



RENEWAL

APPLICATION
To
CITY OF CRANSTON
Safety Services and Licensing Committee
FOR
LEASING /RENTAL OF MOTOR VEHICLES LICENSE

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

Name of Owner: _____ Date of Birth _____
Residence _____
Daytime phone: _____ Email _____

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 _____

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

Employers' Fed. ID No. _____

Date

Applicant/Owner signature

Fee: \$150.00 + \$5.00 processing

(Office use only)

Filed _____ Paid _____
Approved Site Plan _____

Committee action: Approved _____ Approved subject to _____ Other _____
Restrictions Noted: _____

Property Inspected by Zoning _____ Fire _____ Taxes: _____

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

Please file back by: _____

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