

RENEWAL



APPLICATION To CITY OF CRANSTON Safety Services and Licensing Committee For

VICTUALLING LICENSE

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

Name of Owner _____ DOB _____
****IF CORPORATE OFFICE PLEASE LIST GENERAL MANAGERS NAME AND DOB**
Address: _____
Daytime Phone _____
Relationship to business/Title _____
Nature of Business _____
Liquor license transfer involved? Yes _____ No _____
Hours of Operation: _____
Seating Capacity: 1-25 XXX 25-50 _____ Over 50 _____

If location was previously used for same or similar business, have you increased seating capacity? Yes _____ No _____

Building out of which business will operate is
Freestanding structure _____
Adjoins other buildings _____
Part of mini/strip mall or similar structure _____

Parking
Is off street parking provided _____.
If yes, is off street parking part of a
common parking area shared with or
used by others? _____.

Signature _____ Date _____
FEE: \$100.00 + 5.00 Processing Fee = \$105.00 due upon receipt

Property on which business will operate is owned by:
Name: _____ Address: _____ Phone no. _____
Do not write below this line

(Office Use Only)

Tax Dept. Approved by _____
Delinquent Taxes _____
(Indicate Amount)

Current with Taxes: _____
Tax Payment Plan _____
(Indicate if current)

Committee Action:
Date Heard: _____
Restrictions noted: _____
License issued: _____ Date _____

Action Taken: _____
Approved subject to _____
By: _____