State of Rhode Island and Providence Plantations
DEPARTMENT OF BUSINESS REGULATION
Division of Commercial Licensing and Racing and Athletics
LIQUOR SECTION
John O. Pastore Center, Bldg. 69-1
1511 Pontiac Avenue
Cranston, RI 02920-0942
Tele: (401) 462-9545 Fax: (401) 462-9645
www.dbr.state.ri.us

CONDITIONS PRECEDENT FOR WHOLESALE/MANUFACTURER LICENSE

1. A license is required for the sale, storage, manufacture or importation of alcoholic beverages.

2. The following forms must be filed with this office:
   a. Application for license by Individual/Partnership or Application for License by Corporation
   b. Alcoholic Beverage Bond:
      (1) Manufacturer's bond amount - $5,000
      (2) Wholesaler's bond amount
      Class A - $2,500
      Class B - $2,500
3. A hearing date will be set and the applicant will be notified of it.

4. This office shall give notice of the application and date of hearing by advertisement published once a week for at least two weeks in some newspaper having a general circulation in such city or town. (Applicant will be required to pay for the advertisement in advance).

5. Evidence of notification of application and hearing date to all owners of property within 200 feet of proposed place of business by certified mail.

6. Copy of zoning inspection/approval and copy of fire inspection/approval.

7. It shall be necessary for the applicant to make and provide a secure premise for the storage of alcoholic beverages to the satisfaction of the Department. Said premises shall include an office facility separate and apart from the area for storage of alcoholic beverages and have a proper repository for invoices and other documents which shall be available for inspection by the Department during normal operating hours.

8. It shall be necessary for the applicant to obtain suitable truck transportation that has a cab, separated from the body by a permanent partition for the safety of the driver and the security of the alcoholic beverages being transporeted. This does not apply to brewpubs.

9. A telephone line used exclusively in connection with the operation of the licensed premises shall be provided along with the intended hours of operation of the applicant.

10. It shall be necessary that the applicant provide the Department with information regarding product line. Specific information as to commitment from suppliers or manufacturers regarding product to be sold shall be provided to the Department. Wholesalers may purchase from primary source or its agent only.

11. Copy of one of the following:
    a. A certified financial statement; or
    b. A non-certified statement with each page signed & dated; or
    c. The prior year's tax return.

12. Submission of taxpayer status affidavit (attached to application as Exhibit 1).

13. Licenses shall be issued only to a citizen resident of this State, or to a business formed in his State.

14. Submission of CRIMINAL HISTORY RECORD (instructions attached to Application as Exhibit 2).

15. A contact telephone number for each person listed on the application is required.

16. It shall be unlawful for any holder of a manufacturer's or wholesaler's liense to have any direct or indirect interest in any retailer's license or in the business carried on under a retailer's license. Does not apply to brewpubs.

17. The applicant must submit a copy of the Federal Basic Permit to the Department. This permit can be obtained from the Federal Tax & Trade Bureau at the National Revenue Center, Cincinnati, OH by calling 1-800-398-2282 or 1-513-684-3334 and ask for a Specialist and tell them what State you want to be licensed in.

18. Annual license fees are: Wholesale, Class A, $2,000; Wholesale, Class B, $4,000; Distillery, $3,000; Brewery, $500; Winery, $1,500 when producing more than 50,000 gals.; Winery, $500, producing less than 50,000 gals.; Farmer Winery, $500, producing less than 50,000 gals.; Farmer Winery,$1,500, producing more than 50,000 gals.; Brewpub Manufacturer, $500, producing less than 50,000 gals.; Brewpub Manufacturer producing more than 50,000 gals., $1,000; Rectifier, $3,000.

19. Every question on the Application Form must be answered. Any false statement made by the Applicant will be sufficient grounds for the denial

of the application or the revocation of the license in case one has been issued.

20. Corporate applicants: attention is called to the requirements of the 1963 Amendment of 3-5-10 of the General Laws:

    a. All newly elected Officers or Directors must be reported to the Board of License Commissioners within thirty (30) days
    b. Any acquisition by any person of more than ten percent (10%) of any class of corporate stock must be reported within thirty (30) days
    c. Any transfer of fifty percent (50%) or more of any class of corporate stock can be made only by written application to the Licensing Board subject to the procedures for a transfer of a license

21. All forms are to be correctly and completely filled out before returning them to the Department. Failure to do so will result in a delay in processing your application.

