

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

Renewal Fee--\$100

Non-refundable application fee--\$25

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. Holidays include New Year's Day, Memorial Day, Fourth of July, Victory Day, Labor Day, Columbus Day, Veterans' Day, Thanksgiving Day, and Christmas, or on any day which any enumerated holiday is officially celebrated.

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.

If applicable, please provide a copy of your Permit to Make Sales at Retail.

All Holiday Licenses expire every year on March 31st no matter what the application date may be.

BUSINESS INFORMATION:

License Number _____ Tax ID Number _____

Proposed Hours _____

Cigarette Sales: Yes Permit No. _____ No
(Please provide copy)

Gasoline Sales: Yes Permit No. _____ No
(Please provide copy)

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 #1 INFORMATION:

Business Owner Name _____

Owner Home Address _____

Home Phone Number _____

Cell Phone Number _____

E-Mail _____

Owner Date of Birth _____

Place of Birth _____

BUSINESS OWNER #2 INFORMATION:

Check if additional owners and attach separate sheet

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: _____

OWNER #1 SIGNATURE

Date: _____

OWNER #2 SIGNATURE

TOWN CLERK

DATE GRANTED: _____