

State of RI-Municipality

Business Application

Renewal

Official Application

Business Owner (Proprietor/Corporation) _____

Business DBA _____

Business Location _____

Business Phone _____ Business Hours of Operation _____ Unit # _____

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 | |
|-----|--|----|--|

Are there any flammable/hazardous/combustible equipment or materials?

| | | | |
|-----|--|----|--|
| Yes | | No | |
|-----|--|----|--|

Please Describe: _____

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

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)

Coin Op Mechanical Devices, if so, how many?
 Pool Tables, if so, how many?(must be advertised)

Outdoor Seating
 Sidewalk/Sandwich Board

Office Use:

Plat: _____ Lot: _____



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 | _____ | _____ |

**TOWN OF WEST WARWICK
TRADE NAME CERTIFICATE
FILED UNDER THE PROVISIONS OF TITLE 6,
CHAPTER 1 OF THE GENERAL LAWS
OF RHODE ISLAND, 1956, AS AMENDED**

This is to certify that _____ the undersigned:

Full Name

Address, City/Town, State

Phone Number

Type of Business

_____ the sole owner(s) of the business conducted under the name of:

Located at _____,

West Warwick, Rhode Island.

Signatures of all owners

must be subscribed in

Space opposite

STATE OF RHODE ISLAND
COUNTY OF KENT

In West Warwick, in said County, this _____ day of _____,
20____, personally appeared before me the above subscribed _____
_____ and made oath that the above statements signed by _____
are true.

Notary Public
My Commission Expires:



COMMERCIAL USER PRETREATMENT APPLICATION REQUIREMENTS

1. Provide a completed Commercial User Pretreatment Application for each tenant unit.
2. Provide a floor plan showing all fixtures and building sewer.
3. Provided a civil plan showing the site, all existing and proposed utilities (water, gas, sewer, electric, telephone and cable) and site specific item such as wells, septic system and walls. The civil plan must include a sewer profile and all related details.
4. The submission shall include stamped flow calculations.
5. If the tenant unit will have a process waste the users shall provide detailed information regarding the volume and nature of the waste stream. In addition information regarding the pretreatment equipment is required including grease interceptors, grease recovery devices, lint interceptors, oil/water separators, amalgam separators, silver recovery devices, hair interceptors, fur interceptors, etc...
6. Commercial Users with a process waste may require a separate application some examples are:
 - a. Food Service Facilities
 - b. Laundries, Laundromats and Dry Cleaners
 - c. Maintenance and Repair Facilities
 - d. Dentists
 - e. Medical Facilities
 - f. Barber, Hair Dressers
 - g. Pet Grooming Facilities
 - h. Any facility that may use or store hazardous materials such as oils, flammables, toxics and corrosives.

WEST WARWICK REGIONAL WASTEWATER TREATMENT FACILITY
COMMERCIAL USER PRETREATMENT APPLICATION

Directions to Applicant: Application (three pages) must be accompanied by [both] plans (as indicated in Item No. 4), and a **Commercial Application Fee** in the amount of **\$300** made payable to the West Warwick Sewer Commission. This is a one-time fee for processing and reviewing your application. If you have any questions, please call **(401) 822-9228**.

Send application, plans and application fee to:

West Warwick Sewer Commission
Regional Wastewater Treatment Facility
1 Pontiac Avenue
West Warwick, RI 02893

Property Owner's Name: _____

Property Owner's Address: _____

Name of Sewer User: _____
(Business Name)

Address of Premises: _____
(Business Address)

Plat: _____ Lot: _____

City/Town: _____

Business Owner's Email: _____

Business Owner's Phone Number: _____

Business Owner's Signature: _____ Date: _____

Printed Name and Title of Signing Official: _____

FOR OFFICIAL USE ONLY

| | |
|---|---|
| Application Fee Paid: _____ | Application Approved _____ |
| Date: _____ | Date: _____ |
| Signed: _____ | Signed: _____ |
| (Certification by Pretreatment Coordinator) | (Certification by Pretreatment Coordinator) |

WEST WARWICK REGIONAL WASTEWATER TREATMENT FACILITY
COMMERCIAL USER PRETREATMENT APPLICATION

To the Town of West Warwick:

The undersigned being the _____ of the property
(Owner, Lessee, Tenant, etc.)

located at: _____
(Street Address)

Plat: _____ Lot: _____

City/Town: _____

does hereby request a permit to install and connect a building sewer to serve the:

(Business Name)

which company is engaged in _____ at said location.
(Food Service, etc...)

