




Apply for Other Licenses

19-256

Applicant

 Richard Dulgarian  
 401-421-0020  
 richarddulgarian@netzero.net

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What type of license are you applying for?

Static Field

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Static Field

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Static Field

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Static Field

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What type of license are you applying for?

Business Licenses

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Business Licences

Is this a business renewal?

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Static Field

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Holiday (\$110)

true

1-4 AM (\$110)

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Food (\$110)

true

Taxi/Hackney Carriage (\$67)

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Frozen Dessert (\$20)

--

Second-hand Store (\$100)

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Tobacco (\$100)

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Pawnbroker (\$100)

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Second-hand Auto (\$100)

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Employment Agency (\$110)

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Junk Shop (\$100)

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Valet (\$50)

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**Motor Vehicle Repair (\$200)**

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**Are you applying for a Valet License? \$50**

No

**Petroleum License**

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**Laundry (\$55)**

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**Expansion of Premises (seasonal) \$250**

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**Parking Garage**

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### **Business Info**

**DBA (Doing Business As/Name of Business):**

Avon Cinema

**Is a CORPORATION, including LLCs, INCs, or any other designation of incorporation applying to hold this license?**

Yes

**Address Number**

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**Street Address**

260 Thayer Street

**City, State**

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**Zip Code**

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### **Business Owner Information**

**Is the person filling out this form the principal owner?**

Yes

**City**

Providence

**State**

RI

**Zip Code**

02906

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### **Application for License by a Corporation**

**Corporation Name (please include the INC or LLC)**

American Entertainment Corp

**Address of Corporation**

260 Thayer Street

**State of Incorporation**

RI

**Phone (if different from user profile)**

421-0020

Does applicant own the premises?

No

Have any officers, board members, or stockholders ever been arrested or convicted of a crime?

No

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### Disclosure of additional financial interests

Is there anyone else who has financial or ownership interests including people or entities who have provided loans to the applicant for the purpose of this license?

No

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### Workers Compensation

Static Field

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Workers Compensation Policy Holder

American Entertainment Corp

Worker's Compensation Insurance Co.

Beacon Mutual Insurance Co.

Insurance Agency/Broker Phone

Mailey Rodreguez 401-431-9200

Static Field

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**PLEASE READ AND ACKNOWLEDGE:** By submitting this application I hereby certify that I meet all Workers Compensation requirements for my business. I agree to keep and provide proof of the above to present to the City of Providence upon request.

true

Policy #

BRS55742091

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### Signature

I, the applicant, affirm that the facts contained herein are true and that any omission or non factual information could result in the denial of my license.

true

Please type the first and last name of the person filling out this application and attesting to the accuracy of all the information entered and agreed to above.

Richard Dulgarian