

Apply for a Liquor License

**116394**

**Applicant**

 Sandy Marchand  
 401-500-8906  
 @sandy.marchand1@gmail.com

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**Please select the License(s) you are applying for**

**Liquor Licenses**

C (Neighborhood Bar) \$800

**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**

No

**Food \$110**

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**1-4 a.m. \$110**

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**Is this a Liquor License Renewal?**

Is this application for a liquor license renewal?

Yes

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**Transfer of License**

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

No

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**Business Info:**

**Doing Business As (the name of the business/establishment applying for the license)**

Union Avenue Pub

**Business address where the license will be held**

306 Union Avenue Pub

**Is a CORPORATION (INC or LLC) applying to hold this license?**

Yes

**Will you use social media to promote business?**

Yes

Please list any social media platforms including usernames or account IDs that will be used to promote your business.

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By checking this I acknowledge that I understand it is illegal for Liquor-Licensed businesses to host bottle service or offer drink specials, and I will not promote or offer bottle service or drink specials.

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### **Applicant/Owner Info:**

Is the person filling out this form the principle owner of the business applying for the license?

Yes

**Phone Number**

401-500-8906

**E-mail**

Sandy.marchand1@gmail.com

Complete Home Address including street, city, state, and zip

18 Woburn Street

**Secondary Contact Number**

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### **Information on Corporation**

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

Union Avenue Pub INC

**Corporation Phone Number**

401-500-8906

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

Yes

Please explain any arrests or convictions:

6/2017 Misdemeanor DUI

**Corporation Address**

306 Union Avenue

**State of Incorporation**

Providence

**Does the Applicant Own the Premises?**

No

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### **Disclosure of Additional Financial Interests**

Static Field

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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

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### Yearly Licenses for Billiard and Amusement Centers

Do you have an amusement center, as defined above?

No

Will your establishment have any billiard tables?

Yes

Will your establishment have at least one billiard table?

Yes

How many billiard tables will your establishment have in addition to the first? (Put zero if you only have one billiard table.)

0

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### Annual Expansion of Premises

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

No

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### Workers Compensation

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Static Field

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**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

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### 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.

Sandy Marchand