22. Completed forms should be forwarded to the above address.

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
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TDD: 711 www.dbr.state.ri.us

APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE BY CORPORATION

WHOLESALER: CLASS A_____ CLASS B_____ CLASS C_____
MANUFACTURER: BREWERY_____ WINERY_____ FARMER WINERY____
BREW ON PREMISE_____ RECTIFIER_____

(Use of additional paper or attachment of lists is permitted as necessary)

Name of Applicant (Corporation Name)

D/B/A

Address of Premise

State of Incorporation Date of Incorporation

Name, Address and Contact Telephone number of all Officers:

President

Vice President

Secretary

Treasurer

**The above listed officers must submit a Criminal History Record in accordance with Exhibit 2 attached.

Name, Address and Contact Telephone number of All Directors or Board Members:

**Have any Directors, Board Members or Stockholders ever been convicted of a crime? Yes___ No____ If yes, provide explanation and submit Criminal History Record.

**Applicant(s) must complete Tax Payer Status Affidavit attached hereto as Exhibit 1.

**Applicant(s) must provide one of the following documents:

a. A certified financial statement; or
b. A non-certified statement with each page signed & dated; or
c. The prior year's tax return.

Classes of Stock:

_____

(a) Amount of Each Authorized

_____

(b) Amount of Each Issued

Names and Addresses of All Registered Owners of each class and amount owned: (Corporations having 25 or more stockholders need not file a list of names and addresses of stockholders)

_____

_____

If any of the above stock is hypothecated or pledged, provide details:

_____

_____

If application is on behalf of an undisclosed principal or party in interest, provide details:

_____

_____

Does applicant own premises? Yes___ No_____ Is property mortaged? Yes__ No____
Is property leased? Yes___No____

Name and address of mortgagee or lessee and amount of extent:

_____

_____

Is any other business to be carried on in the licensed premises? Yes___No____ If yes, provide explanation.

_____

Is any Officer, Board Member or Stockholder engaged in any manner as a Law Enforcement Officer? Yes___No___ If yes, provide information on agency employed with and current assignment.

_____

Is applicant or any of its Officers, Board Members or Stockholders interested directly or indirectly as principle or associate or in any manner whatsoever in any license issued under Title 3 of the General Laws of the State of Rhode Island, 1956, as amended? Yes__ No___ If yes, provide explanation._____

_____

Is Applicant the owner or operator of any other business? Yes___ No____ If yes, provide explanation._____

_____

State amount of capital invested in business?

_____

*I hereby certify under the penalty of perjury that the above statements are true.

_____

Applicant (Signature of Authorized Officer)

Notary Public:
Signed this)_____day of_____20____

_____

Signature of Notary Public My Commission Expires:

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APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE BY INDIVIDUAL OR PARTNERSHIP

WHOLESALER: CLASS A_____ CLASS B_____ CLASS C_____
MANUFACTURER: BREWERY_____ WINERY_____ FARMER WINERY____
BREW ON PREMISE_____ RECTIFIER_____

(Use of additional paper or attachment of lists is permitted as necessary)

_____
Name of Applicant

_____
D/B/A

_____
Address of Premise

_____
Name, Address and Contact Telephone number of each applicant

_____
_____
_____
_____

Citizen? Yes___ No____ If naturalized, date and court where admitted.

_____

Name, address and contact telephone number of each person interested or to become interested in business for which application is being made. Statement of interest.

_____
_____

Is application for the benefit of another? Yes___ No____ If yes, provide explanation.

_____
_____

Has applicant obtained a loan or arranged financing from other than a bank? Yes____ No_____ If yes, provide explanation.

Is application on behalf of undisclosed principal or party in interest? Yes___No____
If yes, provide explanation.

**Applicants must submit Criminal History Record in accordance with Exhibit 2 attached.

Have any of the applicants ever been convicted of a crime? Yes___ No____ If yes, provide explanation.

Does applicant own premises? Yes___ No____ Is property mortgaged? Yes__No___
Is property leased? Yes___ No_____

Name and Address of Mortgagee or Lessee and amount of extent:

Is any other business to be carried on in the Licensed Premises? Yes___No___ If yes, provide explanation.

Is any applicant engaged in any manner as a Law Enforcement Officer?
Yes___ No____ If yes, provide information on agency employed with and current assignment.

Is applicant the owner or operator of any other business? Yes___No____If yes, provide explanation.

Do any of the applicants have any interest direct or indirect, as principle or associate, or in any manner whatsoever, in any license issued under Title 3 of the General Laws of the State of Rhode Island, 1956, as amended? Yes___ No____ If yes, provide explanation.

State amount of capital invested in business.

**Applicant(s) must complete Tax Payer Status Affidavit attached hereto as Exhibit 1.

**Applicant(s) must provide one of the following documents:

a. A certified financial statement; or
b. A non-certified statement with each page signed & dated; or
c. The prior year's tax return.

