

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 #

*Five Heart LLC*

D/B/A

*Feast Sandwich Company*

ADDRESS OF PREMISES

*431 Main St.*STATE INCORPORATED *RI*DATE INCORPORATED *10/22/16*

NAME, ADDRESS AND TELEPHONE NUMBER OF ALL OFFICERS:

PRESIDENT

*Mitchell Waterman, Devils Foot Rd North Kingstown, 401-290-8210*

VICE-PRESIDENT

*John Supplee, Duke St. East Greenwich, 401-300-7918*

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)

*Mitchell Waterman - 50%**John Supplee - 50%*

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:

*Kevin Pizzuto, 1209 Kingston Rd.*LOCATIONS WITHIN OR OUTSIDE OF BUILDING WHERE LIQUOR WILL BE SERVED: *Dining Room, Patio*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 ✓

IF YES, PLEASE EXPLAIN:

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

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

STATE AMOUNT OF CAPITAL INVESTED IN THE BUSINESS:

~~60,000~~ 60,000

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.

APPLICANT (signature)

DATE

10/2/18

PRINTED NAME AND TITLE

Elaine M. Despeca

WITNESS OR NOTARY PUBLIC

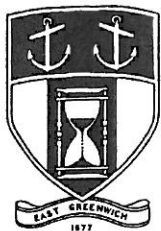
DATE

#### 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** Five Heard LLC

**(D/B/A)** Feast Sandwich Company

**LOCATION OF BUSINESS** 431 Main St, East Greenwich, RI 02818

**BUSINESS ADDRESS** (If different than location) \_\_\_\_\_

**TELEPHONE** \_\_\_\_\_ **HOURS OF OPERATION** 12-10

**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

Mitchell Waterman

Devils Foot Rd, North Kingstown

3/16/92

John Spolada

Duke St, East Greenwich

4/18/80

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

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

Seating capacity 35 No. of Dining Rooms \_\_\_\_\_ No. of Kitchens \_\_\_\_\_

**RI RETAIL SALES TAX PERMIT NO.** 81-4403136

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

**SIGNATURE OF APPLICANT:**

John Spolada

**DATE:**

10/2/18

**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

# 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: 431 Main St.

OWNERS NAME: ~~John Sepulveda~~ Kevin Pozzani

IF CORPORATION, LISTED AGENT: John Sepulveda, Mitchell Waterman

OWNER MAILING ADDRESS: 431 Main St.

CITY: East Greenwich STATE: RI ZIP CODE 02818

OWNER PHONE: 401-996-6384

#1 EMERGENCY CONTACT: John Sepulveda PHONE: 401-300-7918


#2 EMERGENCY CONTACT: Mitchell Waterman PHONE: 401-290-8210

### PLEASE ANSWER ALL THAT APPLY:

FIRE ALARM TESTING COMPANY: Eastern PHONE: 401-597-0440

SPRINKLER TESTING COMPANY: Eastern PHONE: 401-597-0440

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.

  
OWNER/REPRESENTATIVE SIGNATURE

10/2/18  
TODAYS DATE



SCOTTSDALE INSURANCE COMPANY®  
**COMMERCIAL GENERAL LIABILITY COVERAGE PART  
SUPPLEMENTAL DECLARATIONS**

Policy No. CPS2564362 Effective Date 11/22/2016  
12:01 A.M., Standard Time

Named Insured FIRE HEARD LLC Agent No. 06002

Item 1. Limits of Insurance		
Coverage	Limit of Liability	
Aggregate Limits of Liability	\$ <u>2,000,000</u>	Products/ Completed Operations Aggregate
	\$ <u>2,000,000</u>	General Aggregate (other than Products/ Completed Operations)
Coverage A - Bodily Injury and Property Damage Liability	\$ <u>1,000,000</u>	any one occurrence subject to the Products/ Completed Operations and General Aggregate Limits of Liability
	\$ <u>100,000</u>	any one premises subject to the Coverage A occurrence and the General Aggregate Limits of Liability
Damage to Premises Rented to You Limit	\$ <u>100,000</u>	
Coverage B - Personal and Advertising Injury Liability	\$ <u>1,000,000</u>	any one person or organization subject to the General Aggregate Limits of Liability
	\$ <u>5,000</u>	any one person subject to the Coverage A occurrence and the General Aggregate Limits
Coverage C - Medical Payments		

Item 2. Description of Business

Form of Business.

☐ Individual    ☐ Partnership    ☐ Joint Venture    ☐ Trust    ☒ Limited Liability Company

☐ Organization including a corporation (other than Partnership, Joint Venture or Limited Liability Company)

Location of All Premises You Own, Rent or Occupy:

**See Schedule of Locations**

Item 3. Forms and Endorsements	
Form(s) and Endorsement(s) made a part of this policy at time of issue:	
<b>See Schedule of Forms and Endorsements</b>	
Item 4. Premiums	
Coverage Part Premium:	\$ <u>881</u>
Other Premium:	\$ <u></u>
Total Premium:	\$ <u>881</u>

THESE DECLARATIONS ARE PART OF THE POLICY DECLARATIONS CONTAINING THE NAME OF THE INSURED AND THE POLICY PERIOD.