IOWN CLERK'S OFF

DATE RECEIVED

PETITION TO THE TOWN COUNCIL

2024 JAN -3 PN 2: 46 - To the Honorable Town Council of the Town of Bristol: The undersigned hereby respectfully requested of your Honorable Body that:



FOLKLORIE LLC (CHARLES E. DUNN + NACHEL LOPES - ALMIEDA)

HOPING TO OPEN A EUROPEAN STYLE CAFE CONCEPT AT 301 HOPEST. IN THE FURMER ANGELINAS + RUBERTU'S SPACE. WE WILL CAFE FOLKLORE PROVISIONS + WILL SERVE PORTYGUESE + COASTAL NEWENDLAND INSPIRED SANDWICHO, SALADS + SUNDAY BRUNCH. WE WILLALSO BAKE OUR OWN PASTRIES + BREADD + SERVE ESPRESSO DRIWKS, COFFEE + TEA. WE WILL SON BE PRIMARILY COUNTER SERVICE BUT PLAN ON SERVING A TABLE SERVICE BOUNCH SUNDAYS AND WOULD LOVE TO OFFER BUR PATRONS A LIMITED MIMOSA + COCKTAIL MENU. WE 170 NOT PLAN ON SERUWE MOOHOL WED - TRE WING OUR NORMAL OPENMING HOURS. REQUESTFOR AN ADDITIONAL BY LICENSE. PLEASE NOTE: SIGNATURE

Please ensure that your petition is submitted by 4:00 PM, two (2) Wednesdays before the Town Council meeting scheduled for

in order to be included on the docket. According to Council policy, petitions cannot be addressed unless recommendations, if needed, from the relevant departments are received before the Council meeting

NAME:

ADDRESS

TOWN:

BUSINESS

RESIDEN

EMAIL AI

TOWN SOUNCIL

JAN 17 2024

MEETING



DEPARTMENT

LICENSE REQUEST: BV INTOXICATING BEVERAGE LICENSE

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

	LICENSE OKKLOVE, UC OBOL UKWRE PROVISIONS						
MAINTE OF ESTABLISHIVIENT: FOUN WICE THOUGSTON							
ADDRESS: 304 HOPE S	and the same of th						
APPLICANT NAME: CHARU	BE, DUNN (ELL)						
HOURS OF OPERATION:	D-SUN 8AM3P.M.						
** PLEASE ATTACH SKETCH INDICA	ATING 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	e: \$75/year						
Please attend the Council	*SIGNATURE:						
Meeting on:	NAME: (HAMES E. VUNN (EUI)						
	ADDRESS:						
PETITION MUST BE RETURNED BY	TOWN COUNCIL						
WEDNESDAY AT 4PM TWO WEEKS PRIOR TO COUNCIL	DATE OF BIR JAN 1 7 2024						
MEETING.	BUSINESS TE						
	HOME TELEP MEETING						
Date Received:	EMAIL:						
R	SIGNING THIS PETITION, I CONSENT TO EXAMINATION AND SELEASE OF RECORDS AND INFORMATION REGARDING MY ACKGROUND, INCLUDING POLICE RECORDS, EDUCATIONAL INFORMATION, RESIDENCE RECORDS, AND ANY COURT RECORDS.						

