



**City of Central Falls  
Peddler/Hawker/Mobile Food Establishment  
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:

☐ One-Day Hawker      ☐ Full year Hawker      ☐ Mobile Food Establishment      ☐ Peddler

☐ New      ☐ Transfer    New Owner:    Name of former owner \_\_\_\_\_

New Location: Former location \_\_\_\_\_

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

Description of Business Activity: \_\_\_\_\_

**Fees**

Hawker/Peddler License: \$70.00	Hawker/Peddler Badge: \$25.00	Mobile Food Establishment: \$75.00
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**Emergency Contact Information**  
(Applicant required to provide two different contacts)

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

**Acknowledgement by Property Owner**  
**For Hawker and Mobile Food Establishment only**  
(To be completed if applicant is not the property owner)

<p>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 with the above applicant for said business and hereby grant permission for use of my said property.</p>		
_____ Signature of Property Owner or Authorized Agent	Date _____	
_____ Notary Public Signature	_____ Notary Public Name Printed	Date _____

**Police VIN Check for Hawker License only**

<input type="checkbox"/> 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 City Clerk prior to issuance of license/permit.
- ☐ 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: \_\_\_\_\_

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**For Office Use only**

Received by: \_\_\_\_\_ Date: \_\_\_\_\_

**Payment**

Hawker/Peddler License      \$70.00    Date Paid \_\_\_\_\_ Cash/Check # \_\_\_\_\_ Clerk \_\_\_\_\_

Hawker/Peddler Badge      \$25.00    Date Paid \_\_\_\_\_ Cash/Check # \_\_\_\_\_ Clerk \_\_\_\_\_

Mobile Food Establishment    \$75.00    Date Paid \_\_\_\_\_ Cash/Check # \_\_\_\_\_ Clerk \_\_\_\_\_

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

City Council Restrictions/Stipulations (Issuance of the license/permit is subject to the following):

\_\_\_\_\_