Official Application

Renewal

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Business Owner (Proprietor/Corporation) | | |  | | | | |
| Business DBA |  | | |  | | | |
| Business Location |  | | | | | Unit # |  |
| Business Phone |  | | | Business Hours of Operation |  | Sq. Footage |  |
| Business E-mail |  | | | | | | |
| Describe Proposed Business Use | |  | | | | | |
| |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | Are there other tenants at this address? | Yes |  | No |  |  |  |   If known, what was the previous use at this location?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ***Contact Information*** | | | | | | | | | | |
| Owners Name | |  | | Alternate E-Mail | | | |  | | |
| Owners Resident Address | |  | | Cell Phone | | | |  | | |
| Co-Owner Name | |  | | E-Mail | | | |  | | |
| Co-Owners Address | |  | | Cell Phone | | | |  | | |
| Are there any flammable/hazardous/combustible equipment or materials? | | | | | Yes |  | No | |  |  |
|  | Please Describe: | |  | | | | | | | |

**LICENSE/ACTIVITY (PLEASE CHECK ALL THAT APPLY)**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ***Will you be…?*** | | | | | | | | |
|  | Selling Alcohol | |  | Pawn Shop | | |  | Preparing Food (Victualling) |
|  | Providing Entertainment | |  | Selling Second Hand Articles | | |  | Junk Yard/Automobile |
|  | Dry Cleaner/Laundry | |  | Private Detective | | |  | Hawker/Peddler |
|  | Hotel/Motel | |  | Theatre | | |  | Flea Market |
|  | Skate Rink/Bowling Alley | |  | Board Cats & Dogs | | |  | Retail/Holiday Sales |
|  | Mobile Food Truck |  |  | Pawn Broker | | |  | Registration Only |
|  | Auto Repair |  | | | | | | |
|  | Other, Explain: |  | | | | | | |
| (Auctioneer, Bingo, Crafts, Explosives, Firearms (sale of),Swine, Adult Entertainment, Fortune Teller, Tattoo) | | | | | | | | |
|  | Coin Op Mechanical Devices, if so, how many? \_\_\_\_\_\_\_ | | | |  | Outdoor Extension/Seating/Display | | |
|  | Pool Tables, if so, how many? \_\_\_\_\_\_\_\_ | | | |  | Sidewalk/Sandwich Board | | |

*Office Use:* Plat:\_\_\_\_\_\_ Lot:\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**WORKERS’ COMPENSATION INSURANCE AFFIDAVIT**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I certify that if I have more than one (1) employee that I will, at all times, have workers’ compensation insurance coverage as required by the RI Department of Labor & Training.

OWNER’S Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **FOR OFFICE USE ONLY** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Zoning Certificate Fee $50.00 Date Paid: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

License Fee(s): $ Date Paid: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ License # \_\_\_\_\_\_\_\_\_

Fire Inspection Fee:$100 Date Paid: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ License # \_\_\_\_\_\_\_\_\_

License # \_\_\_\_\_\_\_\_\_

Filing Fee (if applicable) Radius: $85.00 Advertisement: $280.00 Date Paid: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Police Background Check (if applicable): $5.00 per person Date Paid: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

GRANTED BY COUNCIL \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ISSUED DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_