

Board of Licensing Commissioners

Application for Transfer of Alcoholic Beverage License

TRANSFER OF: Location _____ Name ✓ Stock _____RETAILER CLASS: A _____ BH _____ BM _____ BT _____ BV ✓ BVL _____ C _____ E _____ ED _____ J _____ T _____

NAME OF TRANSFER APPLICANT

TEL # _____

Foreign Events, LLC

D/B/A

Kai Bar

ADDRESS

232 Main St.

The above hereby petitions the Licensing Board to transfer the said license to:

New Location (if any): _____

New Name (if any)

Kai Bar, LLC d/b/a Kai Bar

If change of stockholder's, please list old and new stockholders:

Does establishment have a draft system?

Signature of Transferor

Date

11/6/18

Printed Name

Witness or Notary Public

Signature of Transferee

Date

11/6/18

Printed Name

Witness or Notary Public

The Board of License Commissioners has set a hearing on: _____ at _____ o'clock p.m.

Located at: _____ and ordered the same to be duly advertised.

The Board of License Commissioners

Date

Title

PETITION FOR TRANSFER OF VICTUALING LICENSE
TO THE HONORABLE TOWN COUNCIL OF
THE TOWN OF EAST GREENWICH

The undersigned hereby petitions that Victualing License No. _____ for:

Foreign Events d/b/a Kai Bar
Transferor

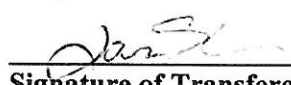
232 Main St be transferred to:
Address

Kai Bar, LLC d/b/a Kai Bar
Transferee

232 Main St
Address

 11/6/18
Signature of Transferor **Date**

Kaibare@gmail.com
Telephone or Email Address

 11/6/18
Signature of Transferee **Date**

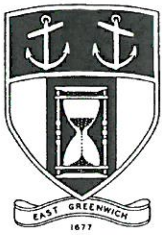
401 277 7924
Telephone or Email Address

NOTE: All outstanding taxes (real estate, tangible personal property and Fire District) should be current prior to applying for transfer.

FEE: \$35.00 payable at time of application.

HEARING DATE: _____
DATE ISSUED: _____

DATE GRANTED: _____
RECEIVED BY: _____



Town of East Greenwich, Rhode Island

Town Clerk's Office, 125 Main Street, PO Box 111, East Greenwich, RI 02818
(401) 886-8605

Board of Licensing Commissioners
Application for Alcoholic Beverage License by Corporation
DECEMBER 1, 2018 to NOVEMBER 30, 2019
(Pursuant to provisions of RIGL Title 3)

RETAILER CLASS:

A ☐ BH ☐ BM ☐ BT ☐ BV ☒ BVL ☐ C ☐ E ☐ ED ☐ J ☐ T ☐ (1:00 a.m.)

NAME OF APPLICANT (Corporation Name)

TEL #

Kai Bar, LLC

401.297.7924

D/B/A

ADDRESS OF PREMISES

232 Main St., E.G., RI 02818

STATE INCORPORATED

DATE INCORPORATED

09.15.2018

NAME, ADDRESS AND TELEPHONE NUMBER OF ALL OFFICERS:

PRESIDENT

VICE-PRESIDENT

SECRETARY

TREASURER

NAME, ADDRESS AND TELEPHONE NUMBER OF ALL DIRECTORS OR BOARD MEMBERS:

CLASSES OF STOCK:

(a) Amount of Each Authorized:

(b) Amount of Each Issued:

NAMES AND ADDRESSES OF ALL REGISTERED OWNERS OF EACH CLASS AND AMOUNT OWNED: (attach list if necessary)

<u>Jason Kindness</u>	<u>232 Main St, E.G. RI 02818</u>	<u>18%</u>
<u>Marshall Muir</u>	<u>2323 Warwick Ave, unit A</u>	<u>41%</u>
<u>Nadezhda Koltakova</u>	<u>Warwick, RI 02889</u>	<u>41%</u>

IF ANY OF THE ABOVE STOCK IS HYPOTHECATED OR PLEDGED, PROVIDE DETAILS:

IF APPLICATION IS ON BEHALF OF UNDISCLOSED PRINCIPAL OR PARTY IN INTEREST, PROVIDE DETAILS:

Does Applicant Own Premises?

Yes ☐ No ☒

Is Property Mortgaged?

