



CITY OF CRANSTON
Safety Services and Licensing Committee

APPLICATION FOR
19 HOUR ALCOHOL LICENSE

This license is only available to certain organizations, and cannot be issued to a holder of any other liquor license under Title 3.

Check one: F (Malt and vinous beverages)_____ F1 (full liquor)_____

Name of Entity: _____

Address: _____

Daytime Phone Number _____ E-mail address _____

Location of event (if different from above) _____

Date and hours of event: _____ Anticipated Attendance _____

Will there be entertainment at this event? Yes _____ No _____

If yes, an entertainment license is required.

Name of property owner _____ Daytime phone number _____

Address _____ E-mail address _____

Name and contact info of person managing the event: _____ DOB: _____

Name of Applicant _____ DOB _____

Cell Phone Number: _____ Email: _____

Address: _____

Daytime Phone _____

Relationship to business/Title _____

Nature of Business (proof of status required). Please check one:

Religious _____ RI Corp. _____ Political Org. _____ LLC _____ Sole Proprietor _____

Number Previous Class F issued to entity, including its officers, directors, principals, affiliates, employees and agents. _____. Maximum of 12 per year.

Date: _____

Name print and sign

FEE: F - \$15.00 – F1 - \$35 + \$5.00 PROCESSING FEE

Please attach: proof of status, event flyer, proof of alcohol training, certificate of liability insurance, and permission from property owner for the event.

(Office Use Only)

Tax Dept.

Approved by _____

Current with Taxes: _____

Delinquent Taxes _____

Tax Payment Plan _____

(Indicate Amount)

(Indicate if current)

Fire Dept.

_____ Detail recommendation: _____

Police Dept.

_____ Detail recommendation _____

Committee Action:

Date Heard: _____

Restrictions noted: _____

License issued: Date _____

Action Taken: _____

Approved subject to _____

By: _____