




Apply for a Liquor License

19-4

Applicant

 Robert A. Peretti, Esq.
 401-273-7747
 bob@lp.legal

Please select the License(s) you are applying for

Liquor Licenses

A (Package Store) \$1000

Food \$110

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1-4 a.m.

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BH (Hotel – Room Service and/or Minibar) \$500

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Holiday \$110

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Tobacco (Nicotine/Tobacco) \$100

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Frozen dessert \$20

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Are you applying for a Valet License? \$50

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Is this a Liquor License Renewal?

Is this application for a liquor license renewal?

No

Transfer of License

Are you transferring a liquor license (\$25.00 fee)

Yes

Name of original corporation who held the license (type "N/A" if not a corporation or LLC)

Margarita's Liquors, LLC

Name of original d/b/a

Bomar Liquors

Where is the transferred license going?

New Location

Previous location (address) of liquor license

927 Eddy Street, Providence, Rhode Island

Telephone number of original corporation or owner of license:

401-274-2004

E-mail of original corporation or owner of license:

margaritadiaz27@yahoo.com

Business Name or DBA for the New Business

Sunny's Liquors

New Business Address

35 Plainfield Street, Providence, RI 02909

Is a Corporation (INC or LLC) applying to receive this license.

Yes

Applicant/Owner Info:

Is the person completing this form the principle owner? Principle Owner/Holder of License

No

Shree Jalaram, Inc. d/b/a Sunny's Liquors

What is your business relationship to the business owner?

Attorney

If applicant is not the principle owner or if other was selected for business relationship, briefly explain:

I am completing the application on behalf of my client who is the applicant.

Complete Home Address

14 Winthrop Drive

City

Franklin

State

Massachusetts

Zip Code

02038

Phone Number

(401) 767-7717

Secondary Contact Number

(401) 405-0907

E-mail

adhyashakti@att.net

Information on Corporation

Corporation Name that will hold the license (please include the INC or LLC)

Shree Jalaram, Inc.

Corporation Address

35 Plainfield Street

State of Incorporation

Rhode Island

Date of Incorporation

10/26/2017

Corporation Phone Number

(401) 831-0405

Does the Applicant Own the Premises?

No

Have any officers, board members, or stockholders ever been arrested or convicted of a crime?

No

Name, Address, and Telephone of All Officers

President/Manager 1 Name

Chhaya D. Thakkar

President/Manager 1 Address

14 Winthrop Drive, Franklin, MA 02038

President/Manager 1 Phone

(401) 999-2667

Vice President/Manager 2 Name

Daxesh V. Thakkar

Vice President/Manager 2 Address

14 Winthrop Drive, Franklin, MA 02038

Secretary/Manager 3 Name

Chayya D. Thakkar

Secretary/Manager 3 Phone

(401) 999-2667

Treasurer/Manager 4 Address

14 Winthrop Drive, Franklin, MA 02038

Vice President/Manager 2 Phone

(401) 767-7717

Secretary/Manager 3 Address

14 Winthrop Drive, Franklin, MA 02038

Treasurer/Manager 4 Name

Daxesh V. Thakkar

Treasurer/Manager 4 Phone

(401) 767-7717

Name and Addresses of All Directors or Board Members**Director or Board Member's Name and Address**

None

Classes of Stock

PLEASE ATTACH A LIST WITH NAMES AND ADDRESSES OF ALL REGISTERED OWNERS OF EACH CLASS AND AMOUNT OWNED. YOU CAN DO THIS AT THE LAST SCREEN BEFORE SUBMITTING THIS APPLICATION.	Amount authorized
	200
	Amount issued
	200
true	

PLEASE ATTACH A LIST WITH NAMES AND ADDRESSES OF ALL REGISTERED OWNERS OF EACH CLASS AND AMOUNT OWNED. YOU CAN DO THIS AT THE LAST SCREEN BEFORE SUBMITTING THIS APPLICATION.	Amount authorized
	200
200	
false	

Disclosure of Additional Financial Interests

Is there anyone else who has financial or ownership interests including people or entities who have provided loans to the applicant for the purpose of this license?

No

Yearly Licenses for Billiard and Amusement Centers

Do you have an amusement center, as defined above?

No

Will your establishment have any billiard tables?

No

Annual Expansion of Premises

Are you applying for an annual expansion of premises?
(\$250)

No

Workers Compensation

PLEASE CHECK IF THE BUSINESS WILL HAVE
EMPLOYEES

false

Attestation

PLEASE READ AND ACKNOWLEDGE: By submitting this application I hereby certify that all employees working for this business will have completed and hold current TIPS certification as applicable and that I will meet all Workers' Compensation requirements for my business. I agree to keep and provide proof of the above to present to the City of Providence upon request.

true

Signature

I, the applicant, affirm that the facts contained herein are true and that any omission or nonfactual information could result in the denial of my license.

true

Please type the first and last name of the person filling out this application and attesting to the accuracy of all the information entered and agreed to above above.

Robert A. Peretti, Esq.