

State of RI-Municipality

Business Application

Renewal

Official Application

Business Owner (Proprietor/Corporation) _____

Business DBA _____

Business Location _____ Unit # _____

Business Phone _____ Business Hours of Operation _____

Business E-mail _____

Describe Proposed Business Use _____

Date and Time of Event _____

Contact Information

Owners Name _____ Alternate E-Mail _____

Owners Address _____ Cell Phone _____

Co-Owner Name _____ E-Mail _____

Co-Owners _____

Address _____ Cell Phone _____

Are there other tenants at this address?

Yes		No	
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Are there any flammable/hazardous/combustible equipment or materials?

Yes		No	
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Please Describe: _____

If known, what was the previous use at this location? _____

LICENSE/ACTIVITY (PLEASE CHECK ALL THAT APPLY)

Will you be...?

<input type="checkbox"/> Selling Alcohol	<input type="checkbox"/> Open on Holidays	<input type="checkbox"/> Victualing License (food)
<input type="checkbox"/> Providing Entertainment	<input type="checkbox"/> Selling Second Hand Articles	<input type="checkbox"/> Junk Yard/Used Auto Parts
<input type="checkbox"/> Dry Cleaner/Laundry	<input type="checkbox"/> Private Detective	<input type="checkbox"/> Hawker/Peddler
<input type="checkbox"/> Motel	<input type="checkbox"/> Theatre	<input type="checkbox"/> Flea Market
<input type="checkbox"/> Ice Rink	<input type="checkbox"/> Board Cats & Dogs	<input type="checkbox"/> Retail/Holiday
<input type="checkbox"/> Mobil food Truck	<input type="checkbox"/> Pawn Shop	<input type="checkbox"/> Laundromat
<input type="checkbox"/> Other, Explain: _____		

(Auctioneer, Bingo, Crafts, Explosives, Firearms (sale of), Kennel, Swine, Adult Entertainment)

<input type="checkbox"/> Coin Op Mechanical Devices, if so, how many?	<input type="checkbox"/> Outdoor Seating
<input type="checkbox"/> Pool Tables, if so, how many?(must be advertised)	<input type="checkbox"/> Sidewalk/Sandwich Board

Office Use:

Plat: _____ Lot: _____

OFFICIAL USE ONLY

Zoning/Building Official _____ Date _____

Fire Marshall _____ Date _____

Sewer _____ Date _____

Police _____ Date _____

Tax Collector _____ Date _____

Tax Account Numbers

Zoning
Certificate #

Date
Paid

Plat &
Lot

Other Fee's
Due

