



RENEWAL

APPLICATION To CITY OF CRANSTON Safety Services and Licensing Committee FOR SECONDHAND 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: \$100.00 + \$5.00 Procc. Fee

(Office use only)
Date Advertised: _____ Abutters' notice sent _____

Committee action: Approved _____ Approved subject to _____ Other _____

Restrictions Noted: _____
License no. _____

Property Inspected by Zoning _____ Fire _____ Police _____ Traffic Eng. _____

Taxes: Clear _____ Payment Plan _____

Site Plan _____ Police _____

License Issued: _____ Date: _____ By: _____