



RENEWAL

APPLICATION
To
CITY OF CRANSTON
Safety Services and Licensing Committee
FOR
AUTO REPAIR LICENSE

Name of Applicant: _____ Date of Birth _____ SSN _____

Residence _____ Telephone No. _____

Name of Business: _____ Cell Phone No. _____

Business Address: _____

Email Address: _____

**** IF CORPORATE OFFICE PLEASE LIST GENERAL MANAGERS NAME AND DATE OF BIRTH**

Property on which business will be operated is owned by:

Name _____ Telephone No. _____

Address _____

How long have you been engaged in business at this address _____

Hours of Operation: _____

Employers' Fed. ID No. _____

Date

Applicant's signature

License Fee: \$100.00 + \$5.00 Processing Fee

(Office use only)
Date Advertised: _____ Abutters' notice sent _____

Committee action: Approved _____ Approved subject to _____ Other _____

Restrictions Noted: _____

License no. _____

Property Inspected by Zoning _____ Fire _____ Taxes: Clear _____ Payment Plan _____

Site Plan _____

Please file back by: _____

****YOU MUST INCLUDE COPY OF DRIVER'S LICENSE WITH APPLICATION**