



City of Central Falls Business 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 or LLC, 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 owners 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 _____

New Application Fee \$25.00
Auto Repair \$200.00
Caterer \$100.00
Class A-Restaurant \$200.00
Class C- Variety \$200.00

Class D- Bakery \$200.00
Employment Agency \$125.00
Holiday Sales \$75.00
Itinerant/Traveling Restaurant \$100.00

Jiu -Jitsu or Karate \$25.00
Laundry \$20.00

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

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

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

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

Finance Department

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

☐ 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.

☐ 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.

The above applicant, by signing below, acknowledges that all information in this application is correct and true.

Signature of Applicant: _____ Date: _____

Received by: _____ Date: _____

License Payment

Application fee Date Paid _____ Cash/Check # _____ Clerk Initials _____

License fee Date Paid _____ Cash/Check # _____ Clerk Initials _____

City Council Restrictions/Stipulations

Determination by Council: _____ Clerk Signature _____ Date _____