

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 _____ 25-50 _____ Over 50 _____ xxx _____

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: \$250.00 + 5.00 Processing Fee = \$255.00 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 _____ Current with Taxes: _____
Delinquent Taxes _____ Tax Payment Plan _____
(Indicate Amount) (Indicate if current)

Committee Action:
Date Heard: _____ Action Taken: _____
Restrictions noted: _____ Approved subject to _____
License issued: _____ Date _____ By: _____