

APPLICANT DIRECTIONS

Wood Street Cafe

To process your application, the following fields must be completed.

Once Completed, click 'Save' at the bottom of this page. Failing to do so will delay your application.

Primary Contact Information (This is whom we will send all business license correspondence to)

First Name:

Barbara

Last Name:

Wordell

Email Address:

Business Phone:

Business Fax:

Business CO Sales Tax#:

Date Business Opened:

06/11/1999

Business Email:

Business Website:

Description of Business

Small neighborhood cafe

Secondary Owner Information

Secondary Owner First Name:

Secondary Owner Last Name:

Secondary Owner Mailing Address:

Secondary Owner Mailing City:

Secondary Owner Mailing State:

Select State ▼

Secondary Owner Mailing Zip:

Secondary Owner Email:

Secondary Owner Phone:

Business Emergency Contact Information

(Please list two emergency contacts other than the owner)

Primary Emergency Contact First Name:

Barbara

Primary Emergency Contact Last Name:

Wordell

Primary Emergency Contact Email:

Primary Emergency Contact Phone:

Secondary Emergency Contact Name:

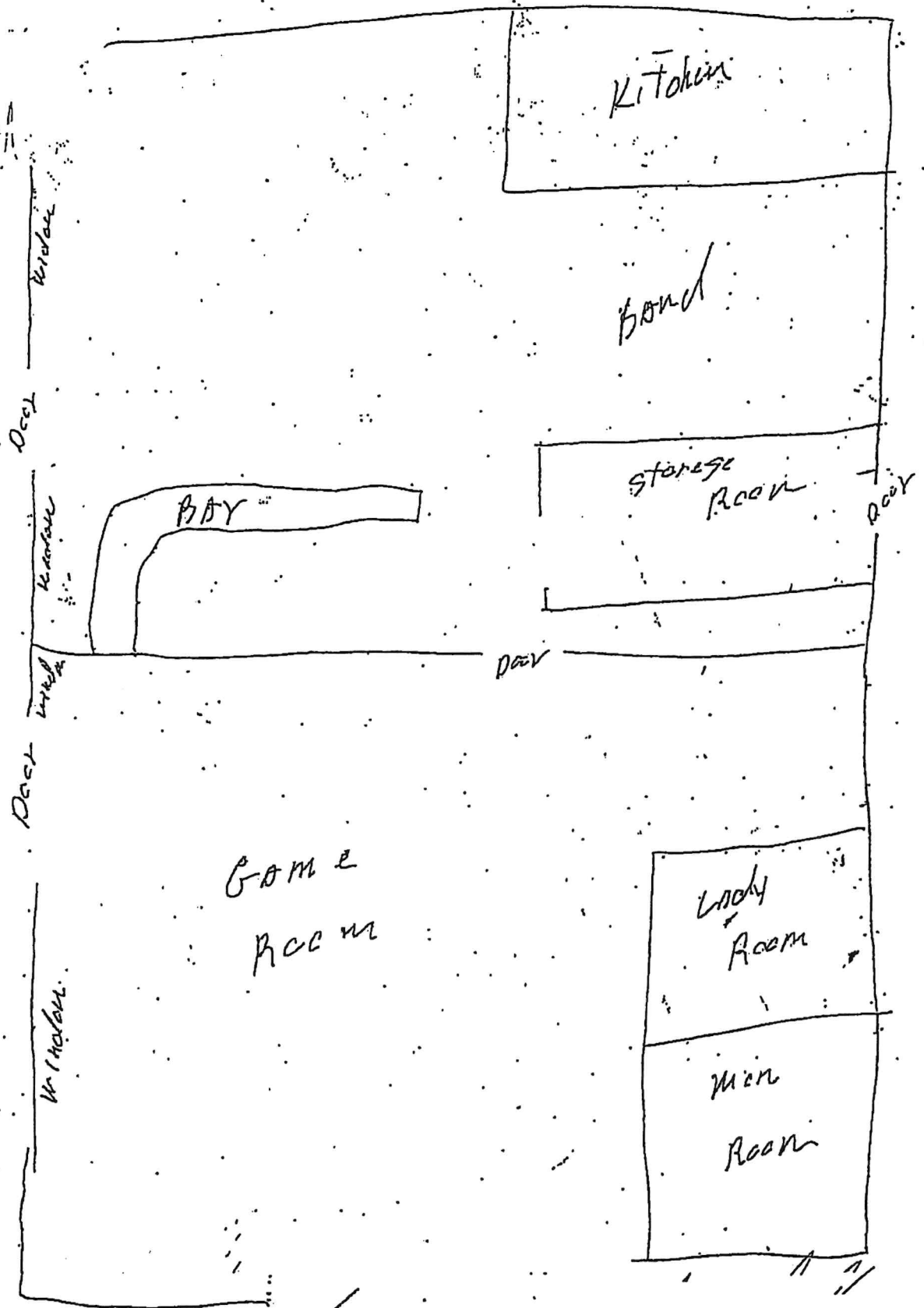
Secondary Email Address:

Secondary Contact Phone:

A - Applicant



Wood St. Cape



APPLICANT DIRECTIONS

6 pack Brewing

To process your application, the following fields must be completed.

Once Completed, click 'Save' at the bottom of this page. Failing to do so will delay your application.

Primary Contact Information (This is whom we will send all business license correspondence to)

First Name:

Mark

Last Name:

Papi

Email Address:

Business Phone:

Business Fax:

Business CO Sales Tax#:

Date Business Opened:

11/21/2020

Business Email:

Business Website:

6packbrewing.com

Description of Business

Brewery

Secondary Owner Information

Secondary Owner First Name:

Secondary Owner Last Name:

Secondary Owner Mailing Address:

Secondary Owner Mailing City:

Secondary Owner Mailing State:

Rhode Island - RI ▼

Secondary Owner Mailing Zip:

02809

Secondary Owner Email:

Secondary Owner Phone:

Business Emergency Contact Information

(Please list two emergency contacts other than the owner)

Primary Emergency Contact First Name:

Mark

Primary Emergency Contact Last Name:

Papi

Primary Emergency Contact Email:

Primary Emergency Contact Phone:

Secondary Emergency Contact Name:

Secondary Email Address:

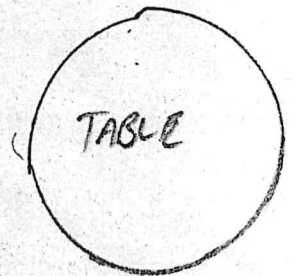
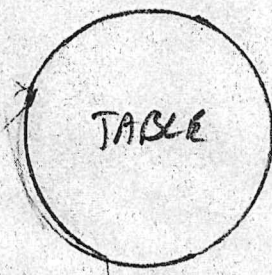
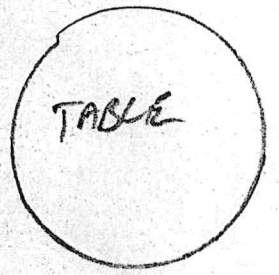
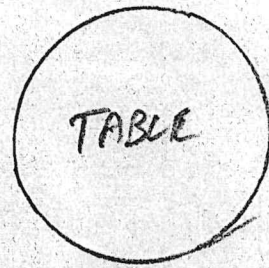
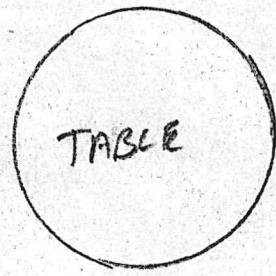
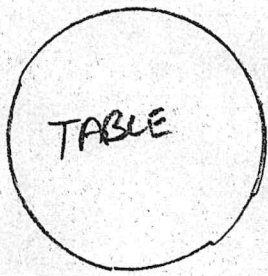
Secondary Contact Phone:

A - Applicant

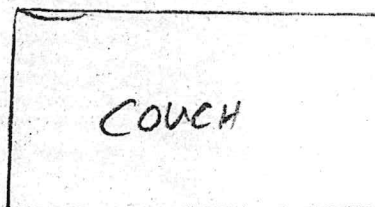
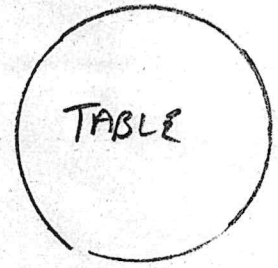
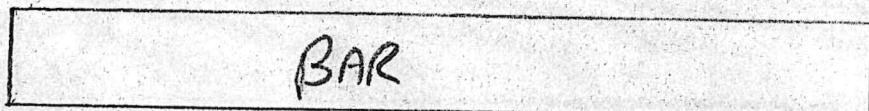


FRONT
DOOR

to pack brewing



LIVE MUSIC AREA



APPLICANT DIRECTIONS

Cup Defenders

To process your application, the following fields must be completed.

