

NEW



APPLICATION
To
CITY OF CRANSTON
Safety Services and Licensing Committee
For

HOLIDAY SALES LICENSE

Name of Business: _____
Business Address: _____
Business Phone Number: _____ Fax No. _____
Email: _____

Name of Applicant _____ DOB _____
*****IF CORPORATE OFFICE, PLEASE LIST GENERAL MANAGERS NAME AND DOB**
Address: _____
Daytime Phone _____
Relationship to business/Title _____
Products to be sold _____
Holiday Hours _____

*Holiday sales hours are governed by state law R.I.G.L. 5-23-1 et seq.

Property on which business will operate is owned by:
Name: _____ Address: _____ Phone no. _____

Signature: _____ Date: _____

FEE: \$100.00 + \$10.00 processing fee due upon receipt = \$110.00 due immediately

(Office Use Only)

Tax Dept. Approved by _____ Current with Taxes: _____
Delinquent Taxes _____ Tax Payment Plan _____
(Indicate Amount) (Indicate if current)

Committee Action:

Date Heard: _____ Action Taken: _____
Restrictions noted: _____ Approved subject to _____
License issued: Date _____ By: _____

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

REQUIREMENTS FOR HOLIDAY SALES LICENSE

- ZONING CERTIFICATE (BUILDING INSPECTIONS DEPARTMENT:
1090 CRANSTON ST)
- **COPY OF DRIVERS LICENSE**
- STATE RETAIL SALES PERMIT
- CERTIFICATE OF OCCUPANCY IF NEW BUILDING