

## LICENSE REQUEST: BV INTOXICATING BEVERAGE LICENSE

**REQUEST FOR MODIFICATION** 

## PETITION TO THE TOWN COUNCIL:

To the Honorable Town Council of the Town of Bristol: The undersigned hereby respectfully requests of your Honorable Body to be granted a BV INTOXICATING BEVERAGE LICENSE

NAME OF ESTABLISHMENT: POCH	side Tavern / WKOC LLC
ADDRESS: 444 Thames	St. Bristol RI 02809
APPLICANT NAME: Richard	Corrente
CURRENT HOURS OF OPERATION:_ PROPOSED HOURS OF OPERATION	M-F Nam-12am / Sat 10am-lam / Sun gam: Same 1
** PLEASE ATTACH SKETCH INDICA CONSUMED.	TING THE AREAS FROM WHICH LIQUOR WILL BE SERVED AND
Fee for License: \$1300 per year plu Also required is Victualling License (Payable after Council approves the	: \$75/year
Please attend the Council Meeting on:	*SIGNATURE:
PETITION MUST BE RETURNED BY WEDNESDAY AT 4PM TWO WEEKS PRIOR TO COUNCIL MEETING.	ADDRESS: 15 1010 del (PLEASE PRINT NAME OF APPLICANT)  TOWN: Bristol Bl (ADDRESS OF APPLICANT)  DATE OF BIRTH:  BUSINESS TELEPHONE #:  HOME TELEPHONE #:
Date Received:	EMAIL:
R	SIGNING THIS PETITION, I CONSENT TO EXAMINATION AND ELEASE OF RECORDS AND INFORMATION REGARDING MY

TO BE USED BY FINANCE **DEPARTMENT** 

INFORMATION, RESIDENCE RECORDS, AND ANY COURT RECORDS.

## BOARD OF LICENSE COMMISSIONERS APPLICATION FOR LIQUOR LICENSE

RETAILER	CLASS: ABHBMBTBV_BVLC_E	EDJ	T 2:00 A.	М
Business S	Structure:   Corporation   Partnership   LL	.C □ Ind	dividual	
Richar Name of Appli	eant/Corrente WKOC. LLC. D.BA.	Portside	lavern	
	HSIde Tavern			
D/B/A				
444	Thames St. Bristol 21 0280	9		
Address of Pre	emise 1 -			
Phone Number	r of Business Email Address	1		
State - Inco	orporated: Rhode Island Date of Incorporation	n: 11/2018	5	
Name, Addr	ress, Telephone of all Officers/Members with percentage ownershi	p:		
1	Kichard Corrente 15 Verndale Cir B	brotol Pl		100
	President/Member Name Address	02809	Phone	% Ownership
	Vice President/Member Name Address		Phone	% Ownership
	Secretary/Member Name Address		Phone	% Ownership
	Treasurer/Member Name Address		Phone	% Ownership
Name and A	Address of All Directors or Board Members, with percentage owner	ship:		
	Name Address		Phone	% Ownership
	Name Address		Phone	% Ownership
	Name Address		Phone	% Ownership
If application	n is on behalf of undisclosed principal or party, please give details:			
Does Applic	cant Own Premises? Yes No_ Is Property Mortgaged? Y	es_No_ or	Leased? Yes	No
Give Name	and Address of Mortgagee (Bank or Mortgage Holder) or Lessor (	Landlord) and An	nount of Extent	
Bank_ Name	Newport 6 Gooding Aur Brisg	fol P1 0280	)9 S	ount - Term

Have any Officers, Members	or Stockholders ever b	een arrested or conv	ricted of a crime? Yes No If yes, expla
Is any other business to be ca	arried on in Licensed P	Premises? Yes	No If yes, explain:
Is Applicant or any of its Offic any manner whatsoever, in a	ers, Members or Stock ny retail license issued	cholders interested di I under Title 3 of the F	rectly or indirectly, as principle or associate RI General Laws? If yes, explain:
Is Applicant the owner or ope	rator of any other busing	ness? If yes, explain	:
State amount of capital invest	ted in the business?	U	
Do you have now, or will you	be installing, a draugh	t system Yes No	
I hereby certify that the above	e statements are true to	the best of my know	 vledge and belief:
			_ 1 _ 1
Applicant Signature	10/h		5 21 25
			Date
<ol> <li>Every question on Application For or the revocation of the license in a</li> </ol>	m must be answered. Any f case one has been granted.	false statement made by th	ne Applicant will be sufficient grounds for the denial o
2. Corporation having 25 or more sto		t of the names and addres	ses of stockholders - (Question #8)
<ol> <li>Attention is called to the requirem</li> <li>All newly elected officers.</li> </ol>	The state of the s	be reported to the Board of	of License Commissioners within 30 days.
(B) Any acquisition by any per-	son of more than ten per cer t (50%) or more of any class	nt (10%) of any class of co	rporate stock must be reported within 30 days. made only by written application to the licensing boa
	APPLICATION F	OR TRANSFER OF	LICENSE ONLY
Transfer of Location	Name	Stock	Current Retail Class
Name of Transferor (applicant/old ow	vner)		
d/b/a			
Address		·	
The above hereby petitions th	ne Licensing Board to t	ransfer the said licen	se to:
New Location (If any):			
New Name (If any):			

てつそしていとて -SIDEWALK-STREET PORTSIDE TANKAN / JUNGWILL HOENER ENTRANCE AWNING