



City of Central Falls Peddlers/Hawkers 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:

One-Day Hawker

New Transfer New Owner;

Name of former owner _____

New Location;

Former location _____

License (s) _____

Hours of Operation: _____ Days of Operation: _____

Description of Business Activity: _____

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

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

Fees			
License	\$50.00	Badge	\$25.00

**Acknowledgement by Property Owner
For Hawker License, only**
(To be completed if applicant is not the property owner)

I, _____, (Please print name of property owner) being the owner of the record of the listed property hereby acknowledge and affirm that I have entered into an agreement to rent of lease the above named property with the above applicant for said business.

_____ Date _____
Signature of Property Owner or Authorized Agent

_____ Date _____
Notary Public Signature Notary Public Name Printed

Police VIN Check

Approved

Registration Plate # _____

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.

Signature of Applicant: _____ Date: _____

Received by: _____ Date: _____

License Payment

License \$50.00 Date Paid _____ Cash/Check # _____ Clerk Initials _____

Badge \$25.00 Date Paid _____ Cash/Check # _____ Clerk Initials _____

City Council Restrictions/Stipulations

Issuance of the License is subject to the following:

Determination by Council: _____ Date _____

Clerk Signature _____