BOARD OF LICENSE COMMISSIONERS APPLICATION FOR LIQUOR LICENSE

Business Structure: Corporation Partnership LLC Individual FOLKLOFF PROVISIONS DIBYA 301 FOPE ST. BRISTOL R. T. CREOR Address of Premise Yell - O.A 27.9.5 Email Address Email Address State - Incorporated: Rhode Island Date of Incorporation: 4 32.3 3 Name, Address, Telephone of all Officers/Members with percentage ownership: WHAN DI President/Member Name Address Vice President/Member Name Address Secretary/Member Name Address Phone Ownership Treasurer/Member Name Address Phone Ownership Name Address of All Directors or Board Members, with percentage ownership: Address Phone Ownership Name Address Phone St. Ownership	RETAILER	CLASS: A	BHBM	/BT	_BV <u>x</u> _BVL_x	_CE	_EDJ	T 2	2:00 A.M	_
Address of Premise Address of Premise YU - () - 27 LS ELE P FOLKLOTE PROVISIONS COM Phone Number of Business State – Incorporated:	Business \$	Structure:	☐ Corporati	ion [☐ Partnership	☑ LLC	□ Inc	dividual		w.
Address of Premise Address of Premise YU - () - 27 LS ELE P FOLKLOTE PROVISIONS COM Phone Number of Business State – Incorporated:	Name of Appli	icant/Corporation	Folkl	ONE,L	LC			1.41 5		
Address of Premise YI - (1) - 2785 Email Address Email Address State - Incorporated: Rhode Island Date of Incorporation: 1 22 2 3 3 Name, Address, Telephone of all Officers/Members with percentage ownership: WHATER FORM Address President/Member Name Address Vice President/Member Name Address Vice President/Member Name Address Secretary/Member Name Address Phone Ownership Treasurer/Member Name Address Phone Ownership		F	OKLONE	PROV	24012					
Phone Number of Business Email Address State – Incorporated: Rhode Island Date of Incorporation: 4 32 23 Name, Address, Telephone of all Officers/Members with percentage ownership: President/Member Name Address Vice President/Member Name Address Secretary/Member Name Address Phone Memory/Member Name Address Phone Memory/Memory/Member Name Address Phone Memory/Mem	~	emise	301 HU	PE SI.	BRISTUL,	n.I.	J7809			
Name Address Phone Phone Phone Phone		(101-629	- 276	<u>S</u>	ELL () Address	FOUKLOR	E PROV	USLONS. Co	M
President/Member Name Address Address Phone Address Phone Address Phone Ownership Secretary/Member Name Address Phone Address Phone Address Phone Ownership Treasurer/Member Name Address Phone Address Phone Ownership Name Address Phone Ownership Ownership Name Address Ownership Ownership			Rhode	Island			4 33	23	_	
President/Member Name Address Vice President/Member Name Address Vice President/Member Name Address Address Phone Ownership Secretary/Member Name Address Phone Ownership Treasurer/Member Name Address Phone Ownership	Name, Add	ress, Telephor	ne of all Offic	ers/Membe	rs with percentage	e ownership:	WAMEN, P.	I I		
Vice President/Member Name Address Phone % Ownership		President/Mem	AMES E	NAMO	64 CO)	IEN NE.	50860	401-61	1-)76S	50
Secretary/Member Name Address Phone % Ownership Treasurer/Member Name Address Phone % Ownership Name and Address of All Directors or Board Members, with percentage ownership: Name Address Phone % Ownership Name Address Phone % Ownership Name Address Phone % Ownership If application is on behalf of undisclosed principal or party, please give details: Does Applicant Own Premises? Yes_No_\subseteq No_\subseteq Is Property Mortgaged? Yes_No_\subseteq or Leased? Yes_\subseteq No_\subseteq		Vice President/	Member Name	MEEDA	GY (WME Address	n NE.	07881	401-699 Phone	1-7765	<u>50</u>
Treasurer/Member Name Address Phone Ownership Name Address Phone Name Address Phone Ownership Somethalf of undisclosed principal or party, please give details:		Secretary/Mem	nber Name		Address			Phone		%
Name Address Phone % Ownership If application is on behalf of undisclosed principal or party, please give details: Does Applicant Own Premises? YesNo ⊀ Is Property Mortgaged? YesNo ★ or Leased? Yes ★ No		Treasurer/Mem	nber Name		Address			Phone	2	%
Name Address Phone % Ownership Name Address Phone % Ownership Name Address Phone % Ownership If application is on behalf of undisclosed principal or party, please give details: Does Applicant Own Premises? YesNo ⊀ Is Property Mortgaged? YesNo ★ or Leased? Yes ⊀ No	Name and	Address of All	Directors or 6	Board Mem	bers, with percent	tage ownershi	p:			
Name Address Phone Mame Address Phone Mownership Mame Address Phone Nownership Name Does Application is on behalf of undisclosed principal or party, please give details: Does Applicant Own Premises? Yes No_K Is Property Mortgaged? YesNo_K Ownership Ownership		Name		•	Address			Phone	Owner	
If application is on behalf of undisclosed principal or party, please give details: Does Applicant Own Premises? Yes No_½		Name			Address			Phone	Owner	
Does Applicant Own Premises? Yes No_½		Name			Address			Phone	Owner	
	If applicatio	on is on behalf	of undisclose	ed principal	or party, please g	ive details:				
Give Name and Address of Mortgagee (Bank or Mortgage Holder) or Lessor (Landlord) and Amount of Extent	Does Applic	cant Own Prer	mises? Yes	No <u> </u>	Is Property Mor	tgaged? Yes_	_No <u></u> k or	Leased?	Yes <u>*</u> No	
4181 ANGELAGE MEDICATOS 301 HOPE Y BRISTOL FIE 12809		1 m .	of Mortgagee	(Bank or M	lortgage Holder)	or Lessor (Lar	ndlord) and An	nount of Ex	ktent	
Name Address Amount - Term		Mall LITADIA	U A TATA	101	الله الله	101	VI VIVO	NV VO	001	arm.
Of the of the property of the		301 HOD	EST. LL	L		103 BNI	STOL, at	- Oa ana	# 2,300	1 4

