

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

TOWN OF NORTH SMITHFIELD

BUSINESS REGISTRATION

THIS IS TO CERTIFY that _____
Name of Business

Is a person, corporation, partnership or other business organization operated for profit and transacting

or conducting business at _____
No. Street

Within the said Town of North Smithfield.

Name of Owner Phone Number

Mailing Address of Corporate Office (if different from above) Email Address

Description of Business

Signature of Applicant

Printed name of Applicant Office or Title of person signing

Plat/Lot # Account #

Signature of Tax Collector

THIS REGISTRATION OF BUSINESS is granted subject to all the provisions of the General Laws, and of the Public Laws, as amended, and of Town Ordinance (Chap.11, Sec 151) of said Town of North Smithfield. This registration shall be submitted in addition to any licenses that the applicant may require.

Clerk

Date

FEE \$25.00

