



City of Central Falls Second Hand- Application

Applicant Information

Name of Applicant: _____

Sole Proprietor Corporation

Doing Business As: D/B/A _____
(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 _____

Fees

License:	\$80.00	Advertisement New License only:
		\$250.00

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: <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 of 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.
- 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.

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 _____

City Council Restrictions/Stipulations

Determination by Council _____ Date _____ City Clerk Signature _____