



CITY OF PROVIDENCE

APPLICATION FOR FOOD DISPENSER LICENSE

The undersigned respectfully petitions your Honorable Board of License to make application for a Food Dispenser License, subject to such restrictions and regulations as the Board of Licenses may prescribe.

DATE: 1-26-16

Business Name: Nutri-vida

D.B.A:

Location Of Business: 704 Cranston

Business Phone: 401-390-8569 - 401-486-8988

Applicant Name: Iris Santay

Home Address: 122 Mawney St

Home City: Providence State: RI Zip: 02909

Home Phone: 401-390-8569 Cell Phone: 401-486-8988

E-Mail Address: abeinda0891@gmail.com

Those wishing to apply for a holiday license, please check:

Print Name: ~~Abeinda 0891~~ Signature: Iris Santay

Print, sign and return completed application to the Board of Licenses, Room 101 Providence City Hall. (We accept Check or Money Order ONLY.)

** FOR INTERNAL OFFICE USE ONLY (Rev'd 09/11) **

	TO	FROM
HEARING		
POLICE		FILED
FIRE		FEE
ALARM		CHECK #
BUILDING		ISSUE DATE
HEALTH		EXPIRE DATE
CITY TAX		LICENSE #
APPROVED		
DENIED		RENEWAL NEW

BOARD OF LICENSES

THIS FORM MUST BE COMPLETED BY LICENSE APPLICANT

UPON APPROVAL BY THE BOARD OF LICENSES THE ISSUANCE OF ANY LICENSE IS SUBJECT TO EVIDENCE OF WORKER'S COMPENSATION INSURANCE.

All companies that have one (1) or more employees are required to have Worker's Compensation Insurance coverage. Individual owners and partners are exempt. Independent contractors are required to file notice of designation as independent contractor with the Department of Labor and Training. Corporate officers (except those appointed as corporate officers between 1/1/1999 and 12/31/2001 who were not previously employees of the corporation) are included under the Worker's Compensation Act unless they file a waiver form with the Department of Labor and Training.

If a business has an employee and does not have a worker's compensation policy then all work must stop until a policy is in place. Businesses operating without required worker's compensation insurance may be closed by the Director of the Department of Labor and Training.

Please complete the information below:

Iris Santay

Name on Policy

Street 704 Cranston

Telephone 401-390-8869

City/State/Zip 02907

Worker's Compensation Insurance Co

Policy #/Effective Date

Insurance Agency/Broker/Telephone#

I attest that the above information is accurate

Iris Santay

Signature of Licensee/Date

Printed name of Licensee Iris Abelinda Santay De Saks

IF THE BUSINESS DOES NOT HAVE EMPLOYEES, PLEASE SIGN AND DATE BELOW:

Signature/Date: Iris Santay 1-26-16