




## Apply for a Liquor License

**112367**

## Applicant

 Jaewoo Choi  
 401-601-6761  
 oboy.pvd@gmail.com

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

## Liquor Licenses

BV (Restaurant) \$2000

**BX (2 AM Closing) \$500**

--

**Food \$110**

true

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

--

## Are you applying for a Valet License? \$50

No

**Holiday \$110**

true

**Tobacco (Nicotine/Tobacco) \$100**

--

**Frozen dessert \$20**

--

## 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)**

OBOY

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

333 Westminster st

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

Yes

Will you use social media to promote business?

No

**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.**

--

---

**Applicant/Owner Info:**

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

Yes

**Phone Number**

401-601-6761

**E-mail**

BKCHOIUSA@GMAIL.COM

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

333 westminster st

**Secondary Contact Number**

718-55-9537

---

**Information on Corporation**

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

bkchoi, inc

**Corporation Phone Number**

401-601-6761

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

No

**Corporation Address**

333 westminster st, suite 100

**State of Incorporation**

RI

**Does the Applicant Own the Premises?**

Yes

---

**Disclosure of Additional Financial Interests**

**Static Field**

--

**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**

**Static Field**

--

**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)**

Monday - Sunday 5pm - 1:00am

**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**

**Static Field**

**Static Field**

--

--

**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**

--

**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.**

**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.**

true

JAEWOO CHOI