Once Completed, click 'Save' at the bottom of this page. Failing to do so will delay your application.

Primary Contact Information (This is whom we will send all business license correspondence to)

First Name:

Steve

Last Name:

Cavalieri

Email Address:

Business Phone:

Business Fax:

Business CO Sales Tax#:

Date Business Opened:

Business Email:

Business Website:

Description of Business

Social Club.

Secondary Owner Information

Secondary Owner First Name:

Secondary Owner Last Name:

Secondary Owner Mailing Address:

Secondary Owner Mailing City:

Secondary Owner Mailing State:

Rhode Island - RI ▼

Secondary Owner Mailing Zip:

Secondary Owner Email:

Secondary Owner Phone:

Business Emergency Contact Information

(Please list two emergency contacts other than the owner)

Primary Emergency Contact First Name:

Primary Emergency Contact Last Name:

Primary Emergency Contact Email:

Primary Emergency Contact Phone:

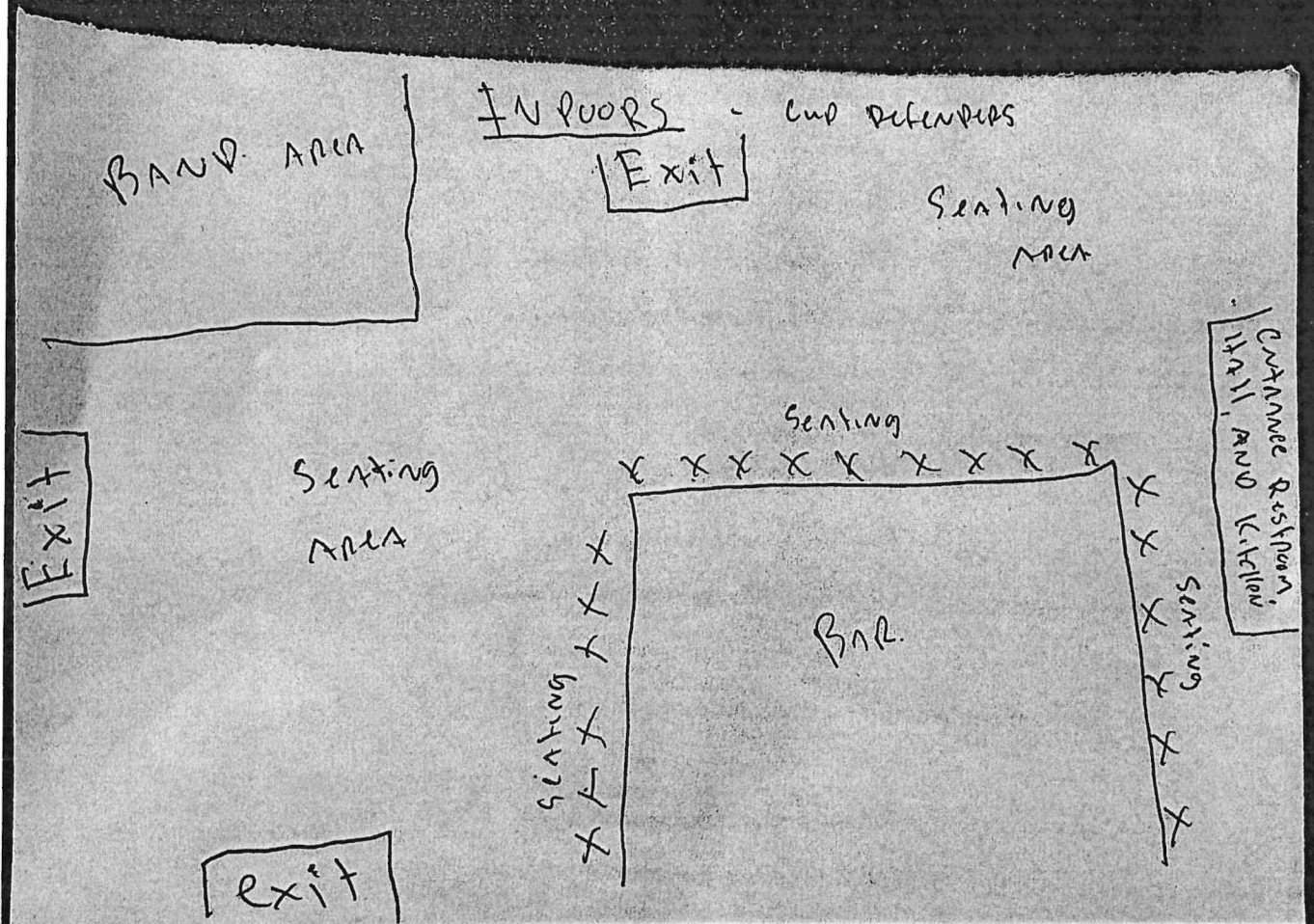
Secondary Emergency Contact Name:

Secondary Email Address:

Secondary Contact Phone:

A - Applicant ▼

Cup defenders - inside



Outside Cup Defenders

Building

Snow Fence

entrance
exit

Snow Fence

Sheep

Parking lot

entrance / exit Richmond St

APPLICANT DIRECTIONS

The Beach House

To process your application, the following fields must be completed.

Once Completed, click 'Save' at the bottom of this page. Failing to do so will delay your application.

Primary Contact Information (This is whom we will send all business license correspondence to)

First Name:

Eric

Last Name:

Shapiro

Email Address:

Business Phone:

Business Fax:

Business CO Sales Tax#:

270689304

Date Business Opened:

2009

Business Email:

Business Website:

www.thebeachhouser.com

Description of Business

Restaurant

Secondary Owner Information

Secondary Owner First Name:

Secondary Owner Last Name:

Secondary Owner Mailing Address:

Secondary Owner Mailing City:

Secondary Owner Mailing State:

Select State ▼

Secondary Owner Mailing Zip:

Secondary Owner Email:

Secondary Owner Phone:

Business Emergency Contact Information

(Please list two emergency contacts other than the owner)

Primary Emergency Contact First Name:

Primary Emergency Contact Last Name:

Primary Emergency Contact Email:

Primary Emergency Contact Phone:

Secondary Emergency Contact Name:

Gerry Liberatos

Secondary Email Address:

info@thebeachhouserri.com

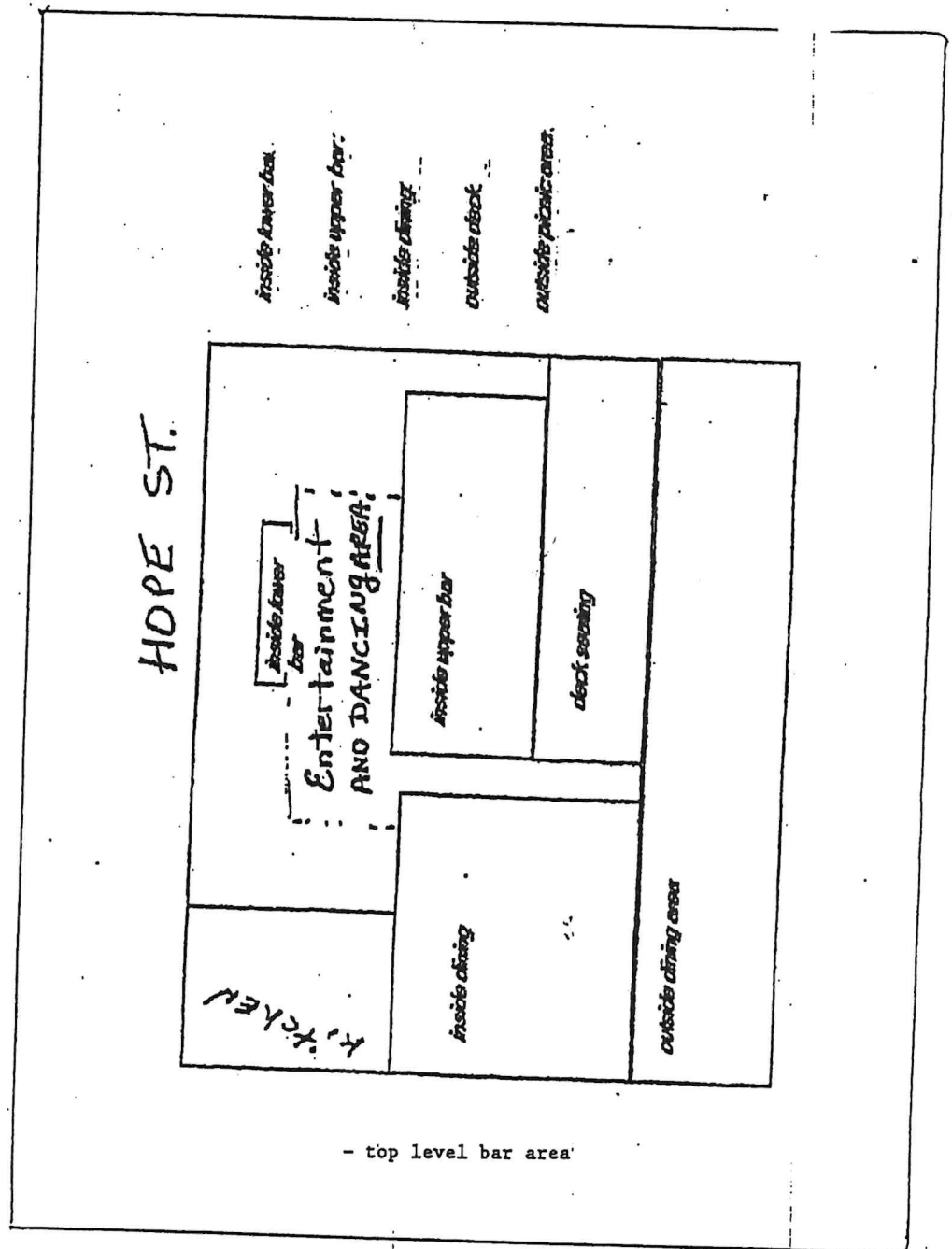
Secondary Contact Phone:

