

**Applicant Information** 

Name of Applica	nt:				
Address of Applic	cant:				
Contact Phone N	umber:	Cell Number:			
Acknowledgement by Property Owner (To be completed if applicant is not the property owner)					
I, the listed proper named property	rty hereby acknowle with the above app	, (Please print name of prope edge and affirm that I have entered into an licant for said business.	rty owner) being the owner of the record of agreement to rent of lease the above		
Property Owner	Signature	Property Owner Name Printed	Date		
Property Owner	Address	City	State Zip		
Notary Public S	Signature	Notary Public Name Printed	Date		
		Code Enforcement Department			
	□ Deny rictions				
_		Title:			
Date:		License fee: \$25.00			
☐ 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 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.  The above applicant, by signing below, acknowledges that all information in this application is correct and true.					
Signature of Appli	icant:		Date:		
Received by:			Date:		
Received by: Date: Date:					
License fee	Date Paid	Cash/Check #Cl	erk Initials		

## City Council Restrictions/Stipulation

Determination by Council:	Clerk Signature	_Date