

CUSTOMER NUMBR



APPLICATION FOR PRIVILEGE LICENSE

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Any person who willfully makes a false statement on a license application shall be guilty of a misdemeanor and upon conviction shall be fined or imprisoned in the discretion of the court and any fine shall be in addition to the amount of the tax.
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Date of Application: \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Address (Physical address not PO Box): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing Address (if different from business address): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Name of owner or manager: \_\_\_\_\_

Business phone number: \_\_\_\_\_ Fax number \_\_\_\_\_

Taxpayer ID: \_\_\_\_\_ or SSN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date business will start operation: \_\_\_\_\_

Describe business activity: \_\_\_\_\_

\_\_\_\_\_
\_\_\_\_\_

If you have any of the following machines on location, advise the number of each machines in the blank space provided; otherwise write N/A for "Not Applicable".

\_\_\_\_\_ Vending Machine's (food, beverage, toys etc.) \_\_\_\_\_ Pinball Machine's

\_\_\_\_\_ Pool Tables \_\_\_\_\_ Video/Electronic Games \_\_\_\_\_ Video Rental Machines

Will you have a Car Wash? \_\_\_\_\_ Yes \_\_\_\_\_ No

Is this a restaurant? \_\_\_\_\_ Yes \_\_\_\_\_ No # of seats? \_\_\_\_\_

Will you be selling Beer and/or Wine from this establishment? (Must have a state license before we can issue the one for the town) \_\_\_\_\_ Yes \_\_\_\_\_ No

Beer \_\_\_\_\_ Wine \_\_\_\_\_ Both \_\_\_\_\_

Is this a Gas Station/Convenient Store? \_\_\_\_\_ Yes \_\_\_\_\_ No

Will you be selling any of the following? \_\_\_\_\_ Ice Cream \_\_\_\_\_ Beer (off Premise)

\_\_\_\_\_ Oil/Automotive supplies

Is this a Barbershop or Beauty Salon? \_\_\_\_\_ Yes \_\_\_\_\_ No

How many operators will you have in your barbershop or beauty salon? \_\_\_\_\_

Do you want this license renewed yearly? \_\_\_\_\_ Yes \_\_\_\_\_ No

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If you are applying for a new business license and it's between February and the end of June you will only have to pay half of the total cost of the license for your business. Invoices for new licenses will be mailed out the middle of May for payment. There will be a penalty of 5% per month for any invoices that are paid after August 1 of the calendar year for the new license. "I hereby affirm that this application and statement has been examined by me and to the best of knowledge and belief is true and complete, is in good faith covering the taxable period stated, pursuant to the Town of Smithfield License Ordinance, and that this affirmation is made under the penalties prescribed by law"

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Signature of person making application: \_\_\_\_\_

Address of person making application: \_\_\_\_\_

\_\_\_\_\_

Relationship to business: \_\_\_\_\_

Smithfield Police Department  
Business Application Supplement

Business Name: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Corporate Name: \_\_\_\_\_

Business/Corporate Address: \_\_\_\_\_

Emergency Contacts:

<u>Name</u>	<u>Address</u>	<u>City</u>	<u>Phone</u>
1. _____	_____	_____	_____
_____	_____	_____	_____
2. _____	_____	_____	_____
_____	_____	_____	_____
3. _____	_____	_____	_____
_____	_____	_____	_____

Emergency contacts should be persons that can be contacted after hours in case of fire or theft. These persons should have a knowledge of contents of business location, weapons (if any), or chemicals that may be stored in the business area. If the names and phone numbers of the emergency contacts change, it is the responsibility of the business owner to contact the Smithfield Police Department and change the emergency contact information.

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1. Does your business have an alarm? If "yes", what type?  
Audible \_\_\_\_\_ Silent \_\_\_\_\_ Both \_\_\_\_\_

2. With which agency is your alarm connected?  
Smithfield Police \_\_\_\_\_ Sheriff's Department \_\_\_\_\_ Private Agency \_\_\_\_\_

Name of Private Agency: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

3. Are there hazardous chemicals stored on the property? Yes \_\_\_\_\_ No \_\_\_\_\_

<u>NAME OF CHEMICALS</u>	<u>AMOUNTS</u>
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____