**I hereby certify under the penalty of perjury that the above statements are true.

_____

Applicant(s) Date

Notary Public:
Signed this)_____dat of_____20_____

_____

Signature of Notary Public My Commission Expires:

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Bond amounts:

Wholesale A, $2,500
Wholesale B, $2,500
Manufacturer, $5,000

ALCOHOL BEVERAGE BOND

KNOW ALL MEN BY THESE PRESENT, that I (we)_____of the City/Town of _____County of_____State of Rhode Island, as principal, and _____of_____County of_____and _____In said state as sureties_____ a surety Company authorized to do business in the State of Rhode Island, as Surety are holden and firmly bound upon_____as he/she is treasurer of said State in the full sum of _____to be paid to said treasurer as foresaid, and his successor in said office, to the payment of which sum we do hereby jointly and severally bind ourselves, our respective heirs, executors, administrators, successors and assigns.

Sealed with our seals this _____day of_____20____THE CONDITION OF THIS OBLIGATION IS SUCH, that whereas, the above named Principal has been Granted a license to sell alcoholic beverages under Title 3 of the General Laws of Rhode Island, 1956 as Amended, said license covering the premises at_____until the first day

of December, unless sooner revoked by the authority granting same or otherwise as provided by law, said principle paying to the Treasurer of the State of Rhode Island the license fee required.

NOW THEREFORE, if said principal shall not violate or suffer to be violated on any licensed premise under his control any of the provisions of this chapter (3-6-13) or of any chapter in this title or of any chapter of Title 11 and shall pay all costs and damages incurred by violation of any of either of said chapters on the part of said principal, then this obligation shall be void otherwise to remain in full force and effect.

SIGNED, SEALED AND DELIVERED IN THE PRESENCE OF:

_____

_____

_____

_____

EXHIBIT 1

Tax Payer Status Affidavit / Identity Verification

All persons applying or renewing any license, registration, permit or other authority (hereinafter called "licensee") to conduct a business or occupation in the state of Rhode Island are required to file all applicable tax returns and pay all taxes owed to the state prior to receiving a license as mandated by state law (RIGL 5-76) except as noted below.

In order to verify that the state is not owed taxes, licensees are required to provide their Social Security Number and Federal Tax Identification Number as appropriate. These numbers will be transmitted to the Division of Taxation to verify tax status prior to the issuance of a license. This declaration must be made prior to the issuance of a license.

Please return this affidavit along with your completed license application to: Rhode Island Department of Business Regulation, 1511 Pontiac Avenue, Cranston, RI 02920.

Licensee Declaration

- ❑ I hereby declare, under penalty of perjury, that I have filed all required state tax returns and have paid all taxes owed.
- ❑ I have entered a written installment agreement to pay delinquent taxes that is satisfactory to the Tax Administrator.
- ❑ I am currently pursuing administrative review of taxes owed to the state.
- ❑ I am in federal bankruptcy. (Case #_____)
- ❑ I am in state receivership. (Case #_____)
- ❑ I have been discharged from Bankruptcy. (Case #_____)

_____
Type of Professional License for which you are applying

_____ _____
Full Name (Please Print or Type) Social Security Number (or FEIN if appropriate)

_____ _____
Signature Phone Number (including area code if not 401)

Date_____

NOTE: IF YOU DO NOT SIGN THIS DECLARATION YOUR APPLICATION CANNOT BE PROCESSED. PLEASE CALL THE DEPARTMENT WITH ANY QUESTIONS.

EXHIBIT 2

CRIMINAL HISTORY RECORD SUBMISSION REQUIRMENT

A Rhode Island CHR may be obtained by contacting the Bureau of Criminal Identification at the Rhode Island Department of Attorney General ("DAG"). One may contact the DAG in person by visiting 150 South Main Street, Providence, Rhode Island. To apply for a CHR in this manner, one must bring picture identification with the date of birth listed. Hours of operation are 8:30 a.m. to 4:30 p.m.

To apply for a Rhode Island CHR by mail, one must send a notarized copy of a photo ID that has a date of birth listed, a signed and notarized letter giving permission to the DAG to conduct a background investigation, along with a self-addressed stamped envelope. The cost of a CHR, whether applying in person or by mail, is five dollars ($5.00) and payable by check or money order to "BCI". Please allow time for the DAG to process and generate your request. For further questions about this process, please contact the DAG at (401) 274-4400.

If you reside in another state, supply a CHR from your home state, as well as one from Rhode Island.