



LICENSE REQUEST: **SUNDAY SALES LICENSE RENEWAL**
(CLASS A INTOXICATING BEVERAGE LICENSE)
EXPIRES: DECEMBER 1

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

SUNDAY SALES LICENSE RENEWAL

FOR: 1776 Liquors LTD
(NAME OF ESTABLISHMENT)

AT: 597 Metacom Avenue, Bristol, RI 02809
(ADDRESS OF ESTABLISHMENT)

BY: Joseph M Brito, Jr
(NAME OF APPLICANT)

* Fee for License: \$100 per year

Please attend the Council
Meeting on: November 12, 2025

**PETITION MUST BE RETURNED
BY October 29, 2025**

**Petition to applicant mailed:
September 16, 2025**

Date Received: _____

*SIGNATURE: _____

NAME: Joseph M Brito, Jr

(PLEASE PRINT NAME OF APPLICANT)

ADDRESS: 161 Poppasquash Rd

(ADDRESS OF APPLICANT)

TOWN: Bristol

DATE OF BIRTH: _____

BUSINESS TELEPHO _____

HOME TELEPHONE _____

EMAIL: _____

2025 OCT 10 PM 12:30

TOWN CLERK'S OFFICE
BRISTOL, RHODE ISLAND

TAX STAMP



TO BE USED BY FINANCE
DEPARTMENT

*BY SIGNING THIS PETITION, I CONSENT TO EXAMINATION AND
RELEASE OF RECORDS AND INFORMATION REGARDING MY
BACKGROUND, INCLUDING POLICE RECORDS, EDUCATIONAL
INFORMATION, RESIDENCE RECORDS, AND ANY COURT
RECORDS.



LICENSE REQUEST: **SUNDAY SALES LICENSE RENEWAL**
(CLASS A INTOXICATING BEVERAGE LICENSE)
EXPIRES: DECEMBER 1

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

SUNDAY SALES LICENSE RENEWAL

FOR: BRISTOL LIQUORS
(NAME OF ESTABLISHMENT)

AT: 390 Metacom Ave, Unit 6, Bristol RI 02809
(ADDRESS OF ESTABLISHMENT)

BY: ~~Dhaval Patel~~ Dhaval Patel
(NAME OF APPLICANT)

Fee for License: \$100 per year

Please attend the Council
Meeting on: November 12, 2025

**PETITION MUST BE RETURNED
BY October 29, 2025**

**Petition to applicant mailed:
September 16, 2025**

Date Received: _____

*SIGNATURE: Dhaval Patel

NAME: Dhaval Patel

(PLEASE PRINT NAME OF APPLICANT)

ADDRESS: 5390 Post RD #2

(ADDRESS OF APPLICANT)

TOWN: East Greenwich

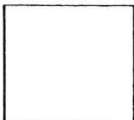
DATE OF BIRTH: _____

BUSINESS TELEPHONE: _____

HOME TELEPHONE: _____

EMAIL: _____

TAX STAMP



TO BE USED BY FINANCE
DEPARTMENT

*BY SIGNING THIS PETITION, I CONSENT TO EXAMINATION AND
RELEASE OF RECORDS AND INFORMATION REGARDING MY
BACKGROUND, INCLUDING POLICE RECORDS, EDUCATIONAL
INFORMATION, RESIDENCE RECORDS, AND ANY COURT
RECORDS.

2025 SEP 26 AM 11:42
TOWN CLERK'S OFFICE
BRISTOL, RHODE ISLAND



TOWN CLERK'S OFFICE
Bristol, Rhode Island
LICENSE REQUEST: **SUNDAY SALES LICENSE RENEWAL**
(CLASS A INTOXICATING BEVERAGE LICENSE)

EXPIRES: DECEMBER 1 2025 OCT 28 PM 1:31

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

SUNDAY SALES LICENSE RENEWAL

FOR:

(NAME OF ESTABLISHMENT)

Mt. Hope Liquors Inc & Co
Mt. Hope Liquor Store

AT:

(ADDRESS OF ESTABLISHMENT)

678 Hope Street

BY:

(NAME OF APPLICANT)

Dolores A. Teixeira

Fee for License: \$100 per year

Please attend the Council
Meeting on: November 12, 2025

*SIGNATURE:

Dolores A. Teixeira

NAME:

Dolores A. Teixeira

**PETITION MUST BE RETURNED
BY October 29, 2025**

**Petition to applicant mailed:
September 16, 2025**

Date Received: _____

ADD

TOWN

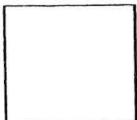
DATE

BUS

HOI

EM.

TAX STAMP



TO BE USED BY FINANCE
DEPARTMENT

*BY SIGNING THIS PETITION, I CONSENT TO EXAMINATION AND
RELEASE OF RECORDS AND INFORMATION REGARDING MY
BACKGROUND, INCLUDING POLICE RECORDS, EDUCATIONAL
INFORMATION, RESIDENCE RECORDS, AND ANY COURT
RECORDS.



LICENSE REQUEST: **SUNDAY SALES LICENSE RENEWAL**
(CLASS A INTOXICATING BEVERAGE LICENSE)
EXPIRES: DECEMBER 1

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

SUNDAY SALES LICENSE RENEWAL

FOR: Twelfth Night Sales Inc
(NAME OF ESTABLISHMENT) d/b/a Viola's Liquors

AT: 219 Wood Street, Bristol, RI 02809
(ADDRESS OF ESTABLISHMENT)

BY: Michael S Brito Jr
(NAME OF APPLICANT)

Fee for License: \$100 per year

Please attend the Council
Meeting on: November 12, 2025

**PETITION MUST BE RETURNED
BY October-29, 2025**

**Petition to applicant mailed:
September 16, 2025**

Date Received: _____

*SIGNATURE: _____

NAME: Twelfth Night Sales / Michael S Brito Jr

(PLEASE PRINT NAME OF APPLICANT)

ADDRESS: 6 Fox Run Road

TOWN: Barrington

(ADDRESS OF APPLICANT)

DATE OF BIRTH: _____

BUSINESS TELEPHONE: _____

HOME TELEPHONE: _____

EMAIL: _____

TAX STAMP



TO BE USED BY FINANCE
DEPARTMENT

*BY SIGNING THIS PETITION, I CONSENT TO EXAMINATION AND
RELEASE OF RECORDS AND INFORMATION REGARDING MY
BACKGROUND, INCLUDING POLICE RECORDS, EDUCATIONAL
INFORMATION, RESIDENCE RECORDS, AND ANY COURT
RECORDS.

2025 OCT 10 PM 12:34

TOWN CLERK'S OFFICE
BRISTOL, RHODE ISLAND