



APPLICATION
To
CITY OF CRANSTON
Safety Services and Licensing Committee
FOR
PUBLIC ENTERTAINMENT LICENSE

NEW

Name of Applicant: _____ Date of Birth _____
Residence _____ Telephone No. _____
Name of Business: _____ Cell Phone No. _____
Business Address _____ Employers' Fed. ID No. _____
Email Address: _____

Property on which business will be operated is owned by:

Name _____ Telephone No. _____

Address _____

Copy of lease is attached _____ already on file with the City _____

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

Have you or any of the entities in the business been denied any license and/or permit to operate in the State of Rhode Island? No _____ Yes _____ If yes, please list specifics:

If Corporation, please list names and addresses of all principals:

List of full name, address and date of birth of ALL persons having management or supervision of applicant's business operation.

Please state type of business operation, and specific entertainment being requested.

(ie live bands, acoustical music, recorded/computerized music; disc jockey; karaoke)

Days and specific hours of entertainment _____

Location of entertainment: Indoor only _____ Outdoor only _____ Indoor/Outdoor _____

Has the applicant, any supervising/managerial persons or if Corporation, any board member or stock holder has ever been arrested or convicted of a crime?

No _____ Yes _____ If yes, please fully identify individual(s) and nature and disposition of crime.

The undersigned, under oath, state that I have read and understand the provisions of Title 5.64 of the Code and that all information supplied is true and accurate, and that any false or misleading statements may be cause for denial of this application.

Date

Applicant's signature (sign & PRINT)

Fee: \$300.00 (over 99 capacity; no fee if under 99)

(Office use only)

Date Advertised: _____ Abutters' notice sent _____

Committee action: Approved _____ Approved subject to _____ Other _____

Restrictions Noted: _____

License no. _____

Taxes: Clear _____ Payment Plan _____

Site Plan _____

License Issued: Date: _____ By: _____



ENTERTAINMENT LICENSE CLASS _____
ROUTING SLIP

It is the applicant's responsibility to contact the following departments for their review of the attached site plan. The site plan must accompany this slip and both returned to the Records Department, Room 207.

Business name: _____ *Address* _____

Fire Department (780-4015)

Classification of premises: _____

Complies with fire code for classification as a nightclub: _____

Total capacity: _____

Detail recommended: Yes _____ *No* _____.

If yes, please indicate days of the week, hours and number needed:

Reviewed by: _____ *Date:* _____

Police Department (942-2211 x-5004)

In your opinion, have there been incidents at this location which should be brought to the attention of the Licensing Committee? _____

Detail recommended: Yes _____ *No* _____.

If yes, please indicate days of the week, hours and number needed:

Reviewed by: _____ *Date:* _____

Traffic Engineer (780-3204)

Comments:

Reviewed by: _____ *Date* _____

Inspections/Zoning Officer (780-6012)

Number of parking spaces required based on Fire Department's stated occupancy _____

Number of spaces available. _____.

Does premises meets all applicable provisions of the zoning code, including parking requirements. _____ *yes* _____ *no*.

If no, please explain in detail _____

Reviewed by: _____ *Date* _____

REQUIREMENTS FOR ENTERTAINMENT LICENSE- NEW

-COPY OF DRIVERS LICENSE

- THE APPLICANT MUST GO TO THE TAX ASSESSOR'S OFFICE (RM. 113) IN CITY HALL AND REQUEST A 400 FT RADIUS MAP WITH THE NAMES AND ADDRESSES OF THE TAXED OWNERS. A SET OF MAILING LABELS IS ALSO REQUIRED.

-ROUTING SLIP

-COPY OF APPLICANT'S DRIVER'S LICENSE