



State of Rhode Island and Providence Plantations
Department of Business Regulation
Division of Commercial Licensing Racing and Athletics
Liquor Section
 1511 Pontiac Avenue
 John O. Pastore Complex – Building 69-1
 Cranston, RI 02920

TEL: (401) 462-9544
 FAX: (401) 462-9645

www.dbr.ri.gov

APPLICATION FOR CLASS P CATERER'S LICENSE
 (Use of additional paper or attachment of lists is permitted as necessary)

Name of Applicant: _____
 (Corporation Name)
 d/b/a: _____

Address of Premise: _____ Phone # _____

State of Corporation: _____ Date of Incorporation _____

Federal ID# _____

Name, Address and 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 and Tax affidavit Exhibit 1.

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.

Classes of Stock: _____

Amount of Each Authorized _____

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:

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 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, as of 1956, as amended?

Yes _____ No _____ If yes, provide explanation _____

Is the Applicant the owner or operator of any other business? Yes _____ No _____ If yes
Provide explanation.

State amount of Capital invested in business. _____

Applicant (Signature of Authorized Officer)

Date

Notary Public:

Signed this _____ day of _____ 20 _____

Signature of Notary

My Commission Expires

INSTRUCTIONS TO ALL APPLICANTS

1. The Class P license application must be **completed in its entirety** and submitted to the Department of Business Regulation Liquor Control Section.
 - a. Attach a copy of your **caterer's/commissary license** from the RI Department of Health.
 - b. Copy of your **retail permit** to make sales in Rhode Island.
 - c. Submit a request for **Certificate of Good Standing** to the Division of Taxation. Forward a copy of the request for the Certificate of Good Standing to the DBR Liquor Control Section.
 - d. Submission of **Criminal History Record** (instructions attached as Exhibit 2).
 - e. A **taxpayer status affidavit** (instructions attached as Exhibit 1) for each officer listed.
 - f. A check payable to "**Rhode Island General Treasurer**" in the amount of five hundred dollars (**\$500.00**).

CLASS P LICENSE HOLDERS

1. All Class P Caterers License Holders shall be familiar with requirements of RI General Law § 3-7-14.2 in particular:
 - a. The license shall purchase all alcoholic beverages from a licensed Class A retail establishment located within the State of Rhode Island. All alcoholic beverages to be removed by license at the end of the event.
 - b. Alcohol may only be served for no more than a five (5) hour period per event and no more than (2) drinks may be served to an individual at one time with no shots or triple alcoholic drinks served.
 - c. All persons who sell or serve alcoholic beverages or whose job description entails checking identification for the purchase of alcohol and valet parking staff shall receive Alcohol Server Training by a nationally recognized program.
2. Violations may be subject to fines up to five hundred (\$500.00) dollars and revocation of license.

INSTRUCTIONS FOR CORPORATION APPLICANTS

1. Every question on Application form must be answered. Any false statement by the Applicant will be sufficient ground for the denial of the application or the revocation of the License
2. Attention is called to the following requirements of RI General Laws §3-5-10.
 - a. All newly elected Officers or directors must be reported to the Department within 30 days.
 - b. Any acquisition by any person of more than ten per cent (10%) of any class of Corporate stock must be reported within 30 days.
 - c. Any transfer of fifty per cent (50%) or more of any class of corporate stock can be made only by written application to the Department subject to the procedures for a transfer of a license.

INSTRUCTIONS FOR OUT OF STATE CATERER/COMMISSARY LICENSING

1. Out of State caterer using a Rhode Island facility.
 - a. RI license not required as long as food is not transported across state lines.
 - b. The RI facility to be used must have a current license with the Office of Food Protection.
2. Out of State caterer using any unlicensed facility (includes private homes) in RI.
 - a. Caterer must apply for a Rhode Island caterer's license.
 - b. Caterer must provide a copy of their last facility inspection from within their home state.
 - c. Must provide a copy of a most recent water analysis if it has a private well.

- d. Caterer must have in writing methods of transporting food and maintaining product temperature.
 - e. Caterer must be licensed with the RI Secretary of State Office.
3. If any out of state caterer anticipates five (5) or more events in the State they must have a certified food manager.

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
DEPARTMENT OF ADMINISTRATION
DIVISION OF TAXATION
ONE CAPITOL HILL
PROVIDENCE, RHODE ISLAND 02908-5812

Certificate of Good Standing Application for a Liquor License

Taxpayer Name: _____
DBA: _____
Address: _____
City, State, Zip Code _____

A Certificate of good standing is required for you to obtain your liquor license. Since these requests are processed on a first come, first serve basis, failure to complete the application properly could result in delays which are unnecessary. Please return this application promptly to the above address.

Note: Any outstanding taxes must be paid by Certified check, Money Order or Cash prior to issuance of Certificate.

Complete All of the Following

Application Date: _____ Sales Tax Permit # _____

Business Type: SoleOwner _____ Corporation _____ Partnership _____ Other _____

SS Number(S) of Owners/Partners: _____

Federal Employer Number _____ Do you have employees? Yes _____ No _____

Telephone Number(S): Home _____ Business _____

Signature of Responsible Person _____ Title _____
(Owner, Partner of Corporate Office)

Office Use Only

Registration _____ DET _____ B.C. Tax-Reg _____ Ret.Pelf. _____

COLLECTION SECTION:

Sale and Use Tax Del _____

Withholding Tax Del _____

Personal Income Tax _____

Remarks: _____

Clearance Authorized By: _____ Date _____

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
DEPARTMENT OF ADMINISTRATION
DIVISION OF TAXATION
ONE CAPITOL HILL
PROVIDENCE, RHODE ISLAND 02908-5812

Certificate of Good Standing Application for a Liquor License Renewal

Taxpayer Name: _____
DBA: _____
Address: _____
City, State, Zip Code _____

A Certificate of good standing is required for you to obtain your liquor license. Since these requests are processed on a first come, first serve basis, failure to complete the application properly could result in delays which are unnecessary. Please return this application promptly to the above address.

Note: Any outstanding taxes must be paid by Certified check, Money Order or Cash prior to issuance of Certificate.

Complete All of the Following

Application Date: _____ Sales Tax Permit # _____

Business Type: Sole Owner Corporation Partnership Other _____

SS Number(S) of Owners/Partners: _____

Federal Employer Number _____ Do you have employees? Yes No _____

Telephone Number(S): Home _____ Business _____

Signature of Responsible Person _____ Title _____
(Owner, Partner of Corporate Office)

Office Use Only

Registration _____ DET _____ B.C. Tax-Reg _____ Ret.Pelf. _____

COLLECTION SECTION:

Sale and Use Tax Del _____

Withholding Tax Del _____

Personal Income Tax _____

Remarks: _____

Clearance Authorized By: _____ Date _____



Tax Payer Status Affidavit / Identity Verification
Exhibit 1

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 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 return 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 (401)-462-9544

EXHIBIT 2

CRIMINAL HISTORY RECORD SUBMISSION REQUIREMENT

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.