

State of RI-Municipality

Business Application

Renewal

Official Application

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...?

- | | | |
|---|---|---|
| <input type="checkbox"/> Selling Alcohol | <input type="checkbox"/> Pawn Shop | <input type="checkbox"/> Preparing Food (Victualling) |
| <input type="checkbox"/> Providing Entertainment | <input type="checkbox"/> Selling Second Hand Articles | <input type="checkbox"/> Junk Yard/Automobile |
| <input type="checkbox"/> Dry Cleaner/Laundry | <input type="checkbox"/> Private Detective | <input type="checkbox"/> Hawker/Peddler |
| <input type="checkbox"/> Hotel/Motel | <input type="checkbox"/> Theatre | <input type="checkbox"/> Flea Market |
| <input type="checkbox"/> Skate Rink/Bowling Alley | <input type="checkbox"/> Board Cats & Dogs | <input type="checkbox"/> Retail/Holiday Sales |
| <input type="checkbox"/> Mobile Food Truck | <input type="checkbox"/> Pawn Broker | <input type="checkbox"/> Registration Only |
| <input type="checkbox"/> Auto Repair | | |
| <input type="checkbox"/> Other, Explain: _____ | | |

(Auctioneer, Bingo, Crafts, Explosives, Firearms (sale of), Swine, Adult Entertainment, Fortune Teller, Tattoo)

- | | |
|---|--|
| <input type="checkbox"/> Coin Op Mechanical Devices, if so, how many? _____ | <input type="checkbox"/> Outdoor Extension/Seating/Display |
| <input type="checkbox"/> Pool Tables, if so, how many? _____ | <input type="checkbox"/> 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: _____

Fire Inspection Fee:\$100 Date Paid: _____

License # _____

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 _____