New Business License Check List

Name of Applicant: ____________________________

Business Address _________________________________

Business Phone ____________________________ Applicant Phone ____________________________

A Zoning Use Certificate is required prior to you submitting your application to the Town Clerk’s Office. Please Contact Zoning Official David Tacey at 392-3800 Ext. 114 for Zoning Use Approval.

The following items are required to start your Business License Application:

☐ Zoning Use Letter
☐ New Business Application
☐ Business Application Fee

The following items are required prior to the issuance of your License:

☐ The above items: Zoning Use Letter, New Business Application, Fee
☐ Town Council Approval (If Applicable)
☐ Completed Referral Sheet Containing all applicable Signoffs and Documents
  ☐ Local Tax Approval
  ☐ Building Official Approval
  ☐ Fire Dept. Approval
  ☐ Police Dept. Approval
  ☐ Owners Permission (Lease Agreement or Notarized Letter)
  ☐ State Tax
  ☐ Health Dept.
  ☐ B.C.I

To the best of my knowledge I have submitted all required documentation:

Name: __________________ Signature: __________________ Date: ____________

Return this to the Town Clerk’s Office, 280 Victory Highway, West Greenwich, RI 02817.

Please do not hesitate to contact the office at 401-392-3800 for any further information.

MAKE A COPY OF ALL FORMS FOR YOUR RECORDS
Business License Application

Please Check Applicable Licenses

☐ Business Registration $20.00  ☐ NO FEE if any below are applicable
☐ Holiday $10.00
☐ Victualing $10.00
☐ 24 Hr Victualing $10.00
☐ Gaming $100.00
☐ Hawker ☐ Peddler $10.00
☐ Flea Market $10.00
☐ Kennel $25.00
☐ Mobile Home Park
☐ Private Detective $150.00
☐ Entertainment-General

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 **Mobile Home**, location ________________________________

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

If **Gaming**, number of Pool Tables ________________________________

If **Kennel** (RIGL Title 4, Ch 4-13-10 Kennel Licenses and Town Ordinances)
Kennel - any establishment engaged in breeding, buying, selling, training 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. All Hawkers and Peddlers require BCI (Background Check).

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

________________________
Signature of Applicant

****************************************************************************************************

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
Business License Application Referral Sheet

Name of Applicant _______________________________________________________

Owner of Property ______________________________________________________

Business Address _______________________________________________________

Mailing Address _________________________________________________________

Business Phone __________________ Home Phone ___________________________

You must attach copies of State approvals and/or permits that are required for your business.

REFERRAL INFORMATION:

<table>
<thead>
<tr>
<th>Department</th>
<th>Phone Number</th>
<th>Approval Date</th>
<th>Print Name</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>* Building Dept.</td>
<td>392-3800 Ext. 114</td>
<td></td>
<td></td>
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<tr>
<td>* Local Tax</td>
<td>392-3800 Ext. 105</td>
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<td></td>
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<tr>
<td>The Following May be Required:</td>
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<tr>
<td>Police Dept.</td>
<td>397-7191</td>
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<td></td>
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<tr>
<td>Fire Dept.</td>
<td>450-7729</td>
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</table>

Please contact all departments indicated above for approval & signature.

Required Document Type

<table>
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<th>Document Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>* Owners</td>
<td>Letter Notarized or</td>
</tr>
<tr>
<td>Permission</td>
<td>Lease Agreement</td>
</tr>
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Return this Referral sheet and Business License application to the Town Clerk’s Office, 280 Victory Highway, West Greenwich, RI 02817.

Please do not hesitate to contact the office at 401-392-3800 for any further information.

MAKE A COPY OF THE COMPLETED REFERRAL SHEET FOR YOUR RECORDS