A - Applicant ▼

Black House

805 HOPE STREET

PROPOSED LOCATION OF ENTERTAINMENT



APPLICANT DIRECTIONS

Thames Waterside

To process your application, the following fields must be completed.

Once Completed, click 'Save' at the bottom of this page. Failing to do so will delay your application.

Primary Contact Information (This is whom we will send all business license correspondence to)

First Name:

Last Name:

Email Address:

Business Phone:

Business Fax:

Business CO Sales Tax#:

Date Business Opened:

Business Email:

Business Website:

Description of Business

Secondary Owner Information

Secondary Owner First Name:

GERASIMOS

Secondary Owner Last Name:

Liberatos

Secondary Owner Mailing Address:

4 Deep Meadow Rd

Secondary Owner Mailing City:

Barrington

Secondary Owner Mailing State:

Rhode Island - RI

Secondary Owner Mailing Zip:

02806

Secondary Owner Email:

Secondary Owner Phone:

Business Emergency Contact Information

(Please list two emergency contacts other than the owner)

Primary Emergency Contact First Name:

Primary Emergency Contact Last Name:


Primary Emergency Contact Email:

Primary Emergency Contact Phone:

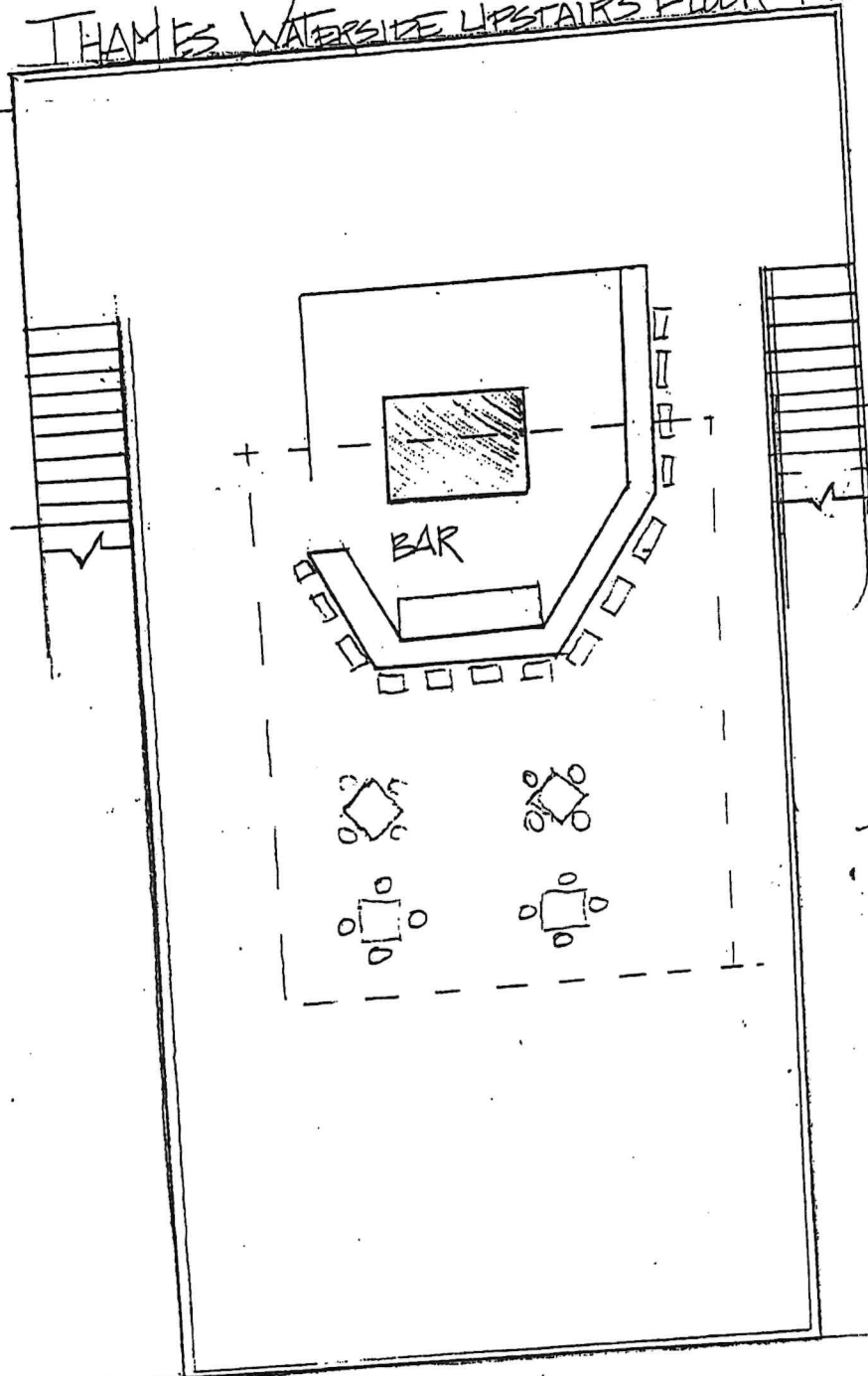
Secondary Emergency Contact Name:

Secondary Email Address:

Secondary Contact Phone:

A - Applicant 

THAMES WATERSIDE UPSTAIRS FLOOR PLAN



APPLICANT DIRECTIONS

O'Brien & Brough

To process your application, the following fields must be completed.

Once Completed, click 'Save' at the bottom of this page. Failing to do so will delay your application.

Primary Contact Information (This is whom we will send all business license correspondence to)

First Name:

Last Name:

Email Address:

Business Phone:

Business Fax:

Business CO Sales Tax#:

Date Business Opened:

Business Email:

Business Website:

<https://www.obrienandbrough.com/>

Description of Business

Secondary Owner Information

Secondary Owner First Name:

Natalie

Secondary Owner Last Name:

O'Brien

Secondary Owner Mailing Address:

52 Clipper Way

Secondary Owner Mailing City:

Bristol

Secondary Owner Mailing State:

Rhode Island - RI

Secondary Owner Mailing Zip:

02809

Secondary Owner Email:

Secondary Owner Phone:

Business Emergency Contact Information

(Please list two emergency contacts other than the owner)

Primary Emergency Contact First Name:

Primary Emergency Contact Last Name:

Primary Emergency Contact Email:

Primary Emergency Contact Phone:

Secondary Emergency Contact Name:

