



## ALCOHOLIC BEVERAGE LICENSE CHECKLIST

Applicant: \_\_\_\_\_ License # \_\_\_\_\_

<b>ZONING - FOR NEW LICENSES OR LOCATIONS ONLY</b> – Confirmation by Zoning Enforcement Officer that use is allowed at the proposed location.	
<b>FIRE INSPECTION APPROVAL</b> Hope Valley-Wyoming Fire District 539-2229 Richmond-Carolina Fire District 213-6595	
<b>S.T.O.P. CERTIFICATES</b> – Certification that all employees serving alcohol have had alcohol server training	
<b>BACKGROUND CHECK</b> - Signed, notarized authorization for a criminal background check & copy of state issued photo ID	
<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 MENU</b>	
<b>STATE TAXES</b> - Certification by R. I. Division of Taxation that all state taxes are current	
<b>Copy of Current Liability Insurance</b>	
<b>ADVERTISING/POSTAGE COST TBD</b>	
<b>ADMINISTRATIVE FEE \$25</b>	
<b>LICENSE FEE</b>	
<b>****FOR OFFICE USE ONLY****</b>	
Tax Collector Approval	
Building Official Approval	
Police Chief Approval	
Abutters Notices (for new applicants and new locations ONLY)	

Date of public hearing .....

Date victualing license approved ..... Issued .....

**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.



**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    /    /