Yes ☐ No ☒

Is Property Leased?

Yes ☒ No ☐

NAME AND ADDRESS OF MORTGAGEE OR LESSEE AND AMOUNT OF EXTENT:

Marshall Muir

LOCATIONS WITHIN OR OUTSIDE OF BUILDING WHERE LIQUOR WILL BE SERVED:

within dining / lounge / bar area + sidewalks table service when applicable

HAVE ANY OFFICERS, BOARD MEMBERS OR STOCKHOLDERS EVER BEEN ARRESTED OR CONVICTED OF A CRIME? YES ☐ NO ☒ IF YES, PLEASE EXPLAIN:

IS ANY OTHER BUSINESS TO BE CARRIED ON IN LICENSED PREMISES? YES _____ NO X
IF YES, PLEASE EXPLAIN:

IS ANY OFFICER, BOARD MEMBER OR STOCKHOLDER ENGAGED IN ANY MANNER AS A LAW ENFORCEMENT OFFICER? YES _____ NO X IF YES, PLEASE EXPLAIN:

IS APPLICANT OR ANY OF ITS OFFICERS, BOARD MEMBERS OR STOCKHOLDERS INTERESTED DIRECTLY OR INDIRECTLY AS PRINCIPLE OR ASSOCIATE OR IN ANY MANNER WHATSOEVER IN ANY LICENSE ISSUED UNDER CHAPTER 3 OF THE GENERAL LAWS OF RHODE ISLAND, AS AMENDED? YES _____ NO X IF YES, PLEASE EXPLAIN:

IS APPLICANT THE OWNER OR OPERATOR OF ANY OTHER BUSINESS? YES ✓ NO _____ IF YES, PLEASE EXPLAIN:

241 Main, LLC.
STATE AMOUNT OF CAPITAL INVESTED IN THE BUSINESS:

\$100,000
DOES ESTABLISHMENT HAVE A DRAFT SYSTEM (RIGL 3-7-25)?
No

I HEREBY CERTIFY THAT THE ABOVE STATEMENTS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Jason Kindness
APPLICANT (signature)

11/10/18
DATE

Jason Kindness, Managing Partner
PRINTED NAME AND TITLE

[Signature]
WITNESS OR NOTARY PUBLIC

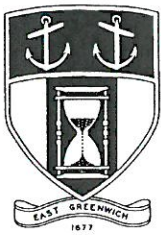
11.06.2018
DATE

Instructions for Applicants

1. Every question on Application Form must be answered. Any false statement made by the Applicant will be sufficient grounds for the denial of the application or the revocation of the license in case one has been granted.
2. Corporations having 25 or more stockholders need not file a list of the names and addresses of stockholders.
3. Attention is called to the requirements of RIGL 3-5-10:
 - a) All newly elected officers or directors must be reported to the Board of License Commissioners within 30 days.
 - b) Any acquisition by any person of more than ten per cent (10%) of any class of corporate stock must be reported within 30 days.
 - c) Any transfer of fifty per cent (50%) or more of any class of corporate stock can be made only by written application to the licensing board subject to the procedures for a transfer of a license.
4. Submit with this application a copy of proposed menu. (Class BV; BVL)
5. Submit a Criminal History Record for all Officers, obtained at the RI Attorney General's office (new applicants only).
6. Submit a copy of Pharmacist's License from the Department of Health (Class E).
7. Should your business close for any reason, please contact the Town Clerk at 401-886-8604.
8. Applicant certifies that under penalties of perjury that such person has filed all required tax returns and paid all taxes due the State per RIGL 5-76-2.

Office Use Only

Date Approved by Council:	Date License Issued:
Fee Paid:	Date License Expires:
License Issued By:	



Town of East Greenwich, Rhode Island

Town Clerk's Office, 125 Main Street, PO Box 111, East Greenwich, RI 02818
(401) 886-8605

APPLICATION FOR VIRTUALING LICENSE

DECEMBER 1, 2018 to NOVEMBER 30, 2019

(Pursuant to provisions of RIGL Section 5-24-1)



RENEWAL



NEW

BUSINESS NAME Kai Bar, LLC

(D/B/A) Kai Bar

LOCATION OF BUSINESS 232 Main St, E. Greenwich, RI 02818

BUSINESS ADDRESS (If different than location) _____

TELEPHONE 401.297.7924 **HOURS OF OPERATION** 5pm - 1am

SOLE PROPRIETOR (PRINT NAME, ADDRESS AND DATE OF BIRTH):

