

OFFICE USE (Info & Official)	s Initials)
Date Received:	By:
Registration Only	

Town of Barrington

DEPARTMENT OF PLANNING & ECONOMIC DEVELOPMENT

OTE: Go to www.barrington.ri.gov/topics/			
Plat: Lo	t(s):	_ Zone:	
USINESS INFO			
Owner (Proprietor/Corporation):			
DBA:			
Address:			Sq. Footage:
Phone: ()			
Days & Hours of Operation:			
Email:			
Describe proposed business use:			
What was the previous use at this locatio	n? (If known)		
ONTACT INFO			
Owner 1 Name:	Alternate Email:		
Owner 1 Resident Address:	Cell Phone:		
Owner 2 Name:			
Owner 2 Resident Address:			
Are there any flammable/hazardous/com			
If yes, please describe:			<u>—</u>
CENSE / ACTIVITY / TYPE OF BUSINES			
	Mobile Food Vendor		Restaurant Second Hand Use
	Outdoor Extension/		Sidewalk/A-Frame Sign
	Seating/Display		Tobacco/E-Cigarettes
	Private Detective		Victualing (Prepare Food)
Hawker/Peddler	Retail		Going Out of Business Sale
Holiday Sales	Other, Explain:		•
For additional information for the State, please co	•		
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