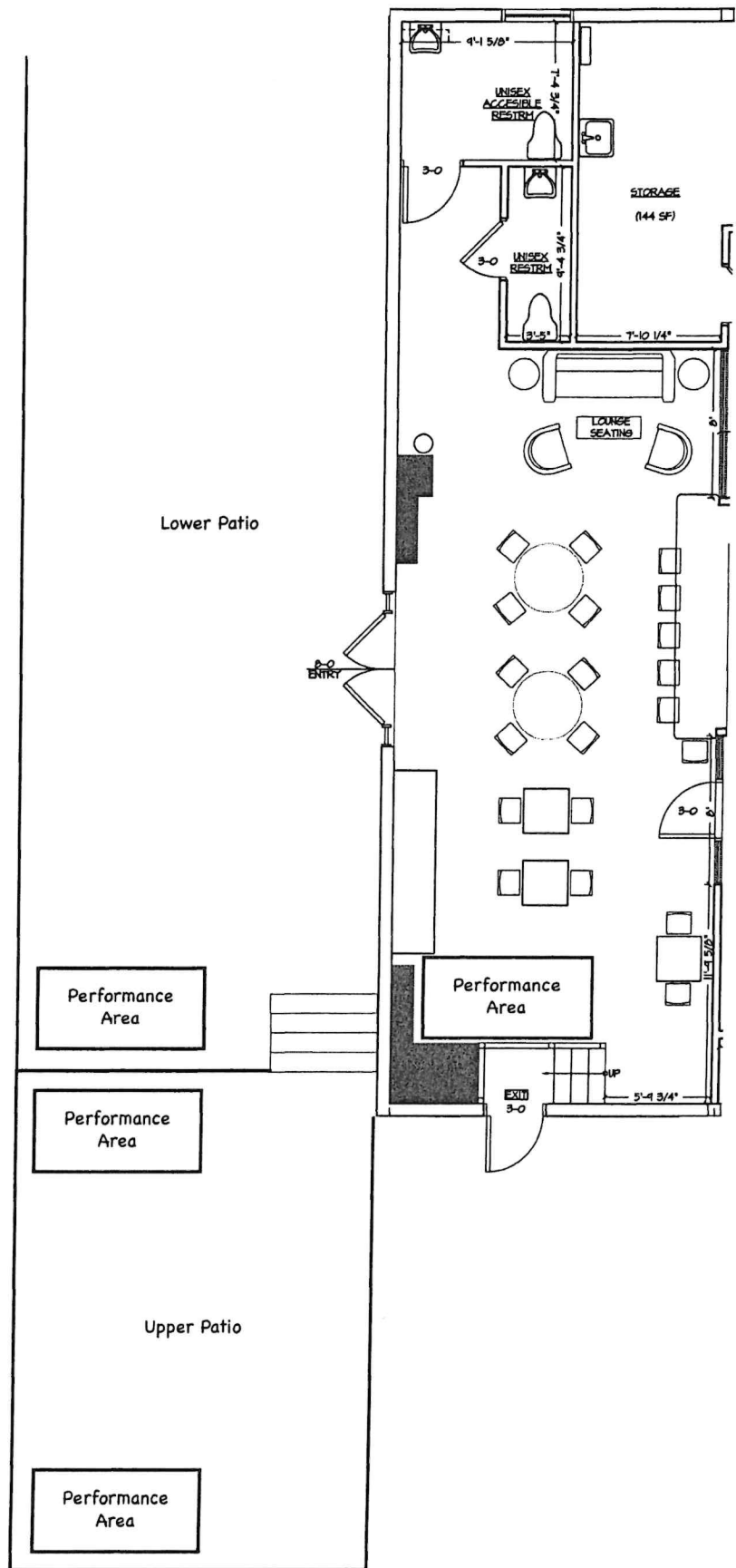
Secondary Email Address:

Secondary Contact Phone:

A - Applicant



O'Brien & Brongh



APPLICANT DIRECTIONS

Jacky's Galaxie

To process your application, the following fields must be completed.

Once Completed, click 'Save' at the bottom of this page. Failing to do so will delay your application.

Primary Contact Information (This is whom we will send all business license correspondence to)

First Name:

Val

Last Name:

Astrologo

Email Address:

Business Phone:

Business Fax:

Business CO Sales Tax#:

Date Business Opened:

04/26/2004

Business Email:

Business Website:

www.jackysgalaxie.com

Description of Business

Restaurant

Secondary Owner Information

Secondary Owner First Name:

Kin Wah

Secondary Owner Last Name:

Ko

Secondary Owner Mailing Address:

39 Riverview Drive

Secondary Owner Mailing City:

North Providence

Secondary Owner Mailing State:

Rhode Island - RI



Secondary Owner Mailing Zip:

02904

Secondary Owner Email:

Secondary Owner Phone:

Business Emergency Contact Information

(Please list two emergency contacts other than the owner)

Primary Emergency Contact First Name:

Val

Primary Emergency Contact Last Name:

Astrologo

Primary Emergency Contact Email:

Primary Emergency Contact Phone:

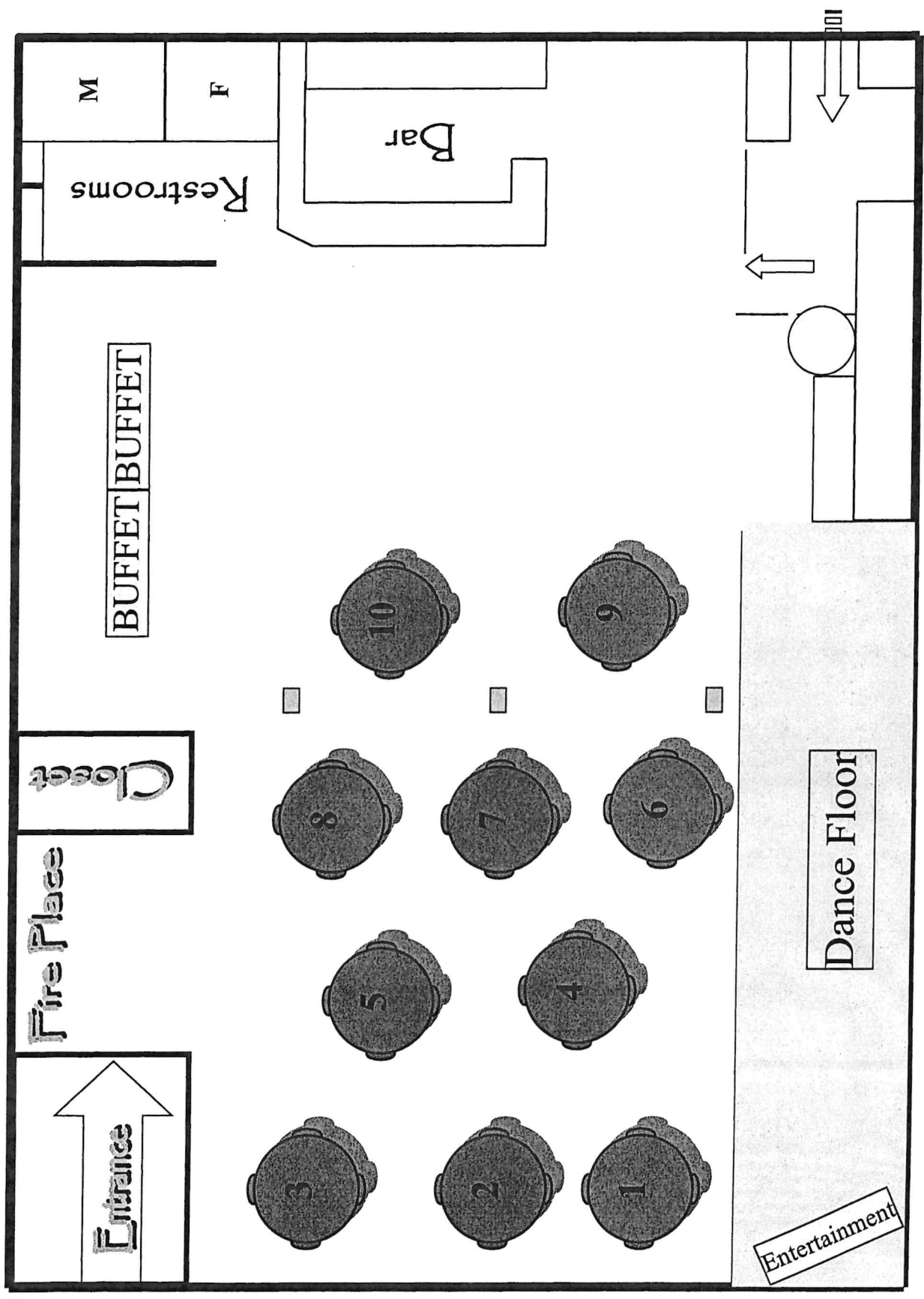
Secondary Emergency Contact Name:

Secondary Email Address:

Secondary Contact Phone:

A - Applicant ▼

Jacky's Gala



Crystal Ballroom

APPLICANT DIRECTIONS

Borealis Coffee

To process your application, the following fields must be completed.

