

Apply for a Liquor License

111021

Applicant

 moshe gabai
 401-744-3424
 moshegabai@hotmail.com

Please select the License(s) you are applying for

Liquor Licenses

BV (Restaurant) \$2000

BX (2 AM Closing) \$500

true

Food \$110

true

1-4 a.m. \$110

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Are you applying for a Valet License? \$50

Yes

Holiday \$110

true

Tobacco (Nicotine/Tobacco) \$100

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Frozen dessert \$20

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Is this a Liquor License Renewal?

Is this application for a liquor license renewal?

Yes

Transfer of License

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

No

Business Info:

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

Tel Aviv / International Lounge

Business address where the license will be held

18 bridge street

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

No

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

4017443424

E-mail

moshegabai@hotmail.com

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

99 walton street

Secondary Contact Number

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Disclosure of Additional Financial Interests

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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

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

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

Yes

Type of outdoor expansion:

Sidewalk

Provide a breakdown of the hours of expansion (ex. Mon-Fri 9-5)

sun-Saturday 5-2

I hereby agree to furnish the City of Providence with a general liability insurance policy from an approved insurer in an amount of not less than \$100,000 and naming the City of Providence, its agents, officers, and employees as additional named insureds.

true

Workers Compensation

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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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Valet License Applicants (\$50)

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I attest I have read all above requirements of a valet License and will be in compliance with all above regulations per City ordinance.

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Seating Capacity of the Establishment

150

Is the parking facility owned by the Applicant?

Yes

Days and Hours of Operation (Example: Monday - Thursday 12PM - 8 PM)

Thursday-Sunday 5-2

Number of Valet Drivers per shift

Name of Valet Company Used (if applicable)

2

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Number of Parking Spaces Available to the Valet

50

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.

moshe gabai