

CITY OF NEWPORT, RHODE ISLAND
APPLICATION FOR
TRANSIENT TRADER LICENSE

DATE _____

TO THE HONORABLE COUNCIL OF THE CITY OF NEWPORT:

Duration of License: THREE MONTHS FROM _____ TO _____

Actual Days: _____

Type of Sale: _____

Location of Sale: _____

Permit To Make Sales at Retail No: _____

D/B/A of Business Conducting Sale: _____

Owner Name/Corporation: _____

Business Street Address: _____

Town/State/Zip: _____

Business Phone No: _____ Alternate Phone No: _____

Signature of Applicant: _____

Print Name of Applicant: _____

Sworn and Subscribed to before me this _____ day of _____, 20____.

Notary Public

My Commission Expires: _____

INVENTORY LIST OF ITEMS TO BE SOLD AND PRICE OF EACH is required before sale.

~~~~~OFFICIAL USE ONLY~~~~~

Inventory List \_\_\_\_\_ Received Date: \_\_\_\_\_

Filing Fee: **\$15** Date Paid: \_\_\_\_\_

License Fee: **\$350** Date Paid \_\_\_\_\_

City Clerk Signature \_\_\_\_\_ Date Signed: \_\_\_\_\_

License issued by: \_\_\_\_\_ Date Issued: \_\_\_\_\_