

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 # 401-886-946

The Savory Grape Inc.

D/B/A

ADDRESS

1000 Division Road East Greenwich, RI 02818

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

New Location (if any):

New Name (if any)

SG Retail LLC.

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

Jessica Granatiero - old

Nino Granatiero - old

Michelle Collie - New

Does establishment have a draft system? - NO

Signature of Transferor *Jessica Norris* Date 11-10-17

Printed Name Jessica Norris Granatiero

Signature of Witness or Notary Public *Brittany Amaral*

Witness or Notary Public

Signature of Transferee *Michelle Collie* Date 11/10/17

Printed Name Michelle Collie

Signature of Witness or Notary Public *Brittany Amaral*

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



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, 2017 to NOVEMBER 30, 2018

(Pursuant to provisions of RIGL Title 3)

RETAILER CLASS:

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

NAME OF APPLICANT (Corporation Name)

TEL #

SG Retail LLC

401-455-0700

D/B/A

The Savory Grape

ADDRESS OF PREMISES

1000 Division Road East Greenwich, RI. 02818

STATE INCORPORATED RI

DATE INCORPORATED

8/16/2017

NAME, ADDRESS AND TELEPHONE NUMBER OF ALL OFFICERS:

PRESIDENT

Michelle Collie

VICE-PRESIDENT

SECRETARY

TREASURER

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

Michelle Collie 184 Upton Ave Providence, RI 02906 401-331-7486

CLASSES OF STOCK:

(a) Amount of Each Authorized: Not Applicable

(b) Amount of Each Issued: Not Applicable

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

Michelle Collie - Sole member

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

Not Applicable

IF APPLICATION IS ON BEHALF OF UNDISCLOSED PRINCIPAL OR PARTY IN INTEREST, PROVIDE DETAILS: Not Applicable

Does Applicant Own Premises?

Yes No X

Is Property Mortgaged?

Yes No X

Is Property Leased?

Yes X No

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

SG Retail LLC 1800 Financial Plaza, Providence, RI. 02903 11 years

LOCATIONS WITHIN OR OUTSIDE OF BUILDING WHERE LIQUOR WILL BE SERVED: Not Applicable

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

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

Applicant is the Owner and CEO of Performance Physical Therapy

STATE AMOUNT OF CAPITAL INVESTED IN THE BUSINESS:

\$ 1.4 million

DOES ESTABLISHMENT HAVE A DRAFT SYSTEM (RIGL 3-7-25)?

Not Applicable

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

Michelle Collie
APPLICANT (signature)
Michelle Collie president

DATE 11/10/17

PRINTED NAME AND TITLE

Brittany Amaral
WITNESS OR NOTARY PUBLIC

11/10/17
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:	