NAME

ADDRESS

DATE OF BIRTH

CORPORATIONS/PARTNERSHIPS (PRINT NAME, ADDRESS AND DATE OF BIRTH of all partners or principal officers and stockholders):

NAME

ADDRESS

DATE OF BIRTH

Jason Kindness	232 Main St, E.G., 02818	08.01.1977
Marshall Muir	2323 Warwick Ave, Unit A	04.06.1980
Nadezhda Koltakova	Warwick, RI 02889	04.24.1990

DESCRIBE TYPE OF OPERATION (Restaurant, Bakery, etc.):

Restaurant + Bar

Is your operation and storage area all on one floor? Yes ☒ No ☐

Seating capacity 65 No. of Dining Rooms 1 No. of Kitchens 1

RI RETAIL SALES TAX PERMIT NO. 2-0939-8238

I HEREBY CERTIFY THAT THE ABOVE STATEMENTS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

SIGNATURE OF APPLICANT: [Signature] **DATE:** 11/6/18

NOTE: INSPECTIONS BY THE RI HEALTH DEPT, BUILDING INSPECTOR AND FIRE MARSHAL ARE REQUIRED. NO ACTIVITY WILL BE AUTHORIZED UNTIL SATISFACTORY CERTIFICATES ARE OBTAINED. ALL TAXES MUST BE PAID.

(A virtualing house is a business where food is prepared and/or consumed on the premises.)

Office Use Only

Date Approved by Council:	Date License Issued:
Fee Paid: \$75.00	Date License Expires:
Extended Hours (1 AM – 4 AM) \$100.00 *	
License Issued By:	

*Please note the extended hours fee is \$100 total not in addition to the \$75



Town of East Greenwich, Rhode Island

Town Clerk's Office, 125 Main Street, PO Box 111, East Greenwich, RI 02818
(401) 886-8605

**APPLICATION FOR ENTERTAINMENT/DANCE LICENSE
DECEMBER 1, 2018 to NOVEMBER 30, 2019**



RENEWAL



NEW

NAME OF APPLICANT: Jason Kindness
TITLE OR POSITION: Managing Partner CONTACT NUMBER 401.297.7924
NAME OF BUSINESS: Kai Bar, LLC
BUSINESS ADDRESS: 232 Main St, E.G., RI 02818
MAILING ADDRESS: (same as above)
BUSINESS TELEPHONE: 401.297.7924

Nature of Entertainment: Vocal ☒ Instrumental ☒ Karaoke ☒
Band ☒ Disc Jockey ☒

[Not valid for amplified sound out of doors (Code Section 152-8)]

Other (explain) _____

Location on premises: Lounge ☒ Dining ☒

Other (explain) _____

Dancing to be conducted: N/A
(If yes, please specify area.)

I HEREBY CERTIFY THAT THE ABOVE STATEMENTS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

SIGNATURE [Signature] DATE 11/6/18

LICENSE FEE: \$60.00

PAYABLE TO: TOWN OF EAST GREENWICH

Office Use Only

Date Approved by Council:	Date License Issued:
Fee Paid:	Date License Expires:
License Issued By:	



Town of East Greenwich, Rhode Island

Town Clerk's Office, 125 Main Street, PO Box 111, East Greenwich, RI 02818
(401) 886-8605

**APPLICATION FOR
OUTDOOR SIDEWALK LIQUOR SERVICE**

DECEMBER 1, 2018 to NOVEMBER 30, 2019

Pursuant to provisions of Chapter 15-8 of East Greenwich Town Charter



RENEWAL



NEW

BUSINESS NAME: Kai Bar, LLC

(D/B/A): Kai Bar

LOCATION OF BUSINESS: 232 Main St, E.G., RI 02818

MAILING ADDRESS: 232 Main St

E.G., RI 02818

TELEPHONE NUMBERS: 401.297.7924

HOW MANY TABLES? 3 **HOW MANY CHAIRS?** 6

1. Applicant must be the holder of a valid Class BV liquor license;
2. Upon approval, liquor may be served at an outside table seven days a week, from **11:00 a.m. to 11:00 p.m., only** in conjunction **with the service of a full meal**;
3. A public right-of-way shall be maintained at all times on public sidewalks as mandated by the Americans with Disabilities Act, 42 U.S.C.A. § 12132;
4. Tables with outdoor sidewalk liquor service shall be separated from the rest of the sidewalk area by a temporary physical barrier;
5. This service may be revoked at any time without the right to a hearing at the sole discretion of the Town Council.