Once Completed, click 'Save' at the bottom of this page. Failing to do so will delay your application.

Primary Contact Information (This is whom we will send all business license correspondence to)

First Name:

Courtney

Last Name:

Staiano

Email Address:

r

Business Phone:

Business Fax:

Business CO Sales Tax#:

465427027

Date Business Opened:

June 10, 2021 (this address)

Business Email:

Business Website:

www.borealiscoffee.com

Description of Business

Coffee shop and cafe with bar

Secondary Owner Information

Secondary Owner First Name:

Jessie

Secondary Owner Last Name:

Dwiggins

Secondary Owner Mailing Address:

144 Whipple Rd

Secondary Owner Mailing City:

Smithfield

Secondary Owner Mailing State:

Rhode Island - RI



Secondary Owner Mailing Zip:

02917

Secondary Owner Email:

Secondary Owner Phone:

Business Emergency Contact Information

(Please list two emergency contacts other than the owner)

Primary Emergency Contact First Name:

Courtney

Primary Emergency Contact Last Name:

Staiano


Primary Emergency Contact Email:

Primary Emergency Contact Phone:

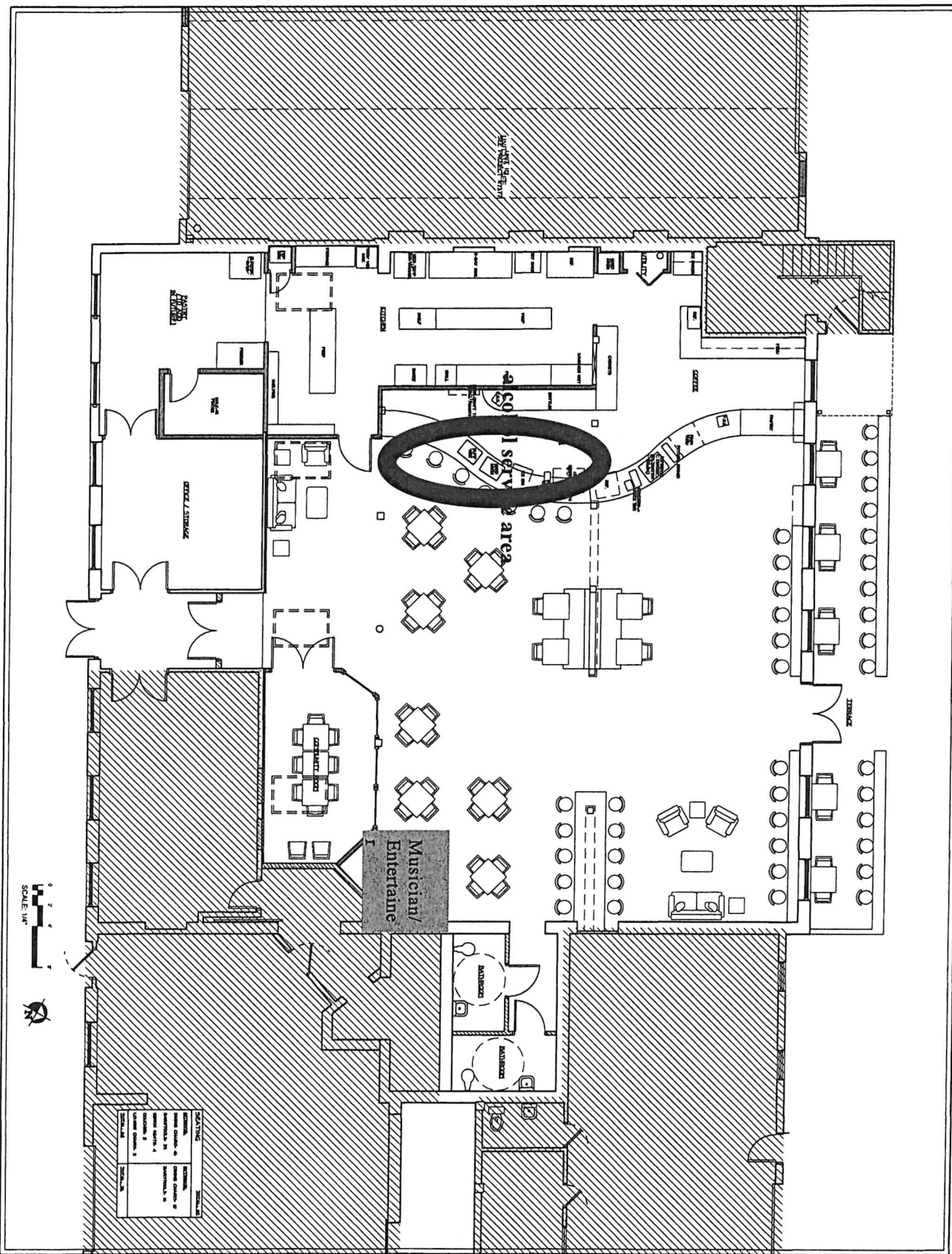
Secondary Emergency Contact Name:

Secondary Email Address:

Secondary Contact Phone:

A - Applicant 

Borealis Coffee



GENERAL NOTES:

1. ALL WORK SHALL BE IN ACCORDANCE WITH THE LATEST EDITIONS OF THE BUILDING CODES AND SPECIFICATIONS.

2. THE OWNER SHALL BE RESPONSIBLE FOR OBTAINING ALL NECESSARY PERMITS AND APPROVALS.

3. THE CONTRACTOR SHALL MAINTAIN ACCESS TO ALL ADJACENT PROPERTIES AT ALL TIMES.

4. ALL MATERIALS AND WORKMANSHIP SHALL BE SUBJECT TO INSPECTION AND APPROVAL BY THE ARCHITECT.

5. THE CONTRACTOR SHALL BE RESPONSIBLE FOR PROTECTING ALL EXISTING UTILITIES AND STRUCTURES.

6. THE PROJECT SHALL BE COMPLETED WITHIN THE SPECIFIED TIME FRAME.

7. THE CONTRACTOR SHALL MAINTAIN A NEAT AND ORDERLY WORK SITE AT ALL TIMES.

8. THE CONTRACTOR SHALL BE RESPONSIBLE FOR DISPOSING OF ALL DEBRIS AND WASTE MATERIALS.

9. THE CONTRACTOR SHALL MAINTAIN ADEQUATE SAFETY MEASURES IN PLACE AT ALL TIMES.

10. THE CONTRACTOR SHALL BE RESPONSIBLE FOR OBTAINING ALL NECESSARY INSURANCE COVERAGE.

11. THE CONTRACTOR SHALL MAINTAIN ADEQUATE COMMUNICATION WITH THE ARCHITECT AND OWNER.

12. THE CONTRACTOR SHALL BE RESPONSIBLE FOR OBTAINING ALL NECESSARY REFERENCES.

13. THE CONTRACTOR SHALL MAINTAIN ADEQUATE RECORDS OF ALL WORK DONE.

14. THE CONTRACTOR SHALL BE RESPONSIBLE FOR OBTAINING ALL NECESSARY APPROVALS.

15. THE CONTRACTOR SHALL MAINTAIN ADEQUATE SAFETY MEASURES IN PLACE AT ALL TIMES.

16. THE CONTRACTOR SHALL BE RESPONSIBLE FOR OBTAINING ALL NECESSARY INSURANCE COVERAGE.

17. THE CONTRACTOR SHALL MAINTAIN ADEQUATE COMMUNICATION WITH THE ARCHITECT AND OWNER.

18. THE CONTRACTOR SHALL BE RESPONSIBLE FOR OBTAINING ALL NECESSARY REFERENCES.

19. THE CONTRACTOR SHALL MAINTAIN ADEQUATE RECORDS OF ALL WORK DONE.

20. THE CONTRACTOR SHALL BE RESPONSIBLE FOR OBTAINING ALL NECESSARY APPROVALS.

REVISIONS:

NO.	DATE	DESCRIPTION
1	01/15/2011	ISSUED FOR PERMIT
2	01/20/2011	REVISED PER ARCHITECT COMMENTS
3	01/25/2011	REVISED PER ARCHITECT COMMENTS
4	02/01/2011	REVISED PER ARCHITECT COMMENTS
5	02/05/2011	REVISED PER ARCHITECT COMMENTS
6	02/10/2011	REVISED PER ARCHITECT COMMENTS
7	02/15/2011	REVISED PER ARCHITECT COMMENTS
8	02/20/2011	REVISED PER ARCHITECT COMMENTS
9	02/25/2011	REVISED PER ARCHITECT COMMENTS
10	03/01/2011	REVISED PER ARCHITECT COMMENTS
11	03/05/2011	REVISED PER ARCHITECT COMMENTS
12	03/10/2011	REVISED PER ARCHITECT COMMENTS
13	03/15/2011	REVISED PER ARCHITECT COMMENTS
14	03/20/2011	REVISED PER ARCHITECT COMMENTS
15	03/25/2011	REVISED PER ARCHITECT COMMENTS
16	04/01/2011	REVISED PER ARCHITECT COMMENTS
17	04/05/2011	REVISED PER ARCHITECT COMMENTS
18	04/10/2011	REVISED PER ARCHITECT COMMENTS
19	04/15/2011	REVISED PER ARCHITECT COMMENTS
20	04/20/2011	REVISED PER ARCHITECT COMMENTS

OWNER:

Borealis Coffee Company

500 Wood Street

Bristol, RI 02809

Phone: 401.251.1234

Fax: 401.251.1235

Email: info@borealiscoffee.com

ARCHITECT:

J.H.L. Architecture (P.A.)

