

TOWN OF WEST GREENWICH
VICTUALING LICENSE APPLICATION

FEE: 10.00

Office Use Only	
Amount Paid _____	Date _____

Name of restaurant or other business: _____

Business Owner Name: _____

Address: _____

Telephone number(s): _____

Person responsible for the daily operation of this business: _____

Address: _____

Telephone number(s): _____

Days and hours business is open: _____

What part of the building is used for preparation and consumption of food?

Does this business hold a license to serve alcoholic beverages? _____

ATTACHMENTS

Certificate of Approval from Health Dept.

Copy of Current Menu

I hereby certify that the above statements are true to the best of my knowledge and belief.

APPLICANT

DATE

Witness of Licensing Board or Notary Public

Date of Witness or Notary Expiration

All Licenses Expire December 1st