

# 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 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 \_\_\_\_\_ XXX \_\_\_\_\_ 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: \$150.00 + 5.00 Processing Fee = \$155.00 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: \_\_\_\_\_