



## City of Central Falls Second Hand- Application

### Applicant Information

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

☐ Sole Proprietor ☐ Corporation ☐ Limited Liability Company

Doing Business As: D/B/A \_\_\_\_\_  
(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 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 \_\_\_\_\_

Alarm Company Name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Type of Alarm: ☐ Police ☐ Fire ☐ Both

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

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

**Finance Department**

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

**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	

- ☐ 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.
- ☐ 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 \_\_\_\_\_

<b>License:                      \$200.00</b>	<b>Advertisement:                      \$320.00</b>
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**Office Use Only**

Advertisement fee \_\_\_\_\_ Date Paid \_\_\_\_\_ Cash/Check # \_\_\_\_\_ Clerk Initials \_\_\_\_\_

License fee \_\_\_\_\_ Date Paid \_\_\_\_\_ Cash/Check # \_\_\_\_\_ Clerk Initials \_\_\_\_\_

**City Council Restrictions/Stipulations**

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

