



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

**Division of Commercial Licensing  
Liquor Section**

**RHODE ISLAND APPLICATION SUPPLEMENT  
FOR ALTERNATING PROPRIETORSHIP ARRANGEMENT**

**Host Proprietor:** \_\_\_\_\_

**Tenant Proprietor:** \_\_\_\_\_

**Alternating Proprietor Manufacturing Type (check one):**

- Brewery
- Distillery
- Winery
- Rectifier

Reference is made to 230-RICR-30-10-1, the Department's Liquor Control Administration Regulations (the "LCA Regulations"), and 230-RICR-30-10-2, the Department's Alternating Proprietorships and Contract Production Regulations including the Definitions set forth therein (the "AP Regulations"), which are available at these links:

<https://rules.sos.ri.gov/regulations/part/230-30-10-1>

<https://rules.sos.ri.gov/regulations/part/230-30-10-2>

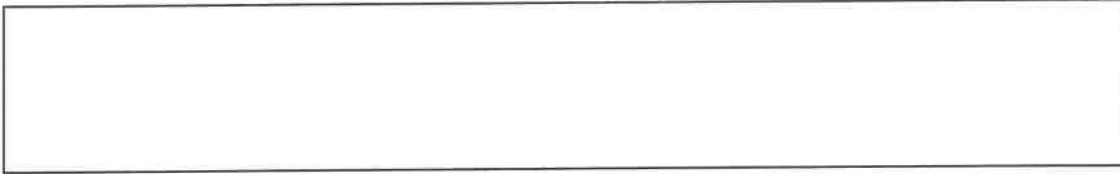
**Questions**

To any extent the below questions have been answered in an application made to the Federal Alcohol and Tobacco Tax and Trade Bureau for this alternating proprietorship operation, you may submit a copy of that application with the relevant portions flagged.

Questions marked with an asterisk (\*) do not need to be answered if this is an application for a second or subsequent tenant proprietor and the host proprietor has previously provided the information and it has not materially changed. Check here if \*applicable: \_\_\_\_\_

1. Please provide the number of tenant proprietors intended or expected along with a range of approximate production capacities of each and/or in total and an approximate timeline for tenant applicant submissions.\*

2. Describe the portion of the manufacturing premises and equipment to be periodically alternated and submit a diagram that identifies the areas designated for use by the alternating tenant proprietors.\* To the extent applicable/available, provide a copy of the diagram marked in a manner that designates any particular area(s) within the licensed premises that will be assigned to this particular tenant proprietor.



3. To the extent applicable/available, submit a schedule detailing the dates of production and/or packaging for the tenant proprietor or a draft or sample schedule.
4. Provide a copy of the contract/agreement between the host proprietor and tenant proprietor or relevant portions thereof that address the alternating proprietorship manufacturing arrangement.

Please be advised that up to date premises diagrams, schedules, and contracts must be retained on the premises and made available to DBR inspectors. Such records may be retained electronically, provided adequate access is provided to DBR inspectors.

## TENANT PROPRIETOR ATTESTATIONS

As a duly authorized representative of \_\_\_\_\_,  
the undersigned \_\_\_\_\_, hereby acknowledges the below statements  
under penalties of perjury.

1. The tenant proprietor acknowledges that it must comply with The AP Regulations and Section 14.25 of the LCA Regulations as enforced by the Department of Business Regulation. Specifically, Section 14.25 prohibits the tenant proprietor from leasing to assigning the tenant proprietor's license or giving management operational rights or control to a third party. A bona fide host-tenant proprietor arrangement does not violate Section 14.25 provided the relationship satisfies the remainder of the below attestations.
2. The tenant proprietor acknowledges that all the product the tenant proprietor produces must be kept separate and identifiable from the product of all other tenants and host proprietor at all stages, including prior to fermentation during fermentation during cellar storage, and as finished product after production and before removal from the licensed premises.
3. The tenant proprietor is required to be involved in the development of the product such as by hiring a brew master using its own formula, retaining a manufacturing consultant to develop formulas, or working with the host to develop formulas.
4. The tenant proprietor is required to provide input about the amount of product to be produced based on orders or anticipated needs.
5. The tenant proprietor is required to establish quality control standards and procedures that relate to the product he or she produces at the host proprietor's premises.
6. The tenant proprietor is required to exercise an appropriate degree of independence from the host proprietor with respect to brands, trademarks, marketing, and directed sales.
7. The tenant proprietor acknowledges the requirements that the tenant proprietor records must be maintained completely separate from those of the host and other tenant proprietors; the records must relate only to the product produced by the tenant proprietor; and up to date premises diagrams, schedules, and contracts must be made available to DBR inspectors upon request.

**APPLICANT NAME:** \_\_\_\_\_

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

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



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**INITIAL APPLICATION FOR WHOLESALER/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  
 Gallons Produced:  Less than 50,000 Gallons  More than 50,000 Gallons  
 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: \_\_\_\_\_

**\*\*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.

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(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.

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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

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

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

## 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 Avenue  
Cranston, Rhode Island, 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.**