



**City of Central Falls  
Sidewalk Café License  
Application**

**Applicant Information**

**Business Name:** \_\_\_\_\_

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

**Business Telephone:** \_\_\_\_\_

**Corporation Name (if applicable):** \_\_\_\_\_

**Name of Applicant (s) (if sole proprietor):** \_\_\_\_\_

**Address of Corporation / Home address of applicant:** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Home Telephone:** \_\_\_\_\_ **Cell phone:** \_\_\_\_\_

**Business Information**

**Type of Application**       **New**                                       **Renewal**

**Business Class** \_\_\_\_\_

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

**Description of Business Activity**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Acknowledgement by Property Owner**

(To be completed if applicant is not the property own

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.

\_\_\_\_\_  
Signature of Property Owner or Authorized Agent      Date \_\_\_\_\_

\_\_\_\_\_  
Witness or Notary Public      Date \_\_\_\_\_

Finance Department	Police Department	Fire Department
<input type="checkbox"/> Taxes Paid:	<input type="checkbox"/> Approved:	<input type="checkbox"/> Approved:
<input type="checkbox"/> Taxes Not Paid:	<input type="checkbox"/> Not Approved:	<input type="checkbox"/> Not Approved:
Signature of	Signature of	Signature of
Official: _____	Official: _____	Official: _____
Date: _____	Date: _____	Date: _____

- 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.
- 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 form 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: \_\_\_\_\_

**City Council Restrictions/Stipulations**

Issuance of the License is subject to the following:

\_\_\_\_\_  
\_\_\_\_\_

Determination by Council: \_\_\_\_\_ Date \_\_\_\_\_

Clerk  
Signature \_\_\_\_\_