



RENEWAL

APPLICATION

To

CITY OF CRANSTON

Safety Services and Licensing Committee

EXTENDED HOURS OF OPERATION LICENSE

Name of Owner: _____ Date of Birth _____

****IF CORPORATE OFFICE PLEASE LIST GENERAL MANAGERS NAME AND DOB**

Residence _____ Telephone No. _____

Name of Business: _____ Cell Phone No. _____

Business Address _____

Email Address: _____

Property on which business will be operated is owned by:

Name _____ Telephone No. _____

Address _____

Hours of operation : _____

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

Is this application for a one time event, if so specify date _____

Employers' Fed. ID No. _____ State Dealer's License No. _____

Date

Applicant's signature

Fee: \$150.00 + \$5.00 Processing Fee

(Office use only)

Committee action: Approved _____ Approved subject to _____ Other _____

Restrictions Noted: _____

License no. _____

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**