



# Town of Jamestown

## Town Clerk's Office

93 Narragansett Avenue  
Jamestown, RI 02835  
(401) 423-7200  
Fax: (401) 423-7230

### Victualing License Application

Please supply the Town Clerk's office with the following:

- Copy of Valid State Health Certificate
- Fee: \$20.00

Permit for the Period of: December 1, 20 to November 30, 20

Name of Applicant (Corp. Name): \_\_\_\_\_

DBA: \_\_\_\_\_

Partnership: \_\_\_\_\_

Sole Proprietorship: \_\_\_\_\_ Business Phone #: \_\_\_\_\_

Address of Premise: \_\_\_\_\_, Jamestown, RI 02835

Hours of Operation: \_\_\_\_\_ RI Retail Tax #: \_\_\_\_\_

Home/Mailing Address and Home Phone #: \_\_\_\_\_

Name Address, Phone # and Date of Birth of all Principle Officers &/or Stockholders:

<u>Name</u>	<u>Address</u>	<u>DOB</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Type of Operation: (bakery, restaurant, gift shop, etc.)

# of Dining Areas: \_\_\_\_\_ # of Kitchens: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

***All Tax & Water Assessments must be PAID TO DATE prior to any Town Council action. Your application will not be acted upon should payment of these be in arrears.***

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423-7200 ~ fax: 423-7230

## For Office Use Only

License Fee: \$20.00

Paid/Date: \_\_\_\_\_

*Approval: Please Sign & Date*

Chief of Police: \_\_\_\_\_

Fire Chief: \_\_\_\_\_

Zoning/Building Official: \_\_\_\_\_

Water & Sewer Clerk: \_\_\_\_\_

Tax Collector: \_\_\_\_\_



This application has been **GRANTED/DENIED** by the Jamestown Town Council at a meeting held on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_ for the period of **December 1, 20\_\_\_\_\_ to November 30, 20\_\_\_\_\_**.

Issued: \_\_\_\_\_

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Kimberly A. Turcone, Deputy Town Clerk

***Please display this license in a prominent place in your establishment***