



APPLICATION
To
CITY OF CRANSTON
Safety Services and Licensing Committee
FOR
TEMPORARY MASS GATHERING LICENSE

Name of Applicant: _____ Date of Birth _____
Residence _____ Telephone No. _____
Name of Business: _____ Cell Phone No. _____
Business Address _____ Employers' Fed. ID No. _____
Email Address: _____

*****APPLICATION MUST BE RECEIVED 30 DAYS PRIOR TO EVENT DATE**

Property on which business will be operated is owned by:

Name _____ Telephone No. _____

Address _____

Copy of lease is attached _____ already on file with the City _____

Have you or any of the entities in the business been denied any license and/or permit to operate in the State of Rhode Island? No _____ Yes _____ If yes, please list specifics:

List of full name, address and date of birth of ALL persons having management or supervision of applicant's business operation.

Please state type of business operation, and specific entertainment being requested.

(ie live bands, acoustical music, recorded/computerized music; disc jockey; karaoke; food trucks)

Days and specific hours of event: _____

Location of entertainment: Indoor only _____ Outdoor only _____ Indoor/Outdoor _____

Has the applicant, any supervising/managerial persons or if Corporation, any board member or stock holder has ever been arrested or convicted of a crime?

No _____ Yes _____ If yes, please fully identify individual(s) and nature and disposition of crime. _____

The undersigned, under oath, state that I have read and understand the provisions of Title 5.44.070 of the Code and that all information supplied is true and accurate, and that any false or misleading statements may be cause for denial of this application.

Date
Fee: \$200.00 fee due upon receipt

Applicant's signature (sign & PRINT)



TEMPORARY MASS GATHERING LICENSE

ROUTING SLIP

It is the applicant's responsibility to contact the following departments for their review of the attached site plan. The site plan must accompany this slip and both returned to the Records Department, Room 207.

Business name: _____ **Address** _____

Fire Department (780-4015)

Classification of premises: _____

Complies with fire code for classification as a nightclub: _____

Total capacity: _____

Detail recommended: Yes _____ **No** _____.

If yes, please indicate days of the week, hours and number needed:

Reviewed by: _____ **Date:** _____

Police Department (942-2211 x-5004)

In your opinion, have there been incidents at this location which should be brought to the attention of the Licensing Committee? _____

Detail recommended: Yes _____ **No** _____.

If yes, please indicate days of the week, hours and number needed:

Reviewed by: _____ **Date:** _____

Traffic Engineer (780-3202))

Comments:

Reviewed by: _____ **Date** _____

Inspections/Zoning Officer (780-6012)

Does premises meets all applicable parking provisions of the zoning code,.
_____ **yes** _____ **no**. *Spaces required* _____ *number available* _____

Comments: _____

Reviewed by: _____ **Date** _____

- **5.44.070 - Temporary mass gathering permit.**

SHARE LINK TO SECTION PRINT SECTION DOWNLOAD (DOCX) OF SECTIONS EMAIL SECTION
COMPARE VERSIONS

A.

For any event where an organizer has an anticipated assembly of five hundred (500) or more people that is expected to continue for two or more hours per day; or an event that requires a more extensive review to protection public health and safety because the event's nature or conditions have the potential of generating environmental or health risks.

1.

Includes but is not limited to, "special events" as defined in the food code regulations promulgated by RIDOH, and festivals and concerts.

2.

Shall not include an assembly of people at a location with permanent facilities designed for that specific assembly.

B.

The fee for a mass gathering permit shall be two hundred dollars (\$200.00), however, the safety services and licenses committee may waive the fee if other city services fees exceed that amount.

C.

Applications must be received thirty (30) days prior to the event.