

**CITY OF NEWPORT, RHODE ISLAND
APPLICATION FOR LICENSE**

Date: _____

TO THE HONORABLE COUNCIL OF THE CITY OF NEWPORT:

Application is made for the following license: **DRAIN LAYER**

Date of Duration: **ANNUAL** Business Telephone: _____

Location: _____

D/B/A _____

Signature of Applicant: _____ Date: _____

Print Name of Applicant: _____

Owner: _____

Owner Telephone: _____

Owner Address: _____

Mailing Address: _____

~~~~~**Office Use Only**~~~~~

Filing Fee **\$15** Date Paid: \_\_\_\_\_

License Fee **\$100** Date Paid \_\_\_\_\_

License Number: \_\_\_\_\_

COUNCIL ACTION: \_\_\_\_\_ DATE APPROVED: \_\_\_\_\_

License issued by: \_\_\_\_\_ Date Issued: \_\_\_\_\_

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Drain Layer Licenses expire on June 30th each year. The renewal application must be submitted in time to go before the City Council prior to July 1st.

An insurance bond is required and must be approved by the Engineering Department.