I HEREBY CERTIFY THAT THE ABOVE STATEMENTS ARE TRUE TO THE BEST OF MY
KNOWLEDGE AND BELIEF.

SIGNATURE [Signature]

DATE 11/6/18

LICENSE FEE: \$150.00

PAYABLE TO: TOWN OF EAST GREENWICH

Office Use Only

Date Approved by Council:	Date License Issued:
Fee Paid:	Date License Expires:
License Issued By:	

EAST GREENWICH FIRE DEPARTMENT

111 PEIRCE STREET, EAST GREENWICH, RHODE ISLAND 02818

TELEPHONE 886-8693 • FAX: 886-8652



OFFICE OF THE FIRE MARSHAL
SHughes@EastGreenwichRI.com

BUILDING AND CONTACT INFORMATION UPDATE FORM

BUILDING ADDRESS: 232 Main St, E.G, RI 02818
OWNERS NAME: Jason Kindness
IF CORPORATION, LISTED AGENT: _____
OWNER MAILING ADDRESS: 232 Main St
CITY: E. Greenwich STATE: RI ZIP CODE 02818
OWNER PHONE: 401.297.7924
#1 EMERGENCY CONTACT: Jason Kindness PHONE: 401.297.7924
#2 EMERGENCY CONTACT: Marshall Muir PHONE: 401.286.4107

PLEASE ANSWER ALL THAT APPLY:

FIRE ALARM TESTING COMPANY: UR Alarms PHONE: 508.676.2422
SPRINKLER TESTING COMPANY: UR Alarms PHONE: 508.676.2422

IF YOU WILL BE CHANGING THE LOCKS ON YOUR BUILDING PLEASE CALL 401-886-8688 AND A REPRESENTATIVE FROM THE FIRE DEPARTMENT WILL ASSIST YOU IN UPDATING YOUR KEY BOX.

[Signature]
OWNER/REPRESENTATIVE SIGNATURE

4/6/18
TODAYS DATE



TOWN OF EAST GREENWICH

*125 Main Street
PO Box 111
East Greenwich, RI 02818*




***APPLICATION FOR EXTENDED HOURS
ON
NEW YEARS EVE***

BUSINESS NAME: Kai Bar

ADDRESS: 232 Main St, E.G., RI 02818

APPLICANTS NAME: Jason Kindness

TELEPHONE: 401.297.7924

SIGNATURE: 

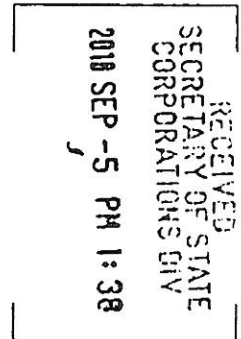
Scheduled for: _____
(Date of Town Council Meeting)

Granted: _____
(Date of Town Council Meeting)

Conditions: _____




State of Rhode Island and Providence Plantations
Department of State - Business Services Division




Statement of Abandonment of Use of Fictitious Business Name
DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: \$50.00

Pursuant to the provisions of RIGL 7-16-9, the undersigned limited liability company hereby abandons the use of a fictitious business name in the transaction of business in the state of Rhode Island and submits the following:

1. Entity ID Number: 001657343	2. The name of the Limited Liability Company is: FOREIGN EVENTS LLC	
3. The fictitious business name to be abandoned is: KAI BAR		
4. The date when the original fictitious business name statement was filed is: 10-13-2015		
5. The state or country the entity is formed is: Rhode Island	6. The date of formation is: 10-13-15	
<i>Under penalty of perjury, I declare that the information contained herein is true and correct.</i>		
Name of Applicant Limited Liability Company Marshall Muir, Manager		Date August 24, 2018
Signature of Authorized Person  SIGN DOCUMENT HERE		

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FILED 
SEP 05 2018 1:38
BY CA 20457

If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email corporations@sos.ri.gov.



