

Application for a Business-Operating License

Fire Chief Approval

Zoning Official Approval

Stamp Required

Pursuant to **Rhode Island General Law 45-2-31.2**, it is mandatory for "*each business* including but not limited to, wholesale, retail, commercial, professional service or manufacturing, whether by sole proprietorships, partnerships, corporations or any business entity shall register their business, company, trade or office situated in the Town of Warren with the Town Clerk".

SECTION 1. APPLICATION INFORMATION

Applicant Name _____

Applicant Address _____

Applicant ID Number (i.e. RI Driver's License, etc.) _____

Applicant Date of Birth _____

Home Telephone Number _____

SECTION 2. BUSINESS INFORMATION

New Business Transfer of Ownership (check one)
(if transfer, please complete Section 3)

Type of Business (check one)

Corporation Sole Proprietorship * Hobbyist

Partnership Limited Liability

Business Name (if corporation, limited liability co. or partnership, please complete section 4)

Trade Name (d/b/a) _____

Business Location _____, Warren RI 02885

* Requires Affidavit attesting to the fact applicant qualifies as a "hobbyist" under IRS Guideline - specifically the applicant has not made a profit during at least three to five years including the current year.

Mailing Address (if different from above)

Business Telephone _____ Fax _____

Assessor's Plat _____ Lot _____

Zoning District _____

Has Zoning Relief been granted? If so please describe and give date granted.

Description of Business Operations:

WHOLESALE or RETAIL (circle one)

SECTION 3. COMPLETE FOR TRANSFER OF OWNERSHIP

Previous License Holder's Name _____

Previous License Holder's Address _____

Previous License Holder's Telephone Number _____

Cell Number _____

Previous License Holder's Signature (signature ***must*** be notarized)

Signature _____ Date _____

State of Rhode Island, _____ County, on this _____ day of _____, 200

(Notary Seal)

Notary Public/Commission Exp.

Print Notary Name

COMPLETE FOR CORPORATIONS, LIMITED LIABILITY C., OR PARTNERSHIPS
(Please attach copy of organizational papers issued by the State of Rhode Island)

Names of Officers
President

Address

Vice President

Secretary

Treasurer

Business Owner

Signature

Date

State of Rhode Island, _____ County, on this _____ day of _____, 200

in said county, before me personally appeared _____ each and all to
me known and known to me to be the person's) executing the above signature and
acknowledged said execution to be his/her/their free act and deed.

Payment will be accepted and license will be issued upon approval of the Building Official.

Notary Public

Notary Name Printed

Commission expires
