



City of Central Falls
Amusements – Entertainment-Pool Tables

Business/Organization Name _____

Corporation Name (if applicable) _____

Name of Applicant (if not incorporated) _____

Business/organization Address _____

Business Telephone _____

Address of Corporation / Home address of applicant _____

City _____ State _____ Zip _____

Telephone _____ Cell phone _____ Email _____

Type of Application

☐ Annual Entertainment License \$80.00 ☐ Per Diem Entertainment \$10.00 ☐ Amusement \$150.00

☐ Pool table \$100.00 per table _____

☐ New ☐ Renewal

Date and Time of Event _____ **Rain Date and Time** _____

Description of Event _____

Attach maps, drawings and additional information; State Permits may be required

Location Requested if not a city business:

Jenks Park (needs Council approval)	<input type="checkbox"/>	Garfield St. Playground	<input type="checkbox"/>	Higginson Ave Sports Complex	<input type="checkbox"/>
Cowden St. Futsol	<input type="checkbox"/>	Lincoln Almond Fitness Park	<input type="checkbox"/>	Macomber Stadium	<input type="checkbox"/>
River Island Campground	<input type="checkbox"/>	River Island Park	<input type="checkbox"/>	Sacred Heart Playground	<input type="checkbox"/>
Saul Tarlow Field	<input type="checkbox"/>	Veterans Park	<input type="checkbox"/>	Dexter Plaza	<input type="checkbox"/>

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 _____

Property Owner Address _____ City _____ State _____ Zip _____

Notary Public Signature _____ Notary Public Name Printed _____ Date _____

***The Amusement and Entertainment fee may be waived for religious, charity or non-profit groups**

24 hour notice must be given to call City Departments for any cancellations

Departmental Approvals

Finance Department

☐ Taxes Paid Account # _____

Signature of official _____ Date _____

Department of Code Enforcement

Maximum Capacity _____ Comments _____

Signature of official _____ Date _____

Fire Department

Maximum Capacity _____ Comments _____

Signature of official _____ Date _____

Police Department

Maximum Capacity _____ Comments _____

Signature of official _____ Date _____

Director of Parks and Recreation

Comment/Restrictions: _____ Damage Deposit: _____

Signature : _____ Date : _____

- ☐ I understand this application is considered incomplete until all state approvals, permits, and licenses, insurance coverage (if required) & payments 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.

Signature of Applicant: _____ Date: _____

Received by: _____ Date: _____

License/Permit Payment

Date Paid _____

Cash/Check # _____

Clerk Initials _____

General Release & Indemnity Agreement

The 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.

City Council Restrictions/Stipulations

Determination by Council _____ Clerk Signature _____ Date _____



F & F1 Application

Entity Name _____

Please check whether the entity is a

☐ Religious Organization ☐ Non-profit ☐ Political Organization

Name of Applicant _____

Entity Address _____

Telephone Number _____

Home address of applicant _____

City _____ State _____ Zip _____

Telephone _____ Cell phone _____ Email _____

Date and Time of Event _____ **Rain Date and Time** _____

Description of Event-see attached form

Attach non- profit documents, maps, drawings and additional information; State Permits may be require

☐ I understand this application is considered incomplete until all state approvals, permits, and licenses, insurance coverage (if required) & payments 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 and declare that they are true.

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1. Only the beer, wine and liquor as described in the license application may be sold on premise.
2. The license is only valid for a maximum of 19 hours.
3. The license is only valid between the hours of 6am and 1am
4. The only eligible applicants of this license are religious organizations, non-profit organizations and political organizations.
5. The license is to be considered a "special event" license, which is not subject to issuance on a regular basis to the same party and or premises. "special event" is defined as any occasion and or event which shall occur at irregular intervals of time not subject to any permanent scheduling. No licensee may receive mor than five such licenses in any one calendar year.
6. The applicant must present evidence that all bartenders employed by the licensee shall be certified by a nationally recognized alcohol beverage server training program.
7. The applicant shall purchase all alcoholic beverages at retail from a licensed Class A alcohol retail establishment located in the State of RI.
8. The applicant has assured that all proper health and safety precautions have been put into place including adequate police control and or protection, satisfactory sanitary and health facilities on the premises, control procedures will be in place to prevent under age drinking and excessive drinking by any individual or individuals frequenting the "special event."
9. Any person or entity violating these conditions shall be fined \$500.00 for such violation and shall be subject to license suspension and or revocation.

Signature of Applicant: _____ Date: _____

Received by: _____ Date: _____

24 hour cancellation notice must be given to all City Departments!

Departmental Approvals

Finance Department

☐ Taxes Paid Account # _____

Signature of official _____ Date _____

Department of Code Enforcement

Maximum Capacity _____ Comments _____

Signature of official _____ Date _____

Fire Department

Maximum Capacity _____ Comments _____

Signature of official _____ Date _____

Police Department

Maximum Capacity _____ Comments _____

Signature of official _____ Date _____

Director of Parks and Recreation

Comment/Restrictions: _____ Damage Deposit: _____

Signature : _____ Date : _____

License/Permit Payment

Application Fee only for (F) \$15.00 Date Paid: _____ (F1) \$35.00 Date Paid _____

☐ F or F1 _____ \$500.00

Date Paid _____

Cash/Check # _____

Clerk Initials _____

City Council Restrictions/Stipulations

Issuance of the License is subject to the following

Determination by Council _____ Clerk Signature _____ Date _____