



# Application for a Business Registration/License

Town of Johnston, Rhode Island,

Office of the Town Clerk

Vincent P. Baccari Jr, Town Clerk

1385 Hartford Avenue, Johnston, Rhode Island 02919

Telephone: 401-351-6618 Fax: 401-553-8835

New Business  Transfer of Ownership

### Type of Business:

Sole Proprietorship  Corporation

Limited Liability Co.  Partnership

## SECTION 1. BUSINESS INFORMATION

License Type _____
License Fee _____
Registration Fee _____
Inspection Fee _____
Holiday Sales _____
After Hours _____
<b>Total Fees:</b> _____

Business Trade Name (d/b/a) \_\_\_\_\_

Corporate Name (If Applicable) \_\_\_\_\_

Business Address \_\_\_\_\_ Plat: \_\_\_\_\_ Lot: \_\_\_\_\_ Zone: \_\_\_\_\_

Mailing Address (if different from above) \_\_\_\_\_

Business Telephone \_\_\_\_\_ Business Fax \_\_\_\_\_

DESCRIPTION OF BUSINESS OPERATIONS: \_\_\_\_\_

## SECTION 2. APPLICANT INFORMATION

Owner	Corporate Member
President	Vice-President
Other _____	

Applicant Name \_\_\_\_\_

Applicant Address \_\_\_\_\_

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

Applicant Date of Birth \_\_\_\_\_ E-mail Address \_\_\_\_\_

Home Telephone Number \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

Emergency Contact (Required) Name: \_\_\_\_\_ Phone \_\_\_\_\_

Emergency Contact (Required) Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**SECTION 3.**

**COMPLETE FOR CORPORATIONS, LIMITED LIABILITY CO., OR PARTNERSHIPS**

(PLEASE ATTACH COPY OF ORGANIZATIONAL PAPERS ISSUED BY THE STATE OF RHODE ISLAND)

**Corporation:**

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 Rhode Island, \_\_\_\_\_ County, on this \_\_\_\_\_ day of \_\_\_\_\_,

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.

Notary Public \_\_\_\_\_

Notary Name Printed \_\_\_\_\_

Notary Seal

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) \_\_\_\_\_

***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: \_\_\_\_\_