100 High Street

Bristol, RI 02809

Phone: 401.251.1234

Fax: 401.251.1235

Email: info@jhlarch.com

DATE: 01/15/2011

SCALE: 1/4" = 1'-0"

PROJECT: Borealis Coffee

REVISION: A1.01

7401

APPLICANT DIRECTIONS

Common Pub

To process your application, the following fields must be completed.

Once Completed, click 'Save' at the bottom of this page. Failing to do so will delay your application.

Primary Contact Information (This is whom we will send all business license correspondence to)

First Name:

Courtney

Last Name:

Poissant

Email Address:

Business Phone:

Business Fax:

Business CO Sales Tax#:

Date Business Opened:

Business Email:

Business Website:

Description of Business

Restaurant

Secondary Owner Information

Secondary Owner First Name:

Secondary Owner Last Name:

Secondary Owner Mailing Address:

Secondary Owner Mailing City:

Secondary Owner Mailing State:

Rhode Island - RI ▼

Secondary Owner Mailing Zip:

02809

Secondary Owner Email:

Secondary Owner Phone:

Business Emergency Contact Information

(Please list two emergency contacts other than the owner)

Primary Emergency Contact First Name:

Courtney

Primary Emergency Contact Last Name:

Poissant

Primary Emergency Contact Email:

Primary Emergency Contact Phone:

Secondary Emergency Contact Name:

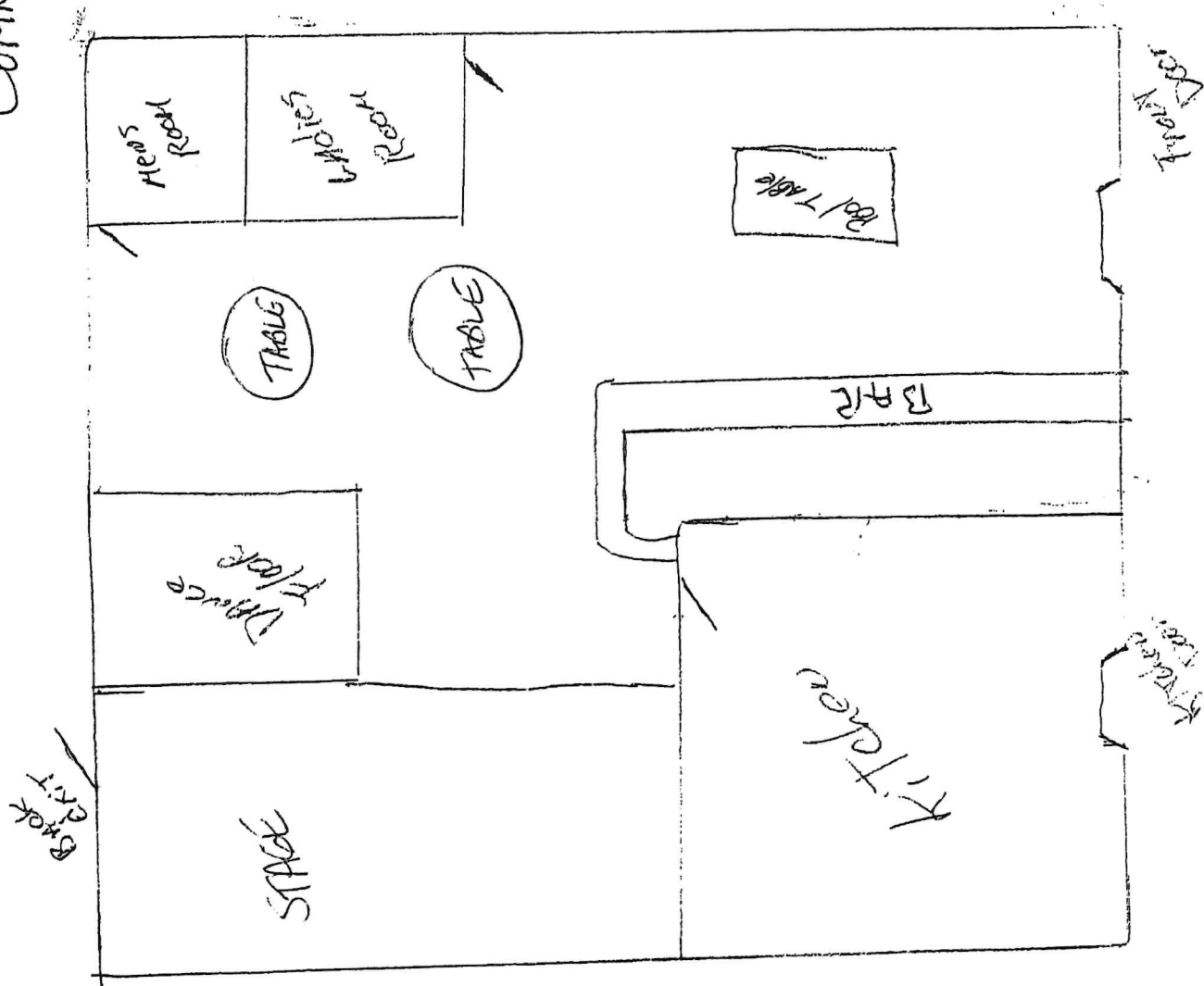
Secondary Email Address:

Secondary Contact Phone:

A - Applicant



Common Pub



Wash Room

Bar

Head Room

APPLICANT DIRECTIONS

To process your application, the following fields must be completed.

Once Completed, click 'Save' at the bottom of this page. Failing to do so will delay your application.

Primary Contact Information (This is whom we will send all business license correspondence to)

First Name:

Last Name:

Email Address:

Business Phone:

Business Fax:

Business CO Sales Tax#:

Bristol Elks #1860

Date Business Opened:

Bristol Elks #1860

Business Email:

Business Website:

Benevolent Protective Order of Elks 1860

Description of Business

Secondary Owner Information

Secondary Owner First Name:

Jeff

Secondary Owner Last Name:

Brackett

Secondary Owner Mailing Address:

PO Box 226

Secondary Owner Mailing City:

Bristol

Secondary Owner Mailing State:

Rhode Island - RI

Secondary Owner Mailing Zip:

02809-0226

Secondary Owner Email:

Secondary Owner Phone:

Business Emergency Contact Information

(Please list two emergency contacts other than the owner)

Primary Emergency Contact First Name:

Primary Emergency Contact Last Name:

Primary Emergency Contact Email:

Primary Emergency Contact Phone:

