



**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**

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

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.

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

(Office Use Only)

Date of Council Approval: _____

Fee Paid: _____

License Issued by: _____

Date License Issued: _____

Date License Expires: _____

TOWN OF RICHMOND
Town Council

**INDIVIDUAL OR PARTNERSHIP APPLICATION FOR
AN ALCOHOLIC BEVERAGE LICENSE**

RETAILER CLASS:

A ___ BH ___ BM ___ BT ___ BV ___ BVL ___ F ___ E ___ ED ___ J ___ T ___ (2:00 AM ___)

Name of Applicant

Telephone Number

D/B/A

Address of Premise

Name, Age, Address and Telephone Number of each Applicant:

Citizens? Yes ___ 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 Applicant for the benefit of another? If so, explain: _____

Has Applicant obtained a loan or arranged to do so from other than a bank? If yes, explain: _____

If Application is on behalf of undisclosed principal or party in interest, provide details: _____

Does Applicant own Premises? Yes ___ No ___ Is Property Mortgaged? Yes ___ No ___

Is Property Leased? Yes ___ No ___

Give name and address of Mortgagee or Lessee and amount or extent: _____

Location where liquor will be served:

Have any of the Applicants ever been arrested or convicted of a crime? Yes _____ No _____ if yes, explain: _____

Is any other business to be carried on in Licensed Premises? Yes _____ No _____ If yes, explain _____

Is any Applicant engaged in any manner as a Law Enforcement Officer? If yes, explain _____

Do any of the Applicants have any interest 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, 1958, as amended? If yes, explain _____

Is Applicant the owner or operator of any other business? If yes, explain _____

State amount of capital invested in the business: _____

Does establishment have a draft system? If Yes, explain _____

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

Applicant (Signature) _____
Date

Applicant (Printed Name) and Title

Applicant (Signature) _____
Date

Applicant (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. Submit with this application a copy of proposed menu. (Class BV; BVL)
3. Submit with this application a copy of Pharmacist's Dept. of Health License. (Class E)

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 / /