

CITY OF NEWPORT, RHODE ISLAND

Dec. 1, _____ - Nov. 30, _____

VICTUALING LICENSE APPLICATION

TO THE HONORABLE COUNCIL:

DATE:

D/B/A

LICENSED PREMISES

OWNER (LLC, Corporation):

Owner Address:

City: State: Zip:

Owner Phone: Business Phone:

Mailing Address (choose one): (a) Business Location, (b) Ownership Address, or (c) Other (specify below)

License Number: CLASS: Litter Rating from City Clerk:

DURATION: (Annual is DEC 1 thru NOV 30) or if Seasonal (list dates):

Estimated monetary investment involved:

Hours of Operation:

Do you have Extended Hours of Operation (i.e. 2:00 am till 6:00 am)? if yes, specify extended hours and days:
Hours: Days:

Is liquor license application being submitted by the applicant? or will it be in the future?

Description and/or rendering of architecture to be used (if changing). INITIALS: Attached? (YES?No)

-----DO NOT WRITE BELOW THIS LINE-----

Filing Fee: \$15 Date Paid: License Fee: Date Paid:

Approved by Council _____ Disapproved by Council _____

Issued by _____ Date _____

Owner:
DBA:
Location:



If NEW establishment –or- if NOT already “on-file”, PLANS must be provided.

If new establishment, provide detailed **Site Plan** showing entire premises, interior, exterior, seating capacity, dumpster location, and parking area.

Plans **attached** or **on-file** (YES or NO): & Signature:

Current Seating :

Parking Available? Parking Location? Number: of Cars

Garbage Disposal:	Dumpster? <input type="checkbox"/>	Trash Receptacles? <input type="checkbox"/>
Location:	<input type="checkbox"/>	<input type="checkbox"/>
Type/Odor Prevention:	<input type="checkbox"/>	<input type="checkbox"/>
Weight per pickup:	<input type="checkbox"/>	<input type="checkbox"/>
Number of Cans:	<input type="checkbox"/>	<input type="checkbox"/>

PRIVATE PICKUP? **By Whom?**

INITIAL to acknowledge receipt of Litter/Trash Info (if new) **DATE:**

Type of BUSINESS:



Your signature below indicates that you have reviewed the information on this two page form and agree that it is correct. Any change will require that a new application be filed with the City Clerk’s office.

Signature of Applicant: **Date:**

Phone #:

Print Name: **Title:**