

TOWN OF COVENTRY, RI

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