

BUSINESS LICENSE APPLICATION

FAILURE TO COMPLETE THIS FORM PROPERLY MAY RESULT IN DELAYS IN THE ISSUANCE OF YOUR LICENSE.

NEW RENEWAL TRANSFER

PLEASE CHECK APPLICABLE LICENSES

| | | | |
|--|---------|--|---|
| <input type="checkbox"/> Business Registration | \$10.00 | <input type="checkbox"/> Mechanical Amusement and/or pool tables | \$20/machine up to 3, \$10 each addl. |
| <input type="checkbox"/> Gift/Antique/Seconds | \$25.00 | <input type="checkbox"/> Tourist Accommodation | \$25 for 1-5 rooms; \$50 for 6-26 rooms, \$75 for 26+ rooms |
| <input type="checkbox"/> Holiday | \$50.00 | <input type="checkbox"/> Flea Market | \$500 for 200 sites, \$10 ea addl. |
| <input type="checkbox"/> Victualing | \$25.00 | <input type="checkbox"/> Mobile Home Park | \$25.00 per site |
| <input type="checkbox"/> Hawker <input type="checkbox"/> Peddler | \$50.00 | <input type="checkbox"/> Entertainment - Special Outdoor | \$100 per event |
| <input type="checkbox"/> Kennel | \$25.00 | | |
| <input type="checkbox"/> Firearm | \$5.00 | | |
| <input type="checkbox"/> Private Detective | \$50.00 | | |
| <input type="checkbox"/> Entertainment-General | \$50.00 | | |

You must attach copies of State approvals and or permits that are required for your business. Please fill in all blanks.

Name of Business _____

Name of Applicant _____

Owner of Property _____

Business Address _____

Mailing Address _____

Business Phone _____ Home Phone _____

E-Mail Address _____ Business Website _____

Description of Business _____

Hours of Operation _____ Seating Capacity _____

Zoning Designation _____ PLAT _____ LOT _____ # of Parking Spaces Available _____

Fire District _____ Date Business Started _____

If **Flea Market**, state maximum number of vendors, days of operation _____

If **Tourist Accommodation**, do you have a bed and breakfast OR motel? Number of Rooms Available _____

If **Entertainment** what type of license are you requesting? ___ General ___ Indoor ___ Outdoor

Type of entertainment to be provided _____

Hours of entertainment _____

Admittance Fee _____

If **Mobile Home**, location _____

If **Mobile Home park**, number of sites _____

If **Mechanical Amusement**, number of devices _____

If **Kennel**, (RIGL Title 4, Ch 4-13-10 Kennel Licenses and Town Ordinances)

Kennel – any establishment engaged in breeding, buying, selling, trading or boarding animals.

Number of dogs to be kept _____

If **Hawker or Peddler**, Type of Operation

- () The sale of perishable foodstuffs and soft beverages
- () The sale of items made by your own hand
- () The sale of other articles of general merchandise or manufacture, including balloons, flowers, etc.
- () The sale of items to be sold from a vehicle such as, _____

Persons dispensing food are required to have an inspection by the State of Rhode Island, Department of Health.

I hereby certify that the information contained herein is complete, accurate and truthful to the best of my knowledge.

Signature of Applicant

Pursuant to section 23-27.3-113.1 of the RIGL, a building permit shall be required for the construction, enlargement, alteration or removal of any building or equipment and of the change of use or occupancy of any building. All proposed signs must comply with Article XI of the Charlestown Zoning Ordinance.

THIS OFFICE CANNOT ISSUE ANY LICENSE UNLESS TAXES ARE CURRENT.

FOR OFFICE USE ONLY

_____ Building Official Approval

_____ Tax Collector Approval

_____ Fire Inspector Approval

_____ Town Council Approval

_____ Police Approval

_____ Town Clerk Approval

_____ Permit to Make Sales

_____ Dept. of Health Approval

Date Paid _____

Check Number _____

License Number _____

Date Issued _____