



# City of Central Falls Business License- Application

## Applicant Information

Name of Applicant: \_\_\_\_\_

Sole Proprietor  Corporation

Doing Business As: \_\_\_\_\_  
(Name of Business)

Business Address: \_\_\_\_\_

If business is a corporation, provide officers information:

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell phone: \_\_\_\_\_ Email: \_\_\_\_\_

If business is a sole proprietorship, provide owners information:

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell phone: \_\_\_\_\_ Email: \_\_\_\_\_

## Business Information

Type of Application:

New  Transfer  New Owner; Name of former owner \_\_\_\_\_

New Location; Former location \_\_\_\_\_

License (s) \_\_\_\_\_

Hours of Operation: \_\_\_\_\_ Days of Operation: \_\_\_\_\_

Description of Business Activity \_\_\_\_\_

New Application Fee	\$25.00	Class D- Bakery	\$100.00	Jiu –Jitsu or Karate	\$25.00
Auto Repair	\$150.00	Employment Agency	\$125.00	Laundry	\$10.00
Caterer	\$100.00	Holiday Sales	\$75.00	Tobacco	\$100.00
Class A-Restaurant	\$100.00	Itinerant/Traveling Restaurant	\$100.00		
Class C- Variety	\$100.00				

**Emergency Contact Information**  
(Applicant required to provide two different contacts)

Name:	Name:
Address:	Address:
Telephone Number:	Telephone Number:

Alarm Company Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Type of Alarm:       Police               Fire               Both

Alarm Company Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Type of Alarm:       Police               Fire               Both

**Finance Department**

Taxes Current

Signature of Official: \_\_\_\_\_ Date: \_\_\_\_\_

- I understand that all State approvals, permits, licenses and insurance coverage (if required) must be filed with the Clerk's Office prior to issuance of license.
- I acknowledge that I am over the age of 18 years.

**General Release & Indemnity Agreement**

The above applicant, in consideration of the license granted by the Licensing Authority of the City of Central Falls, hereby remises, releases and forever discharges the City of Central Falls, its respective employees, agents and attorneys from all manner of actions, causes of actions, debts, dues, claims and demands both in law and equity, more especially any and all claims for the above mentioned including but not limited to property damages and personal injuries resulting from the issuance of said license.

The above applicant, by signing below, acknowledges that all information in this application is correct and true.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Received by: \_\_\_\_\_ Date: \_\_\_\_\_

**License Payment**

Application fee      Date Paid \_\_\_\_\_      Cash/Check # \_\_\_\_\_      Clerk Initials \_\_\_\_\_

License fee              Date Paid \_\_\_\_\_              Cash/Check # \_\_\_\_\_              Clerk Initials \_\_\_\_\_

**City Council Restrictions/Stipulations**

Determination by Council: \_\_\_\_\_ Clerk Signature \_\_\_\_\_ Date \_\_\_\_\_