

# City of Central Falls Petition For License

Date of Application \_\_\_\_\_

**Please Print** (applicant must fill out application form completely)

### License Information

<p style="text-align: center;">(check one)</p> <p>New _____ (\$25.00 Application Fee)</p> <p>Renewal _____</p> <p>Transfer _____</p> <p>Other _____</p>	<p><b>Class of License</b></p> <p style="text-align: center;">Must be completed by Clerk's Office</p>	<p><b>If applying for Amusement Games or Pool Table:</b></p> <p>Number of Games/Tables _____</p> <p>Not to exceed 3</p>
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### Applicant & Business Information

<b>Applicant:</b>	<b>Date of Birth:</b>
<b>Business Address:</b>	
<b>Doing Business As:</b>	<b>Business Telephone:</b> ( )
<b>Home Address of Applicant:</b> (Include City/State/Zip Code:	<b>Home Telephone:</b> ( )
<b>Hours of business:</b> Open: _____ Close: _____	<b>Days of business:</b>

### Acknowledgement by Property Owner (To be completed if applicant is not the property owner)

<p>I, _____, being the owner of record of the above listed property (Please Print Name of Property Owner)</p>	
<p>hereby acknowledge and affirm that I have entered into an agreement to rent or lease the above named property with the above applicant for said business.</p>	
<p>_____ Signature of Property Owner or Authorized Agent</p>	<p>_____ Date</p>
<p>_____ Witness or Notary Public</p>	

### 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 \_\_\_\_\_  
(Signed in the presence of the City Clerk or designee)

Signature of Clerk or designee \_\_\_\_\_ Date \_\_\_\_\_

### Emergency Information

#### Emergency Contact Information (Applicant Required to provide two different contacts)

<b>1. Name:</b>	<b>2. Name</b>
<b>Address:</b>	<b>Address:</b>
<b>Telephone Number:</b>	<b>Telephone Number:</b>

#### Office Use

Zoning/Code Enforcement	Tax Collection Department	License Check List
Approved: _____  Not Approved: _____  Signature of Official _____	Taxes Paid  Tax Not Paid  Initials of Clerk _____	Must be filed before issuance of License: Certificate of Occupancy _____ Retail Sales Permit/or Certificate of Good Standing _____ Department of Health Certificate (where applicable) _____ Copy of Corporation Papers (where applicable) _____ Copy of Menu _____ State Licenses (where applicable) _____ MV Registration (where necessary) _____ Proof of Insurance (where necessary) _____

All State approvals, permits, licenses and insurance coverage (if required) must be filed with Clerk's Office Prior to Issuance of License.

Application will be heard on: \_\_\_\_\_ at \_\_\_\_\_ in the City Hall Council Chambers. **APPLICANT MUST APPEAR** \_\_\_\_\_ (New Licenses will not be granted unless the Applicant is present at the above stated Meeting).

New License Application fee \$25.00 (must be received in the Office of the City Clerk upon receipt of this application) Fee received by \_\_\_\_\_ on \_\_\_\_\_ date paid \_\_\_\_\_ Check/cash \_\_\_\_\_

**City Council/Liquor Board Restrictions/Stipulations**  
**Issuance of the License is subject to the following:**

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**Council Action:** \_\_\_\_\_

**Date:** \_\_\_\_\_