



**City of Central Falls
Liquor 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 owner's 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 _____

Business Plan (attach separate sheet):

Please describe your business plan as it pertains to the Liquor License for which you are applying. Specifically, please address the following questions:

1. How will the business promote the general economic development of the City of Central Falls?
2. Is the proposed location, one that is targeted for commercial development?
3. Will the business promote revitalization of the area where it will be located?
4. Will the issuance result in substantial employment opportunities?
5. Is the business proposed, one that presents a unique concept not currently existing in the city?
6. What is the law enforcement track record of the applicant(s) or the establishment and the applicant's plan relating to security and the prevention of underage drinking and/or drinking in excess?

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: <input type="checkbox"/> Police <input type="checkbox"/> Fire <input type="checkbox"/> Both	

Alarm Company Name:	Telephone Number:
Type of Alarm: <input type="checkbox"/> Police <input type="checkbox"/> Fire <input type="checkbox"/> Both	

Finance Department

<input type="checkbox"/> Taxes Current _____	Signature official: _____	Date: _____
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Fire Department

Date of Inspection _____	Signature official: _____	Date: _____
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I understand this application is considered incomplete until all state approvals, permits, and licenses and insurance coverage (if required) are filed with the Office of the City Clerk. (See Liquor License Document List)

I acknowledge that I am over the age of 18 years.

I declare, under the pains and penalties of perjury and all other remedies at law, that I have reviewed this form and the statements I have made in it, and declare that they are true.

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.

Signature of Applicant _____ Date _____

Received by _____ Date _____

Office Use Only

Advertisement fee _____ Date Paid _____ Cash/Check # _____ Clerk Initials _____

License fee _____ Date Paid _____ Cash/Check # _____ Clerk Initials _____

Abutters fee _____ Date Paid _____ Cash/Check # _____ Clerk Initials _____

Transfer fee _____ Date Paid _____ Cash/Check# _____ Clerk Initials _____

City Council Restrictions/Stipulations

Determination by Council _____ Date _____ City Clerk Signature _____