Have any Officers, Members or Stockholders ever been arrested or convicted of a crime? Yes No <u>'X</u> If yes, explain:
Is any other business to be carried on in Licensed Premises? Yes No If yes, explain:
Is Applicant or any of its Officers, Members or Stockholders interested directly or indirectly, as principle or associate, or in any manner whatsoever, in any retail license issued under Title 3 of the RI General Laws? If yes, explain:
Is Applicant the owner or operator of any other business? If yes, explain: AS A PRIVATE CHEF YES CHARLES 2. DUNN IS ALSO THE OWNER OF DUNNWELL INC
State amount of capital invested in the business?
Do you have now, or will you be installing, a draught system Yes No $\frac{\dot{\chi}}{}$
I hereby certify that the above statements are true to the best of my knowledge and belief:
1/2/201
Applicant Signature Date
1. Every question on Application Form must be answered. Any false statement made by the Applicant will be sufficient grounds for the denial of the applica or the revocation of the license in case one has been granted.
2. Corporation having 25 or more stockholders need not file a list of the names and addresses of stockholders - (Question #8)
 Attention is called to the requirements RIGL §3-5-10: (A) All newly elected officers, members, or directors must be reported to the Board of License Commissioners within 30 days.
 (B) Any acquisition by any person of more than ten per cent (10%) of any class of corporate stock must be reported within 30 days. (C) Any transfer of fifty percent (50%) or more of any class of corporate stock can be made only by written application to the licensing board subject to the procedures for a transfer of a license.
APPLICATION FOR TRANSFER OF LICENSE ONLY
Transfer of Location Name Stock Current Retail Class Transfer of ownership
Name of Transferor (applicant/old owner)
d/b/a
Address
The above hereby petitions the Licensing Board to transfer the said license to:
New Location (If any):
New Name (If any):
If change of stockholders, list old and new stockholders:
Signature of Transferor (old owner) Date Signature of Transferee (New Owner) Date

FOLKLORE PROVISIONS

COFFEE & TEA:

Hot or iced

Coffee - \$3.50 / \$5.50 Espresso - \$4.00 Americano - \$4.00 / \$5.00 Cappuccino - \$5.00 / \$6.00 Latte - \$5.00 / \$6.00 Galao - \$5.00 / \$6.00 Chai Latte - \$5.50 / \$6.50 Matcha Latte - \$5.50 / \$6.50 Tea - \$3.50 / \$4.50

PASTRY:

Sweet

Pasteis De Nata - \$2.00
Pie Crust Munchies (6) - \$6.00
Ginger Scone - \$4.00
Apple Crostata - \$6.00
Morning Glory Muffin - \$4.00
Chocolate Croissants - \$5.00
Fresh Fruit Tart - \$8.00
GF Sea Salted Brown Butter Chocolate Chip Cookies - \$4.00
Phoebe's Blondies - \$4.00

Eggs

Spinach, Feta, Red Onion & Green Olive Quiche - \$7 Bacon, Cream Cheese & Chive Quiche - \$7

TOAST:

Avocado Toast Pimenta Moida, Radish, Olive Oil, Lemon & Sea Salt - \$10

House Ricotta Toast Fresh Figs, Lavender Honey, Mint & Sea Salt - \$10

SALAD:

Salada De Polvo – Red Onion, Green Olive, Garlic, Parsley, Vinegar & E.v.o.o. - \$12.00 Poppy Seed Salad – Cucumber, Cherry Tomato, Carrot, Romaine, Arugula & Honey Poppyseed Dressing - \$10

Kale Salad – Baby Kale, Roasted Sweet Potato, Apple, Golden Raisin, Pickled Shallot, Toasted Pecan, Goat Cheese & Maple Thyme Vinaigrette - \$14

SANDWICHES:

Bifana – Marinated Pork Cutlet with Arugula & Piri Piri Mayo on a Toasted Portuguese Roll - \$12 Folklore Tuna Melt – Azorean Tinned Tuna, Celery, Sweet Pickles & Mayo on Toasted Nanny Bread with White Cheddar & Dill - \$12

Portabello – Vegan Pesto, Roasted Peppers, Cashew Ricotta, Arugula & Tapenade - \$12 Jamon Serrano – Arugula, Queijo Sao Jorge, Fresh Figs & Balsamic Glaze on a Toasted Portuguese Roll - \$14

SOUP:

Zelinda's Caldo Verde – Chourico, Potato & Kale - \$5
Folklore Chowder – Chopped Clanis, Smoked Bacon, Chourico, Potato, Anis, Brown Butter & Dill - \$5

PREPARED FOODS TO-GO:

Pint Folklore Chowder
Pint Zelinda's Caldo Verde
½ Pint/Pint Tuna Salad
½ Pint/Pint Salada De Polvo
Tia Nat's Queijo Fresco

