

Application for a Business Registration & License

TOWN OF JOHNSTON, RHODE ISLAND

Business License # _____

OFFICE OF THE TOWN CLERK

License Type: _____

Vincent P. Baccari Jr, Town Clerk
1385 Hartford Avenue,
Johnston, Rhode Island 02919

Telephone: 401-351-6618

Registration \$25.00: _____

Facsimile: 401-553-8835

SECTION 1. BUSINESS INFORMATION

New Business Transfer of Ownership (check one - if transfer, please complete Section 4)
Type of Business (check one) Sole Proprietorship Corporation Limited Liability Co. Partnership

Business Name _____
(If this is a corporation, limited liability co. or partnership, please complete Section 3)

Trade Name (d/b/a) _____

Business Address _____ Plat: _____ Lot: _____ Zone: _____

Mailing Address (if different from above) _____

Business Telephone _____ Business Fax _____

Building Owner Name: _____ Phone _____

Address _____

Description of business operations _____
(BE AS SPECIFIC AS POSSIBLE)

SECTION 2. APPLICANT INFORMATION

Applicant Name _____ Title _____

Applicant Address _____

Applicant Date of Birth _____ E-mail Address _____

Home Telephone Number _____ Cell Phone Number _____

Emergency Contact (Required) Name: _____ Phone _____

Emergency Contact (Required) Name: _____ Phone: _____

OFFICE USE ONLY DO NOT WRITE BELOW THIS LINE

Tax Collection	Approved	Denied	Date: _____	Initials: _____	
Tax Assessor	Approved	Denied	Date: _____	Initials: _____	
Zoning	Approved	Denied	Special Use needed	Date: _____	Initials: _____

Building Inspection Received Date: _____ Fire Inspection Received Date: _____

Application for a Business Registration & License

SECTION 3.

COMPLETE FOR CORPORATIONS, LIMITED LIABILITY CO., OR PARTNERSHIPS
(PLEASE ATTACH COPY OF ORGANIZATIONAL PAPERS ISSUED BY THE STATE OF RHODE ISLAND)

Corporation Limited Liability Co. Partnership

Name _____ Title _____ Date of Birth _____

Address _____ Federal ID # _____

SECTION 4. COMPLETE FOR TRANSFER OF OWNERSHIP

Previous License Holder's Name _____ Date of Birth _____

Previous License Holder's Address _____

Previous License Holder's Telephone _____ Cell Number _____

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

Signature _____ Date _____

State of _____ County of _____, on this _____ day of _____, _____

In said county, before me personally appeared _____ personally known to me
Or proved to me through satisfactory evidence of identification to be the person(s) executing the above signature and
acknowledged said execution to be his/her/their free act and deed.

Notary Public _____ Notary Signature _____
Printed Name Signed Name

Commission expires _____

SECTION 5. SIGNATURE

Applicant signature _____ Date _____

Applicant Title _____

Official Use Only

Notes: _____

Town Council Meeting held on _____ Approved Denied

Approved with stipulation(s) _____