixed by board: \_\_\_\_\_

Number of Club Members \_\_\_\_\_

Annual Dues \_\_\_\_\_

Does Applicant Own Premises?

Yes \_\_\_\_\_ No \_\_\_\_\_

Is Property Mortgaged?

Yes \_\_\_\_\_ No \_\_\_\_\_

Is Property Leased?

Yes \_\_\_\_\_ No \_\_\_\_\_

\_\_\_\_\_  
Name and address of mortgagee or lessor and amount of mortgage or annual rent:

\_\_\_\_\_  
Location within building where liquor will be served:

Does Club own kitchen equipment? \_\_\_\_\_

Does Club own dining room equipment? \_\_\_\_\_

How often are meetings held? \_\_\_\_\_

(a) Is there a record of meetings? Yes \_\_\_\_\_ No \_\_\_\_\_

(b) Date of annual meeting? \_\_\_\_\_

Does anyone other than the club derive profits from sale of alcoholic beverages? Yes \_\_\_\_\_ No \_\_\_\_\_

(a) If so, Name and Address: \_\_\_\_\_  
\_\_\_\_\_

Is club operated solely for members' benefit? \_\_\_\_\_

Are proper financial records kept? \_\_\_\_\_

Is there a roster of members? \_\_\_\_\_

(a) Record of dues payments? \_\_\_\_\_

(b) Membership cards issued? \_\_\_\_\_

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

\_\_\_\_\_  
Signature of Applicant (Club Officer)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name and Title

\_\_\_\_\_  
Witness or Notary Public

\_\_\_\_\_  
Date

**Instructions for Applicants**

1. Every question on Application Form must be answered. Any false statement will be sufficient grounds for the denial of the application or revocation of the license in case one has been granted.
2. A responsible officer of the Club must sign the Application.
3. Submit with this application a copy of "Articles of Incorporation" form (#NP-1A) and the annual "Non-profit Corporation" form (#N-13) that have been approved by the Secretary of State.

TOWN CLERK SHALL FORWARD COPY TO THE DIVISION OF COMMERCIAL LICENSING AND REGULATION.

**AFFIDAVIT OF COMPLIANCE**

I \_\_\_\_\_ applicant for a \_\_\_\_\_ for  
(Printed Name) (Type of License)

\_\_\_\_\_ do hereby make affidavit and say that to the best of  
(Name of Business)

my knowledge and belief, the applicant is in compliance with all laws and regulations of the

United States, and the State of Rhode Island and is in compliance with all the ordinances of the

Town of Richmond.

\_\_\_\_\_  
Applicant Signature

STATE OF RHODE ISLAND  
COUNTY OF \_\_\_\_\_

Subscribed and sworn to before me on this \_\_\_\_\_ day of \_\_\_\_\_ 20 .

\_\_\_\_\_  
Notary Public  
My commission Expires:



**RICHMOND POLICE DEPARTMENT  
P. O. BOX 203  
WYOMING, RI 02898**

(401) 539-8289 • (401) 539-8283 FAX  
Elwood M. Johnson, Jr., Chief of Police

**AUTHORIZATION FOR A CRIMINAL BACKGROUND CHECK**

|   |               |
|---|---------------|
| Full name   | Date of birth |
| Address   | Phone number  |
| Former address  |               |
| Criminal record? <input type="checkbox"/> YES <input type="checkbox"/> NO |               |
| Name of employer  |               |
| Address of employer   |               |
| Name of previous employer   |               |
| Address of previous employer  |               |
| What are you applying for?  |               |
| Name of business  |               |
| Location of business  |               |

***Please submit a copy of a government-issued photo identification card.***

The undersigned, being duly sworn, upon oath does depose and say:

1. The information above is true and correct.
2. I hereby authorize the Richmond Police Department to examine all court records and police records, including but not limited to Rhode Island Bureau of Criminal Identification records, that pertain to me and to disclose the contents to the Richmond Town Council.

\_\_\_\_\_  
Signature of applicant

Sworn and subscribed to before me at \_\_\_\_\_, County of \_\_\_\_\_, State  
of Rhode Island, this \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_  
Notary Public  
Print name:  
My commission expires    /    /