



RENEWAL

APPLICATION
To
CITY OF CRANSTON
Safety Services and Licensing Committee
FOR
BILLIARDS TABLE LICENSE

Name of Owner: _____ Date of Birth _____
Residence _____ Telephone No. _____
Name of Business: _____ **Telephone No.** _____
Business Address _____
Email: _____

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: _____

Date

Applicant's signature

Number of Tables on Premises: _____

Fee: \$100.00 PER TABLE + \$5.00 Procc. 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 _____ Police _____ Traffic Eng. _____

Taxes: Clear _____ Payment Plan _____

Site Plan _____ Police _____

License Issued: _____ **Date:** _____ **By:** _____

Please file back by: _____

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