

NEW



APPLICATION
To
CITY OF CRANSTON
Safety Services and Licensing Committee

FIREWORKS VENDOR LICENSE

Name of Business _____ **Telephone No.** _____
Business Address _____

Name of Owner: _____ **Date of Birth** _____
Residence _____ **Telephone No.** _____
Business title: _____ **E-mail** _____

Location of sales/address: _____ **Assessor's Lot** ___ **Plat** ___

Property on which business will be operated is owned by:
Name _____ **Telephone No.** _____
Address _____

Dates of operation/sales (temporary vendors only) _____

Date _____ **Applicant's signature** _____

Fee: \$50.00 + \$10.00 Proc. Fee

(Office use only)

Fire Prevention Certificate
Property inspected and is RIFSC Compliant

Approved by _____
(please sign and print)

Tax Department

Taxes current: _____ Payment plan _____

Committee action: Approved _____ Approved subject to _____ Other _____

Restrictions Noted: _____

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