

# State of RI-Town of Foster

## Business Application

Official Application

Renewal

Transfer

Date: \_\_\_\_\_

Business Owner (Proprietor/Corporation) \_\_\_\_\_

Business DBA \_\_\_\_\_

Business Location \_\_\_\_\_ Unit # \_\_\_\_\_

Business Phone \_\_\_\_\_ Business Hours of Operation \_\_\_\_\_ Sq. Footage \_\_\_\_\_

Business E-mail \_\_\_\_\_

Describe Proposed Business Use \_\_\_\_\_

Are there other tenants at this address? Yes  No

If known, what was the previous use at this location? \_\_\_\_\_

### Contact Information Business Owner

Owners Name \_\_\_\_\_ Alternate E-Mail \_\_\_\_\_

Owners Resident Address \_\_\_\_\_ Cell Phone \_\_\_\_\_

Co-Owner Name \_\_\_\_\_ E-Mail \_\_\_\_\_

Co-Owners Address \_\_\_\_\_ Cell Phone \_\_\_\_\_

Are there any flammable/hazardous/combustible equipment or materials? Yes  No

Please Describe: \_\_\_\_\_

### LICENSE / ACTIVITY (PLEASE CHECK ALL THAT APPLY)

#### Will you be...?

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Selling Alcohol \$400     | <input type="checkbox"/> Pawn Shop                               | <input type="checkbox"/> Preparing Food (Victualling)\$25.00 |
| <input type="checkbox"/> Entertainment \$200       | <input type="checkbox"/> Selling Second Hand Articles \$25.00    | <input type="checkbox"/> Junk Yard/Automobile \$25.00        |
| <input type="checkbox"/> Campground \$50.00        | <input type="checkbox"/> Private Detective \$65.00               | <input type="checkbox"/> Hawker/Peddler \$50.00              |
| <input type="checkbox"/> Hotel/Motel               | <input type="checkbox"/> Theatre                                 | <input type="checkbox"/> Flea Market                         |
| <input type="checkbox"/> Kennel / Boarding \$25.00 | <input type="checkbox"/> Gun Shop \$75.00 Initial \$5.00 Renewal | <input type="checkbox"/> Retail/Holiday Sales \$25.00        |
| <input type="checkbox"/> Mobile Food Truck \$50    | <input type="checkbox"/> Auto Repair                             | <input type="checkbox"/> <b>Registration Only</b>            |

RI Mobile Food Establishment Certificate: \_\_\_\_\_

Coin Op Mechanical Devices, if so, how many? \_\_\_\_\_  At \$50.00 each

Pool Tables, if so, how many? \_\_\_\_\_  At \$50.00 each

Office Use: Plat: \_\_\_\_\_ Lot: \_\_\_\_\_

For additional information for the State, please contact the RI Commerce Corporation's Business Navigation Center at 401-278-9195.

**Contact Information Property Owner**

Owner of Property (if different from applicant) \_\_\_\_\_

Address of Property Owner \_\_\_\_\_

Telephone Number of Property Owner \_\_\_\_\_

**WORKERS' COMPENSATION INSURANCE AFFIDAVIT**

I certify that if I have more than one (1) employee that I will, at all times, have workers' compensation insurance coverage as required by the RI Department of Labor & Training.

OWNER'S Signature: \_\_\_\_\_

**FOR TRANSFER ONLY**

CHANGE OF OWNERSHIP, PREVIOUS BUSINESS (owner):

\_\_\_\_\_

PREVIOUS OWNER'S Signature:

\_\_\_\_\_

CHANGE OF LOCATION, PREVIOUS BUSINESS ADDRESS:

\_\_\_\_\_

**FOR OFFICE USE ONLY**

License Fee(s): \$  
Fire Inspection

Date Paid: \_\_\_\_\_  
Date Done: \_\_\_\_\_

License # \_\_\_\_\_  
License # \_\_\_\_\_  
License # \_\_\_\_\_

Filing Fee (if applicable) Date Paid: \_\_\_\_\_  
Police Background Check (if applicable): \$5.00 per person

Date Paid: \_\_\_\_\_

GRANTED BY COUNCIL \_\_\_\_\_

ISSUED DATE \_\_\_\_\_