



**TOWN OF CUMBERLAND – OFFICE OF THE TOWN CLERK**  
**45 BROAD STREET, CUMBERLAND RI 02864**  
**(401)728-2400 FAX (401)724-1103**

**HOLIDAY LICENSE**

**License fee--\$100**  
**Non-refundable application fee--\$25**

**Renewal Fee--\$100**

A Holiday License is required for all retail businesses as defined in Section 5-23-1 of the General Laws of the State of Rhode Island.

Application must be submitted at least one week prior to the next meeting of the Cumberland Town Council, which meets on the first and third Wednesday of each month.

All local taxes must be paid prior to approval.

*All Holiday Licenses expire every year on March 31<sup>st</sup> no matter what the application date may be.*

**BUSINESS INFORMATION:**

License Number \_\_\_\_\_ Tax ID Number \_\_\_\_\_

Proposed Hours \_\_\_\_\_

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

DBA Name, if applicable \_\_\_\_\_

Business Type:  Corporation  Partnership  Individual  LLC

Business Address \_\_\_\_\_

Assessor's Plat \_\_\_\_\_ Lot(s) \_\_\_\_\_ Zone \_\_\_\_\_

Business Mailing Address, if different \_\_\_\_\_

Business Phone Number \_\_\_\_\_

Business Fax Number \_\_\_\_\_

Property Owner Name and Address \_\_\_\_\_

**BUSINESS OWNER INFORMATION:**

\_\_\_\_\_  
Business Owner Name

\_\_\_\_\_  
Owner Home Address

\_\_\_\_\_  
Home Phone Number

\_\_\_\_\_  
Cell Phone Number

\_\_\_\_\_  
E-Mail

\_\_\_\_\_  
Owner Date of Birth

\_\_\_\_\_  
Place of Birth

**CONTACT PERSON INFORMATION:**

\_\_\_\_\_  
Contact Person Name, Address, and Phone Number (if different from Owner)

\_\_\_\_\_  
Contact Person Fax

\_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
E-mail

Date: \_\_\_\_\_

\_\_\_\_\_  
**APPLICANT'S SIGNATURE**

\_\_\_\_\_  
**TOWN CLERK**

**DATE GRANTED:** \_\_\_\_\_