CITY OF NEWPORT, RHODE ISLAND

APPLICATION FOR SECOND HAND LICENSE (or Transfer)

TO THE HONORABLE COUNCIL OF THE CITY OF NEWPORT:

Application is made for a **SECOND HAND LICENSE** DATE: _____

Date of Duration: ANNUAL_ Business Phone: _____

BUSINESS NAME (ownership):_____

BUSINESS DBA:_____

BUSINESS Location:_____

OWNER'S Name:_____

OWNER'S Signature:_____

OWNER'S Home Address:_____

OWNER'S Telephone #:_____

~~~~~~~~~~~~~~~~~~~~~~~~~~ FOR TRANSFERS ONLY ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~

PREVIOUS BUSINESS (ownership):_____

PREVIOUS BUSINESS DBA:_____

PREVIOUS BUSINESS ADDRESS:_____

PREVIOUS OWNER'S Signature:_____

~~~~~~~~~~~~~~~~~~~~~~~~~~~ FOR OFFICE USE ONLY ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~

Filing Fee $**15.00** Date Paid:_____ New____ Renewal ____

License fee **$100.00** Date Paid_____

License issued by:_____ Date Issued:_____

ACTION BY COUNCIL_____ ACTION DATE_____

*Note: AS OF SEPTEMBER 26, 1990, THE SECOND HAND LICENSE FEE WAS RAISED TO $100.00