

# 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:  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

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