

TOWN OF COVENTRY, RI

LIMITED LIABILITY COMPANY APPLICATION FOR AN ALCOHOLIC BEVERAGE LICENSE

RETAILER CLASS: A ___ BH ___ BM ___ BT ___ BV ___ BVL ___ C ___ E ___ ED ___ J ___ T ___ (2:00 am)

Name of Applicant (LLC)

D/B/A

Telephone Number

Address of Premise

State of organization

Date of organization

Name and address of Managing Member and all other Members:

Does Applicant own premises?

Yes ___ No ___

Is property mortgaged?

Yes ___ No ___

Is Property Leased?

Yes ___ No ___

Give name and address of mortgagee or lessor and amount of mortgage or annual rent:

Location where liquor will be served:

Have any Members ever been arrested or convicted of a crime? _____

Is any other business to be carried on in licensed premises? Yes ___ No ___ If yes, explain _____

Is any Member engaged in any manner as a Law Enforcement Officer?

If yes, explain _____

Is Applicant or any of its Members interested directly or indirectly, as principle or associate, or in any manner whatsoever, in any retail license issued under Title 3, Chapter 7 of the General Laws of Rhode Island?

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

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.