

CITY OF NEWPORT, RHODE ISLAND

BUSINESS REGISTRATION

DATE: _____

NAME OF **OWNER/CORP/LLC**: _____

NAME OF **BUSINESS** (d/b/a): _____

BUSINESS LOCATION: _____

TYPE OF BUSINESS CONDUCTED: _____

IS THIS A HOME OFFICE? YES _____ NO _____

BUSINESS PHONE: _____

RETAIL TAX ID#: _____

ADDRESS OF OWNER: _____

OWNER PHONE: _____

ORIGINAL DATE OF **STARTING** BUSINESS: _____

(Signature of Owner)

(Print Name)

(Witness in Clerk's Office or Notary Public)

*** FOR OFFICE USE ONLY***

ONE TIME INITIAL APPLICATION FEE: \$10.00 DATE PAID: _____

REGISTRATION FEE: \$25.00 DATE PAID: _____

TYPE OF LICENSE APPLIED FOR: _____

TRADE NAME FILED DATE: _____ BK____ / PG____

VALID LEASE: YES _____ NO _____

ZONING APPROVAL: _____ APPROVAL FROM TAX ASSESSOR: _____

COMMENTS: _____