



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

Division of Commercial Licensing
Liquor Section

REQUIREMENTS FOR RENEWAL WHOLESALE/MANUFACTURER LICENSE

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

1. Annual license fees are:

Wholesale Class A:	\$2,000
Wholesale Class B:	\$4,000
Wholesale Class C:	\$200
Brewery:	\$500
Distillery:	\$500 when producing less than 50,000 gals \$3,000 when producing more than 50,000 gals
Winery:	\$500 when producing less than 50,000 gals \$1,500 when producing more than 50,000 gals
Farmer Winery:	\$500 when producing less than 50,000 gals \$1,500 when producing more than 50,000 gals
Brewpub Manufacturer:	\$500 when producing less than 50,000 gals \$1,000 when producing more than 50,000 gals
Brew on Premises:	\$100 when producing less than 50,000 gals \$1,000 when producing more than 50,000 gals
Rectifier:	\$500

2. The following forms must be filed with this office:

- a. Renewal application for license by Partnership/LLC/Individual or Corporation.
- b. Submission of taxpayer status affidavit (attached to application as Exhibit 1).



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RENEWAL APPLICATION FOR WHOLESALE/MANUFACTURER LICENSE

All licenses expire on December 1st of every year. A 10% late fee will be applied after this date.

Wholesaler: Class A Class B Class C

Manufacturer: Brewery Winery Distillery Farmer Winery Brewpub Brew on Premises Rectifier

Business Structure: Corporation Partnership LLC Individual

Name of Applicant/Corporation: _____

If applicable d/b/a: _____

Address of Premise: _____

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: _____

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

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

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 premises? Yes No

Is the property mortgaged? Yes No

Is the property leased? Yes No

Name & Address of Mortgage or Lessor:

Is any other business to be carried on in the license premises? Yes No If yes, please state business

name, type of business, & amount of capital invested in this business:

Is the Applicant or any of its Officers, Directors, 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?

Yes No

If you've answered "Yes", please provide explanation

Applicant Signature: _____ Date: _____

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