

# State of RI-Municipality

## Business Application

Renewal

Official Application

Business Owner (Proprietor/Corporation) \_\_\_\_\_

Business DBA \_\_\_\_\_

Business Location \_\_\_\_\_ Unit # \_\_\_\_\_

Business Phone \_\_\_\_\_ Business Hours of Operation \_\_\_\_\_ Sq. Footage \_\_\_\_\_

Business E-mail \_\_\_\_\_

Describe Proposed Business Use \_\_\_\_\_

Are there other tenants at this address? Yes  No

If known, what was the previous use at this location? \_\_\_\_\_

### Contact Information

Owners Name \_\_\_\_\_ Alternate E-Mail \_\_\_\_\_

Owners Resident Address \_\_\_\_\_ Cell Phone \_\_\_\_\_

Co-Owner Name \_\_\_\_\_ E-Mail \_\_\_\_\_

Co-Owners Address \_\_\_\_\_ Cell Phone \_\_\_\_\_

Are there any flammable/hazardous/combustible equipment or materials? Yes  No

Please Describe: \_\_\_\_\_

### LICENSE/ACTIVITY (PLEASE CHECK ALL THAT APPLY)

#### Will you be...?

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Selling Alcohol          | <input type="checkbox"/> Pawn Shop                    | <input type="checkbox"/> Preparing Food (Victualling) |
| <input type="checkbox"/> Providing Entertainment  | <input type="checkbox"/> Selling Second Hand Articles | <input type="checkbox"/> Junk Yard/Automobile         |
| <input type="checkbox"/> Dry Cleaner/Laundry      | <input type="checkbox"/> Private Detective            | <input type="checkbox"/> Hawker/Peddler               |
| <input type="checkbox"/> Hotel/Motel              | <input type="checkbox"/> Theatre                      | <input type="checkbox"/> Flea Market                  |
| <input type="checkbox"/> Skate Rink/Bowling Alley | <input type="checkbox"/> Board Cats & Dogs            | <input type="checkbox"/> Retail/Holiday Sales         |
| <input type="checkbox"/> Mobile Food Truck        | <input type="checkbox"/> Auto Repair                  | <input type="checkbox"/> <b>Registration Only</b>     |

Other, Explain: \_\_\_\_\_

(Auctioneer, Bingo, Crafts, Explosives, Firearms (sale of), Swine, Adult Entertainment, Fortune Teller, Tattoo)

- |   |  |
|---|--|
| <input type="checkbox"/> Coin Op Mechanical Devices, if so, how many? _____ | <input type="checkbox"/> Outdoor Extension/Seating/Display |
| <input type="checkbox"/> Pool Tables, if so, how many? _____                | <input type="checkbox"/> Sidewalk/Sandwich Board           |

Office Use: Plat: \_\_\_\_\_ Lot: \_\_\_\_\_

For additional information for the State, please contact the RI Commerce Corporation's Business Navigation Center at 401-278-9195.

**WORKERS' COMPENSATION INSURANCE AFFIDAVIT**

I certify that if I have more than one (1) employee that I will, at all times, have workers' compensation insurance coverage as required by the RI Department of Labor & Training.

OWNER'S Signature: \_\_\_\_\_

**FOR TRANSFER ONLY**

CHANGE OF OWNERSHIP, PREVIOUS BUSINESS (owner):

PREVIOUS OWNER'S Signature:

CHANGE OF LOCATION, PREVIOUS BUSINESS ADDRESS:

**FOR OFFICE USE ONLY**

Zoning Certificate Fee \$50.00                      Date Paid: \_\_\_\_\_

License Fee(s): \$	Date Paid: _____	License # _____
Fire Inspection Fee:\$100	Date Paid: _____	License # _____
		License # _____

Filing Fee (if applicable)	Radius: \$85.00	Advertisement: \$280.00	Date Paid: _____
Police Background Check (if applicable): \$5.00 per person			Date Paid: _____

GRANTED BY COUNCIL \_\_\_\_\_

ISSUED DATE \_\_\_\_\_