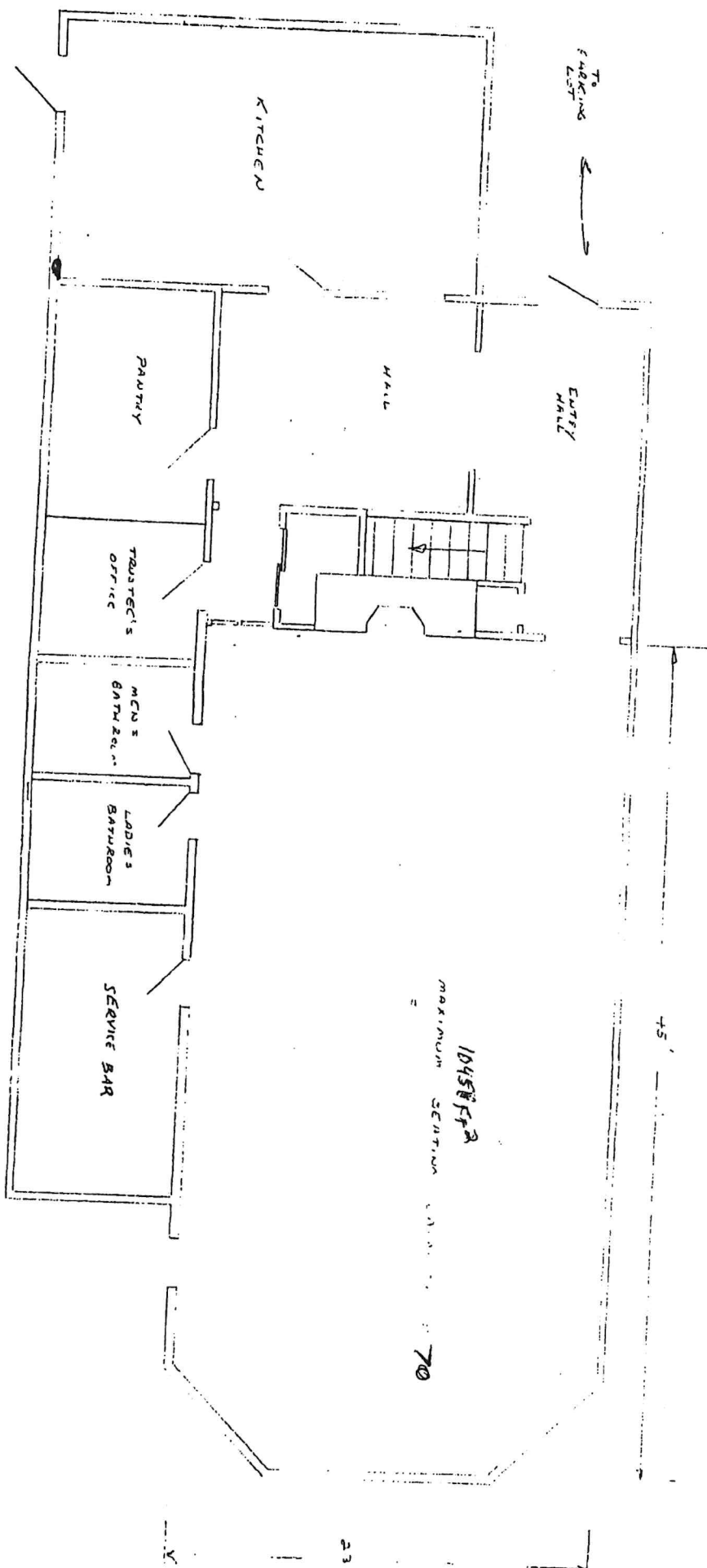
Secondary Emergency Contact Name:

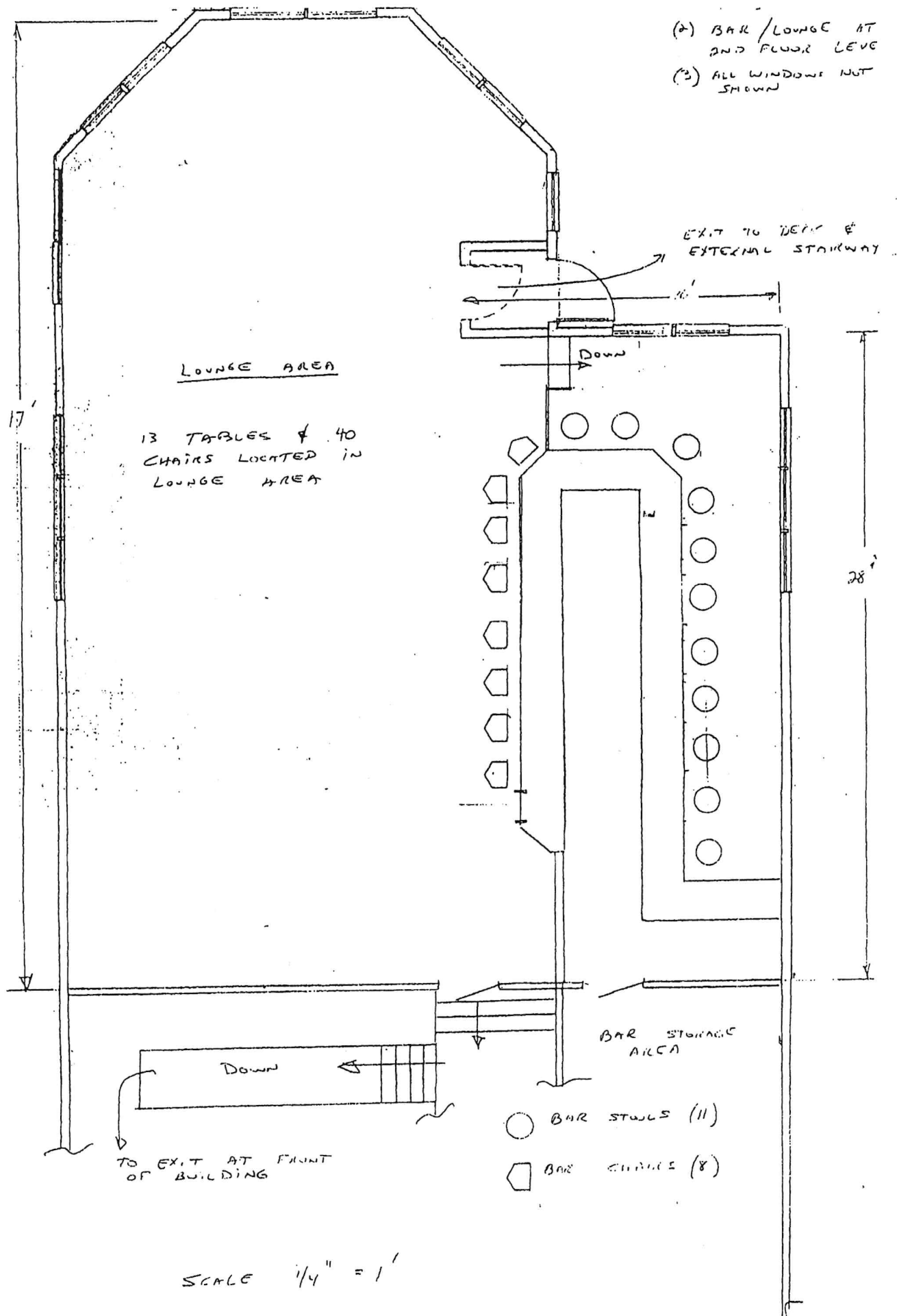
Secondary Email Address:

Secondary Contact Phone:

A - Applicant ▼

Sevier County Ltrs Loc 606 # 120
 FIRST FLOOR PLAN





APPLICANT DIRECTIONS

Vigilant Brewing

To process your application, the following fields must be completed.

Once Completed, click 'Save' at the bottom of this page. Failing to do so will delay your application.

Primary Contact Information (This is whom we will send all business license correspondence to)

First Name:

Luis

Last Name:

Medeiros

Email Address:

Business Phone:

Business Fax:

Business CO Sales Tax#:

86-2829023

Date Business Opened:

6/24/2022

Business Email:

Business Website:

VigilantBrewing.com

Description of Business

Brewery

Secondary Owner Information

Secondary Owner First Name:

Kevin

Secondary Owner Last Name:

Amaral

Secondary Owner Mailing Address:

44 Ballou Blvd

Secondary Owner Mailing City:

Bristol

Secondary Owner Mailing State:

Rhode Island - RI



Secondary Owner Mailing Zip:

02809

Secondary Owner Email:

Secondary Owner Phone:

Business Emergency Contact Information

(Please list two emergency contacts other than the owner)

Primary Emergency Contact First Name:

Luis

Primary Emergency Contact Last Name:

Medeiros

Primary Emergency Contact Email:

Primary Emergency Contact Phone:

Secondary Emergency Contact Name:

