



State of Rhode Island
Department of Business Regulation
Division of Commercial Licensing
Liquor Enforcement and Compliance Section
1511 Pontiac Ave, Bldg. 69-1
Cranston, RI 02920

ALCOHOL SERVER TRAINING PROGRAM INSTRUCTIONS AND APPLICATION

Pursuant to [R.I.G.L. § 3-7-6.1\(C\)](#), “Only alcohol server training programs that meet the criteria as determined by the department of business regulation may be eligible for certification.”

Incomplete applications will be returned.

Mail completed application and supporting documentation **ON A FLASH DRIVE** to:

Department of Business Regulation
C/O Commercial Licensing: Alcohol Server Training Program
1511 Pontiac Avenue, Bldg. 69-1
Cranston, RI 02920

Supporting Documentation:

- Copy of the proposed curriculum.
- Copy of all audio, video, and instructional materials to be used in the program.
- Copy of all printed materials that will be disseminated to program participants.
- Copy of the written examination material to be administered in the program with answer key.
- For web-based training programs, description of safeguards to verify participant identity.
- For web-based training programs, login permission with passcode for the Department’s review.
- Pursuant to [Regulation 230-RICR-30-10-1\(4\)\(43\)\(H\)](#), written description of testing and grading procedures and methods for safeguarding test integrity in accordance with.
- Pursuant to [Regulation 230-RICR-30-10-1\(4\)\(43\)\(I\)](#), a sample of server permit awarded to the participant upon successful completion of the program.
- Pursuant to [Regulation 230-RICR-30-10-1\(4\)\(43\)\(G\)](#), the index identifying where the required program elements can be found in your application materials.

For Renewal Applications:

- Designate the application as a renewal and complete all the fields.
- **ONLY** if classroom information has changed, please provide the department with **both** a clean and a marked version of the amended materials.



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ALCOHOL SERVER TRAINING PROGRAM APPLICATION

Please type. Incomplete applications will be returned.

TYPE OF APPLICATION

Initial Renewal

BUSINESS STRUCTURE

Individual Corporation Partnership LLC

BUSINESS INFORMATION

Name of School:	Name of Contact Person:
School Physical Address:	
School City, State, Zip:	
Mailing Address (if different from above):	
Email (mandatory):	Phone:
State of Incorporation / Organization (if applicable):	Date of Incorporation / Organization (if applicable):
List of other States business is certified in:	

ACTION AGAINST REGISTRATION

Has any state revoked or suspended your certification? Yes No

(If yes, please provide written explanation regarding the action against your certification)

AFFIDAVIT & SIGNATURE

Affidavit of Application

I swear, under penalty of perjury that the information provided in connection with this application is true to the best of my knowledge, with the understanding that any omissions, inaccuracies or failure to make full disclosures may be deemed sufficient reason to deny licensure by the Rhode Island Department of Business Regulation.

Signature of Applicant

Date of Signature (MM/DD/YY)