



## City of Central Falls Liquor License- Application

### Applicant Information

Name of Applicant \_\_\_\_\_

☐ Sole Proprietor ☐ Corporation ☐ Limited Liability Company

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

☐ New Location; Former location \_\_\_\_\_

License (s) \_\_\_\_\_

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

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

#### **Business Plan (attach separate sheet):**

Please describe your business plan as it pertains to the Liquor License for which you are applying. Specifically, please address the following questions:

1. How will the business promote the general economic development of the City of Central Falls?
2. Is the proposed location, one that is targeted for commercial development?
3. Will the business promote revitalization of the area where it will be located?
4. Will the issuance result in substantial employment opportunities?
5. Is the business proposed, one that presents a unique concept not currently existing in the city?
6. What is the law enforcement track record of the applicant(s) or the establishment and the applicant's plan relating to security and the prevention of underage drinking and/or drinking in excess?

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

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

**Acknowledgement by Property Owner**  
(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.		
_____ Property Owner Signature	_____ Property Owner Name Printed	_____ Date
_____ Notary Public Signature	_____ Notary Public Name Printed	_____ Date

Alarm Company Name: _____	Telephone Number: _____
Type of Alarm: <input type="checkbox"/> Police <input type="checkbox"/> Fire <input type="checkbox"/> Both	

**Finance Department**

<input type="checkbox"/> Taxes Current _____	Signature official: _____	Date: _____
<input type="checkbox"/> Property Taxes _____	Signature official: _____	Date: _____

**Fire Department**

Date of Inspection _____	Signature official: _____	Date: _____
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- ☐ 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. (See Liquor License Document List)
- ☐ 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 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 \_\_\_\_\_

**Office Use Only**

Advertisement fee _____	Date Paid _____	Cash/Check # _____	Clerk Initials _____
License fee _____	Date Paid _____	Cash/Check # _____	Clerk Initials _____
Abutters fee _____	Date Paid _____	Cash/Check # _____	Clerk Initials _____
Transfer fee _____	Date Paid _____	Cash/Check# _____	Clerk Initials _____

**City Council Restrictions/Stipulations**

Determination by Council \_\_\_\_\_ Date \_\_\_\_\_ City Clerk Signature \_\_\_\_\_