



CITY OF CRANSTON
Safety Services and Licensing Committee

**APPLICATION FOR
SE ALCOHOL LICENSE**

Name of Entity: _____
Address: _____
Daytime Phone Number _____ E-mail address _____

Date and hours of event: _____ Anticipated Attendance _____

Will there be entertainment at this event? Yes _____ No _____
If yes, an entertainment license is required.

Name of property owner _____ Daytime phone number _____
Address _____ E-mail address _____

Name and contact info of person managing the event: _____ DOB: _____

Name of Applicant _____ DOB _____
Cell Phone Number: _____ Email: _____
Address: _____
Daytime Phone _____
Relationship to business/Title _____

Number Previous Class SE issued to entity, including its officers, directors, principals, affiliates, employees and agents. _____. Restrictions: 1 per month, max of 12 per year, cannot hold any other alcohol license.

Date: _____
Name print and sign _____

FEE: F - \$15.00 – F1 - \$35 + \$5.00 PROCESSING FEE
Please attach: event flyer, proof of alcohol training, certificate of liability insurance

(Office Use Only)

Tax Dept. Approved by _____ Current with Taxes: _____
Delinquent Taxes _____ Tax Payment Plan _____
(Indicate Amount) (Indicate if current)

Fire Dept. _____ Detail recommendation: _____

Police Dept. _____ Detail recommendation _____

Committee Action:

Date Heard: _____

Restrictions noted: _____

License issued: Date _____

Action Taken: _____

Approved subject to _____

By: _____