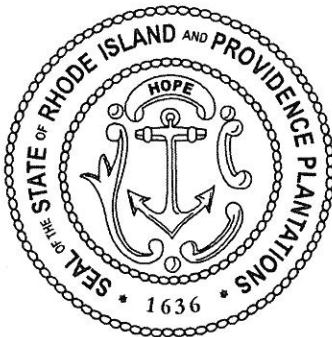
State of Rhode Island and Providence Plantations
Department of State | Office of the Secretary of State
Nellie M. Gorbea, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island
and Providence Plantations, hereby certify that this document, duly executed in
accordance with the provisions of Title 7 of the General Laws of Rhode Island, as
amended, has been filed in this office on this day:

September 05, 2018 01:38 PM

A handwritten signature in black ink, appearing to read "Nellie M. Gorbea".

Nellie M. Gorbea
Secretary of State





State of Rhode Island and Providence Plantations
Department of State - Business Services Division

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV
2018 SEP -5 PM 1:38

Articles of Organization

DOMESTIC Limited Liability Company

→ Filing Fee: \$150.00

Pursuant to the provisions of RIGL 7-16, the following Articles of Organization are adopted for the limited liability company to be organized hereby:

1. The name of the limited liability company is:		
KAI BAR LLC		
2. The name and address of the initial resident agent/office in Rhode Island is:		
Agent Name William T. Carline III, Esq.		
Street Address (NOT a P.O. Box) 1116 Park Avenue		
City/Town Cranston	State RHODE ISLAND	Zip Code 02910
3. Under the terms of these Articles of Organization and any written operating agreement made or intended to be made, the limited liability company is intended to be treated for purposes of federal income taxation as (CHECK ONE BOX):		
<input checked="" type="checkbox"/> partnership or <input type="checkbox"/> a corporation or <input type="checkbox"/> disregarded as an entity separate from its member(s)		
4. The address of the principal office of the limited liability company, if it is determined at the time of organization:		
Street Address 2323 Warwick Avenue, Unit A		
City/Town Warwick	State RI	Zip Code 02889
5. The limited liability company has the purpose of engaging in any lawful business, and shall have perpetual existence until dissolved or terminated in accordance with RIGL 7-16, unless a more limited purpose or duration is set forth in Section 6 of these Articles of Organization.		

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FILED
SEP 05 2018 1:38
BY Ch 20457

6. Additional provisions, if any, not consistent with law, which the member(s) elect to have set forth in these Articles of Organization, including, but not limited to, any limitation of the purpose(s) or duration for which the limited liability company is formed, and any other provision which may be included in an operating agreement:

None

Check this box to indicate attachment ☐

7. The Limited Liability Company is to be managed by:

You **MUST** check one box:

☐ Its member(s) (If you have checked this box, skip to Section 8. **Do not** fill out the chart below.)

☒ One (1) or more manager(s) (If the limited liability company has manager(s) at the time of the filing of these Articles of Organization, state the name and address of each manager below.)

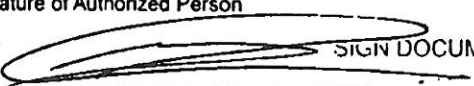
MANAGER	ADDRESS
Nazezhda Koltakova	117 Shawomet Avenue, Warwick, RI 02889
Jason Kindness	264 Main Street, Apt. #2, East Greenwich, RI 02889
<i>Marshall Muir</i>	<i>117 Shawomet Avenue, Warwick, RI 02889</i>

8. Date when these Articles of Organization will be effective: **CHECK ONE BOX ONLY**

☒ Date received (Upon filing)

☐ Later effective date (Date must be no more than 30 days from the date of filing) _____

Under penalty of perjury, I declare and affirm that I have examined these Articles of Organization, including any accompanying attachments, and that all statements contained herein are true and correct.

Name of Authorized Person	Address		
Marshall Muir	2323 Warwick Avenue, Unit A		
City/Town	State	Zip Code	
Warwick	RI	02889	
Signature of Authorized Person  SIGN DOCUMENT HERE			Date August 24, 2018

If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email corporations@sos.ri.gov.

FORM 400 - Revised: 11/2017



State of Rhode Island and Providence Plantations
Department of State | Office of the Secretary of State
Nellie M. Gorbea, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island
and Providence Plantations, hereby certify that this document, duly executed in
accordance with the provisions of Title 7 of the General Laws of Rhode Island, as
amended, has been filed in this office on this day:

September 05, 2018 01:38 PM

A handwritten signature in black ink, appearing to read "Nellie M. Gorbea". The signature is fluid and cursive.

Nellie M. Gorbea
Secretary of State

