

**CITY OF NEWPORT, RHODE ISLAND**  
**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

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?

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

Filing Fee:

\$15

Date Paid:

License Fee:

Date Paid:

Approved by Council \_\_\_\_\_

Disapproved by Council \_\_\_\_\_

Issued by \_\_\_\_\_ Date \_\_\_\_\_

*Virtualing License Application*

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Current Seating :

Parking Available?  Parking Location?  Number: of Cars

**Garbage Disposal:** Dumpster? Yes  No  Trash Receptacles? Yes  No

**Location:**

**PRIVATE PICKUP?** Yes  No  **By Whom?** \_\_\_\_\_



Name of Manager: \_\_\_\_\_ Email Address: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Name of Emergency Contact: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Your signature below indicates that you have reviewed the information on this 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:**