SUNDAY BRUNCH

EGG SANDWICH Baffoni's Eggs,

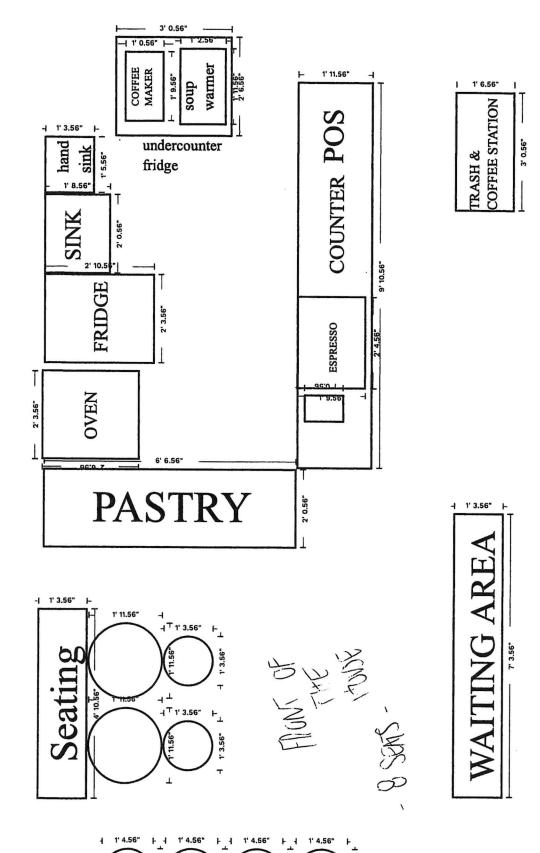
PROVISIONS:

BLONDIES

JAMS
HONEY
TINNED TUNA
GOOD OLIVE OIL
BISCUITS
CRACKERS
TEAS
COFFEE
BOMB SODA
CHOCOLATE CHIP COOKIES
PIE CRUST MUNCHIES
PIMENTA MOIDA
CHOCOLATE
POPPY SEED DRESSING
MAPLE THYME VINAIGRETTE

COUNTER SEATING

1' 6.56"

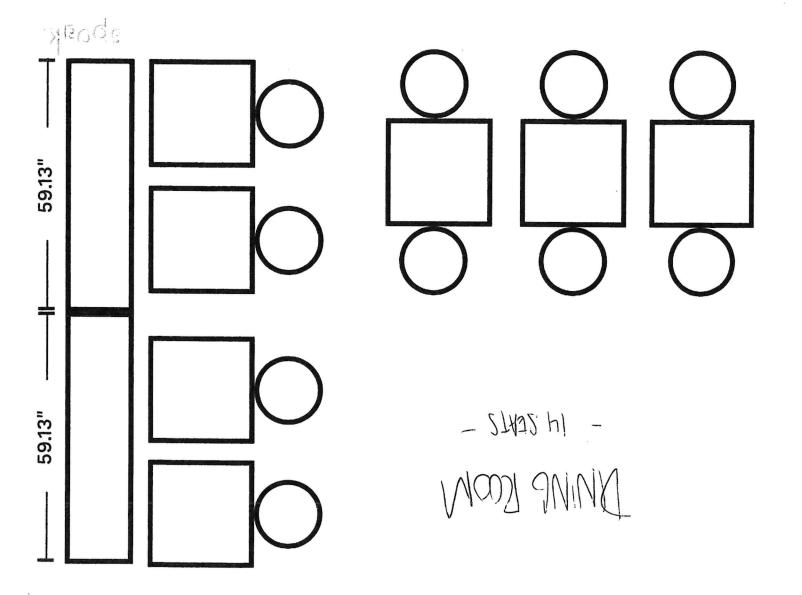




spoak

KOOW DINING

BATHROOM





TOWN CLERK'S OFFICE

Melissa Cordeiro, Town Clerk

10 Court Street Bristol, RI 02809 Tel. 401-253-7000 Fax. 401-253-2647 Email:Mcordeiro@bristolri.gov

MEMORANDUM

TO:

Steven Contente

TOWN ADMINISTRATOR

FROM:

Melissa Cordeiro

COUNCIL CLERK

DATE:

January 3, 2024

RE:

Charles Eli Dunn, Folklore, LLC, d/b/a Folklore

Provisions, 301 Hope Street - request for one

additional BV Liquor License

May we please have your recommendation or the recommendation of the department head you deem appropriate in order for the Council to review the request at the special Town Council Meeting to be held on **January 17**, **2024**.

All items for this docket must be received in the Clerk's office before 12:00 noon on Wednesday, January 10, 2024. All and any items received after the deadline will be held until the next council agenda.

Thank you for your cooperation and prompt reply. Attachment