



**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 P CATERER'S LICENSE

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

All licenses expire on December 1st of every year. A late fee of \$50 will be applied after this date.

Select one: **Initial Application** **Renewal Application**
Business Structure: **Corporation** **Partnership** **LLC** **Individual**

Name of Applicant/Corporation: _____

If applicable
d/b/a: _____

Address of Principal Business Premises: _____

City: _____ State: _____ Zip Code: _____

Federal ID# _____ Phone # _____

If applicable State of Incorporation/Organization: _____

Date of Incorporation/Organization: _____

Email Address: _____

Name, Address, & Telephone number of all Officers. If applicable, please state percentage of ownership interest.

President: _____

Vice President: _____

Secretary: _____

Treasurer: _____

****The above listed officers must submit a Criminal History Record in accordance with Exhibit 2 & Tax Affidavit Exhibit 1.**

Name, Address, & Telephone number of all Members of the Board of Directors and holders of ownership interests. If applicable, please state percentage of ownership.

(Corporations having 25 or more stockholders need not file a list of names & addresses of stockholders).

Have any Directors, Board Members, or Stockholders ever been convicted of a crime?

Yes No

If you've answered "Yes", please provide written explanation and submit Criminal History Record.

Does the applicant own its principal business premises? Yes No

Is the property mortgaged? Yes No

Is the property leased? Yes No

Name & Address of Mortgagee or Lessor:

Describe below the type(s) of catered functions and events where the license will be used for the service of alcoholic beverages (attach separate sheet if needed):

Describe below the frequency of such functions/events (# per week, per month, per year) and the hours:

List below the names of each of applicant's officers/employees who will serve alcoholic beverages at applicant's catered functions and events (attach separate sheet if needed):

Describe below the methods/procedures for storage and transport of alcoholic beverages that will be employed by the applicant:

* I hereby certify under the penalty of perjury that the above statements and materials submitted with this application are true and correct.

Applicant Signature: _____ Date: _____

INSTRUCTIONS TO ALL APPLICANTS

Pursuant to R.I. Gen. Laws § 3-7-14.2(a), a caterer licensed by the Department of Health (“DOH”) shall be eligible to apply for a Class P liquor license. Pursuant to the DBR liquor control regulations, an application for a Class P License must be accompanied by proof of licensure from the Department of Health. Applicants must contact DOH, Office of Food Protection, to determine their eligibility for a DOH-issued food caterer license and associated requirements. DOH requires and issues food caterer licenses under the following circumstances: person establishing a kitchen facility in Rhode Island where food is prepared for food catering services in Rhode Island; person contracting or otherwise associating with an existing Rhode Island kitchen facility licensed by DOH to prepare food at that facility for food catering services in Rhode Island; persons preparing food outside Rhode Island and bringing it into Rhode Island for food catering services in Rhode Island.

1. The Class P license application must be **completed in its entirety** and submitted to the Department of Business Regulation Liquor Control Section along with each of the following deliverables:
 - 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 from the RI Taxation Division.
 - c. A **taxpayer status affidavit** (included in application)
 - d. Submission of **Criminal History Record for New Applicants Only**.
 - e. **NEW APPLICATIONS ONLY** Submit a request for **Certificate of Good Standing** to the Division of Taxation (see attached). At time of renewal the department will receive the tax clearance electronically.
 - f. **Certificate of insurance**, including liquor liability coverage, per RI General Laws § 3-7-29. Certificate must provide that such insurance will not be modified or cancelled unless prior, advance notice is given to the Department of Business Regulation, Liquor Section, 1511 Pontiac Avenue, Bldg. 69-1, Cranston, RI 02920.
 - g. A check payable to "**Rhode Island General Treasurer**" in the amount of five hundred dollars (**\$500.00**).
 - h. Attach a copy of **corporation bylaws or LLC operating agreement** (if bylaws/operating agreement were submitted with applicant's initial application and have not been amended, this is not required for renewal).
 - i. Application must also include the following:
 - Copy of applicant's food and beverage menu
 - Copy of applicant's standard form of contract used with catering customers
 - Evidence that each of applicant's officers/employees who will serve alcoholic beverages have completed qualified Alcohol Server Training program

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 licensee 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 licensee 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. Violators may be subject to fines up to five hundred (\$500.00) dollars and revocation of license.

INSTRUCTIONS FOR CORPORATION APPLICANTS

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 percent (10%) of any class of corporate stock must be reported within 30 days.
- c. Any transfer of fifty (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.

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

Certificate of Good Standing Required for INITIAL LICENSE of Class P

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

A Certificate of good standing is required for you to renew 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. 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)

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: _____

d.

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 or 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.

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 # _____)

Full Name (Please Print or Type)

Social Security Number (or FEIN for Business)

Signature

Date

Exhibit 2



CRIMINAL HISTORY RECORD SUBMISSION REQUIREMENTS

Criminal History Record (“CHR”) must be submitted to the **Liquor Section** of the **Department of Business Regulation (“DBR”)**, Division of Commercial Licensing, with each Liquor Application. Processing applications is contingent upon the complete disposition, or results of any charges delineated or resolved prior to application submission. See instructions below to learn how to obtain your CHR.

INSTRUCTIONS

Applying in Person: A Criminal History Record may be obtained by visiting the Bureau of Criminal Identification at the Rhode Island Department of Attorney General (“DAG”). To apply for a CHR in this manner, bring a picture-identification, showing your date of birth.

Applying by Mail: To apply by mail, send a notarized copy of a photo ID, showing your date of birth, and a signed/notarized letter, giving permission to the DAG to conduct a background investigation, along with a self-addressed stamped envelope.

Mail to: **Department of the Attorney General**
4 Howard Ave.
Cranston, RI 02920

Hours of operation are 8:30 a.m. to 4:30 p.m.

The cost for a CHR, whether applying in person or by mail, is five dollars (\$5.00), and is payable by check or money order to the “BCI”. Please allow time for the DAG to process and generate your request. For further questions about this process, you may 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.