1. The following indicated fixtures will be connected to the proposed building:

| Number | Fixture | Number | Fixture |
|--------|-----------------|--------|-------------------------|
| _____ | Kitchen Sinks | _____ | Water Closets (Toilets) |
| _____ | Lavatories | _____ | Bathtubs |
| _____ | Laundry Washers | _____ | Showers |
| _____ | Urinals | _____ | Garbage Grinders |

Specify other fixtures: _____
(Odd fixtures like floor drains, soup kettles, etc...)

2. The maximum number of persons who will use the above fixtures is: _____ (on
Maximum Occupancy Certificate).
3. The name and address of Contractor, person or firm who will perform the proposed work
is:

WEST WARWICK REGIONAL WASTEWATER TREATMENT FACILITY
COMMERCIAL USER PRETREATMENT APPLICATION

4. Plans and specifications for the proposed building sewer are attached hereunto as Exhibit "A".
5. Estimated flow to sewer system: _____ gallons per day (GPD).
6. Provide Kent County Water Authority Water Meter I.D. No.: _____
Meter Reading: _____ Date: _____
(Meter information can be obtained from Kent County Water Authority at 401-821-9300).

In consideration of the granting of this Application, the undersigned agrees:

1. To accept and abide by all provisions of the Sewer Use Ordinance of the Town of West Warwick, and of all other pertinent ordinances or regulations that may be adopted in the future.
2. To abide by all construction requirements in the Town's Standard Sanitary Sewer Requirements.
3. That the drainlayer must obtain the actual permit at the Town Wastewater Treatment Facility prior to commencement of construction.
4. To maintain the building sewer at no expense to the Town.
5. To notify the Superintendent when the building sewer is ready for inspection and connection to the public sewer, but before any portion of the work is covered. Twenty-four (24) hour notification prior to connection is required at the Wastewater Treatment Facility ((401) 822-9228).

Property Owner's Printed Name: _____

Property Owner's Signature _____ Date: _____

Property Owner's Email: _____

Property Owner's Phone Number: _____



Town of West Warwick
Fire Department • 1176 Main Street
West Warwick, RI 02893
Phone: (401) 822-9241
Fax: (401) 822-9244

J. Jeffrey Varone
Fire Chief

John Botello, Jr.
Director of Communications

A. Joseph Houle, III
Assistant Director of
Communications

Donald Johnson
Fire Alarm Technician

Emergency Contact Form

Date: _____

Address: _____

Property Owner: _____

Owner's Home Address: _____

City: _____ State: _____ Zip: _____

Owner's Phone #: H: _____ C: _____

Owner's E-Mail: _____

Business Owner: _____

Owner's Home Address: _____

City: _____ State: _____ Zip: _____

Owner's Phone #: H: _____ C: _____

Owner's E-Mail: _____

Additional Emergency Contact: _____

Contact's Phone #: H: _____ C: _____

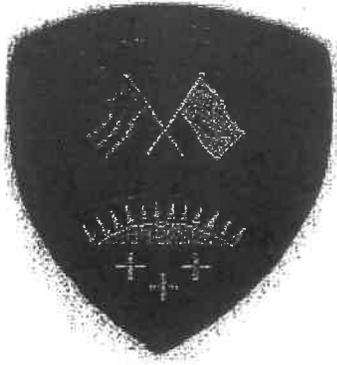
Additional Emergency Contact: _____

Contact's Phone #: H: _____ C: _____

Emergency Access Key Drop Off Signatures

Drop Off: _____ Received By: _____

WEST WARWICK POLICE BUSINESS LISTING



Name of business:

Location of business

Phone number of business

Owner of business

Owners phone number

Name of alarm company

Phone number of alarm co

After hour contact person

After hour phone number

Back up contact person

Back up phone number

PHONE NUMBERS FOR INSPECTIONS

| | |
|----------------------------|-----------------|
| Building Department | 822-9222 |
| Fire | 827-9084 |
| Sewer | 454-7000 |
| Tax Collector | 822-9210 |