



RENEWAL

APPLICATION
To
CITY OF CRANSTON
Safety Services and Licensing Committee
FOR
GRAVEL BANK LICENSE

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

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: _____

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

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

Date _____ Applicant's signature _____

Fee: \$125.00 + \$5.00 processing Fee

(Office use only)

Committee action: Approved _____ Approved subject to _____ Other _____

Restrictions Noted: _____

License no. _____

Property Inspected by Zoning _____

Taxes: Clear _____ Payment Plan _____

Site Plan _____ Police _____

License Issued: _____ Date: _____ By: _____

PLEASE FILE BY: _____

****YOU MUST INCLUDE A COPY OF YOUR DRIVER'S LICENSE**