



**State of Rhode Island  
DEPARTMENT OF BUSINESS REGULATION  
1511 Pontiac Avenue, Bldg. 69-1  
Cranston, Rhode Island 02920**

**Division of Commercial Licensing  
Liquor Section**

**APPLICATION FOR CLASS G/GD LICENSE**

Select one:  Initial Application     Renewal Application

Pursuant to RIGL Title § 3-7-15 and § 3-7-15.1 of the General Laws of Rhode Island, 1956 amended, the undersigned, a  
Corporation incorporated under the laws of \_\_\_\_\_ a citizen resident

With the State of \_\_\_\_\_ hereby makes application for a license to keep for sale  
and to sell beverages for consumption therein or thereon described premises, but only when actually en route.

Check one:  Railroad     Marine Vessel     Airline

Select:  Class G     Class GD (Overnight)

Name of Vessel (If applicable): \_\_\_\_\_

Federal ID#: \_\_\_\_\_ Email Address: \_\_\_\_\_

**\* If New Marine Vessel License a copy of the most recent valid Certificate of Inspection issue by the United States Coast Guard must be included with the application.**

**REQUIREMENTS:**

1. A Certificate of Good Standing (Application enclosed- for Initial Applicants Only) must be furnished to the Division of Taxation. The Certificate of Good Standing application must be sent directly to the Division of Taxation at the address listed of the form. The Department will receive electronic clearance for Renewals.
2. The annual licensing fee for a Class G is \$250.00 and must be with the application payable to "Rhode Island General Treasurer". The annual licensing fee for a Class GD is \$100.00. A marine vessel must have a Class G license before being issued a Class GD. Both may be applied for on one form for a fee of \$350.00.
3. It is agreed by the undersigned that the license applied for, if issued, shall be subject to such conditions, rules and regulations as the Division of Commercial Licensing and Regulation may impose from time to time.

Applicant: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

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**Certificate of Good Standing Application for a Liquor License**

**REQUEST FOR INITIAL APPLICANTS ONLY**

Taxpayer Name: \_\_\_\_\_  
d/b/a: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_

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

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

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)

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**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: \_\_\_\_\_