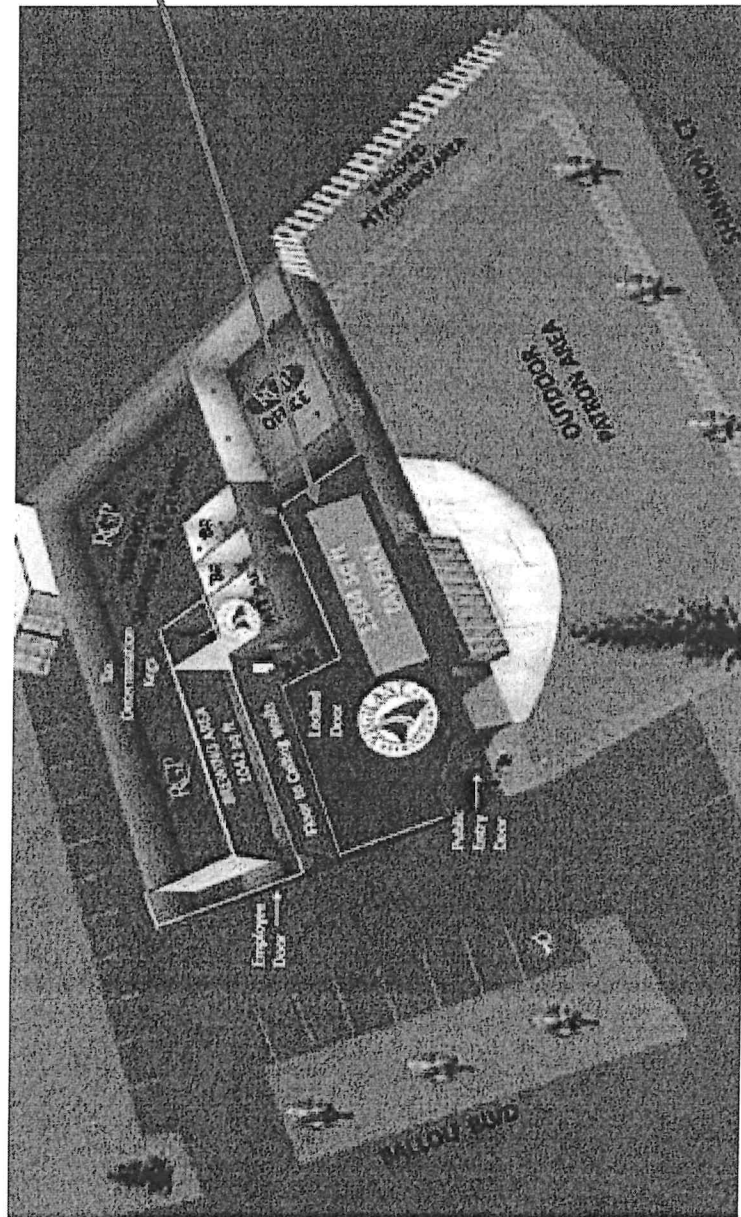
Secondary Email Address:

Secondary Contact Phone:

A - Applicant



Vigilant



Entertainment Location:
Music & Performers setup
along this back wall

APPLICANT DIRECTIONS

Pivotal Brewing

To process your application, the following fields must be completed.

Once Completed, click 'Save' at the bottom of this page. Failing to do so will delay your application.

Primary Contact Information (This is whom we will send all business license correspondence to)

First Name:

Rebecca

Last Name:

Ernst

Email Address:

Business Phone:

Business Fax:

Business CO Sales Tax#:

Date Business Opened:

11/23/2022

Business Email:

Business Website:

pivotalbrewing.com

Description of Business

Brewery, Taproom, Beer Garden, and Event Venue

Secondary Owner Information

Secondary Owner First Name:

Secondary Owner Last Name:

Secondary Owner Mailing Address:

Secondary Owner Mailing City:

Secondary Owner Mailing State:

Select State ▼

Secondary Owner Mailing Zip:

Secondary Owner Email:

Secondary Owner Phone:

Business Emergency Contact Information

(Please list two emergency contacts other than the owner)

Primary Emergency Contact First Name:

Rebecca

Primary Emergency Contact Last Name:

Ernst

Primary Emergency Contact Email:

Primary Emergency Contact Phone:

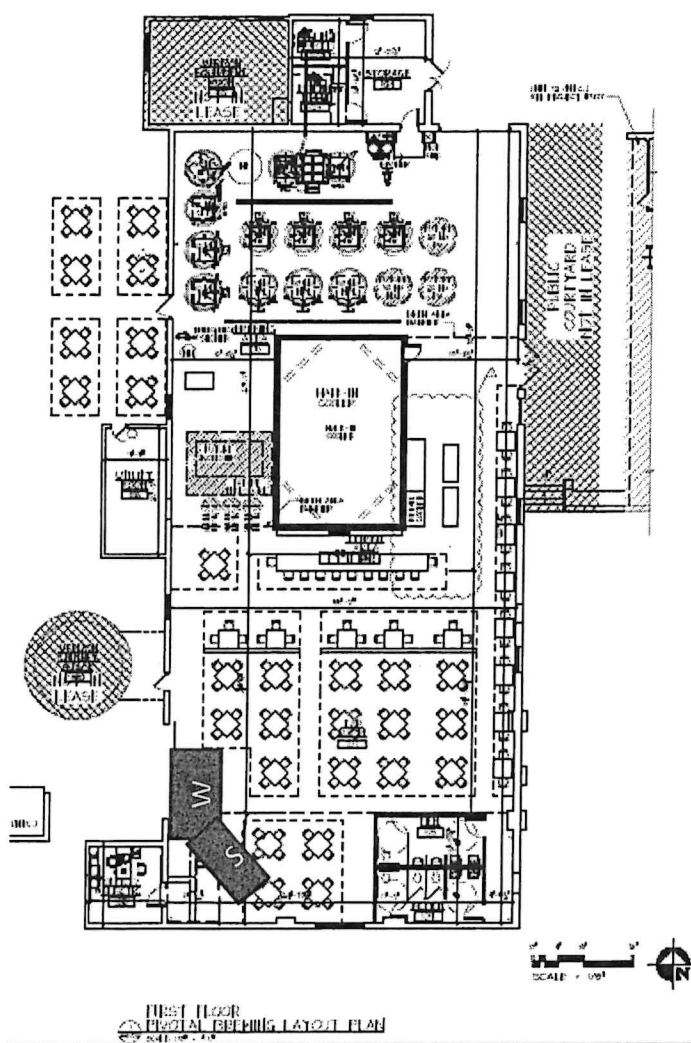
Secondary Emergency Contact Name:

Secondary Email Address:

Secondary Contact Phone:

A - Applicant ▼

Pivotal Brewing Company Architecture Layout



APPLICANT DIRECTIONS

Pearl Holdings DBA The Nest

To process your application, the following fields must be completed.

Once Completed, click 'Save' at the bottom of this page. Failing to do so will delay your application.

Primary Contact Information (This is whom we will send all business license correspondence to)

First Name:

Edward

Last Name:

Woods

Email Address:

Business Phone:

Business Fax:

Business CO Sales Tax#:

92-23787499 00

Date Business Opened:

April 30, 2023

Business Email:

Business Website:

Description of Business

Irish Pub and Restaurant

Secondary Owner Information

Secondary Owner First Name:

Edward

Secondary Owner Last Name:

Woods

Secondary Owner Mailing Address:

26 State Street

Secondary Owner Mailing City:

Bristol

Secondary Owner Mailing State:

Rhode Island - RI



Secondary Owner Mailing Zip:

02809

Secondary Owner Email:

Secondary Owner Phone:

Business Emergency Contact Information

(Please list two emergency contacts other than the owner)

Primary Emergency Contact First Name:

Edward

Primary Emergency Contact Last Name:

Woods

Primary Emergency Contact Email:

Primary Emergency Contact Phone:

Secondary Emergency Contact Name:

Secondary Email Address:

Secondary Contact Phone:

A - Applicant



The Nest



APPLICANT DIRECTIONS

BRISTOL GOLF CLUB

To process your application, the following fields must be completed.

Once Completed, click 'Save' at the bottom of this page. Failing to do so will delay your application.

Primary Contact Information (This is whom we will send all business license correspondence to)

First Name:

Kevin

Last Name:

Francis

Email Address:

Business Phone:

Business Fax:

Business CO Sales Tax#:

Date Business Opened:

Business Email:

Business Website:

Description of Business

bar and restaurant

Secondary Owner Information

Secondary Owner First Name:

Secondary Owner Last Name:

Secondary Owner Mailing Address:

Secondary Owner Mailing City:

Secondary Owner Mailing State:

Select State ▼

Secondary Owner Mailing Zip:

Secondary Owner Email:

Secondary Owner Phone:

Business Emergency Contact Information

(Please list two emergency contacts other than the owner)

Primary Emergency Contact First Name:

Kevin

Primary Emergency Contact Last Name:

Francis

Primary Emergency Contact Email:

Primary Emergency Contact Phone:

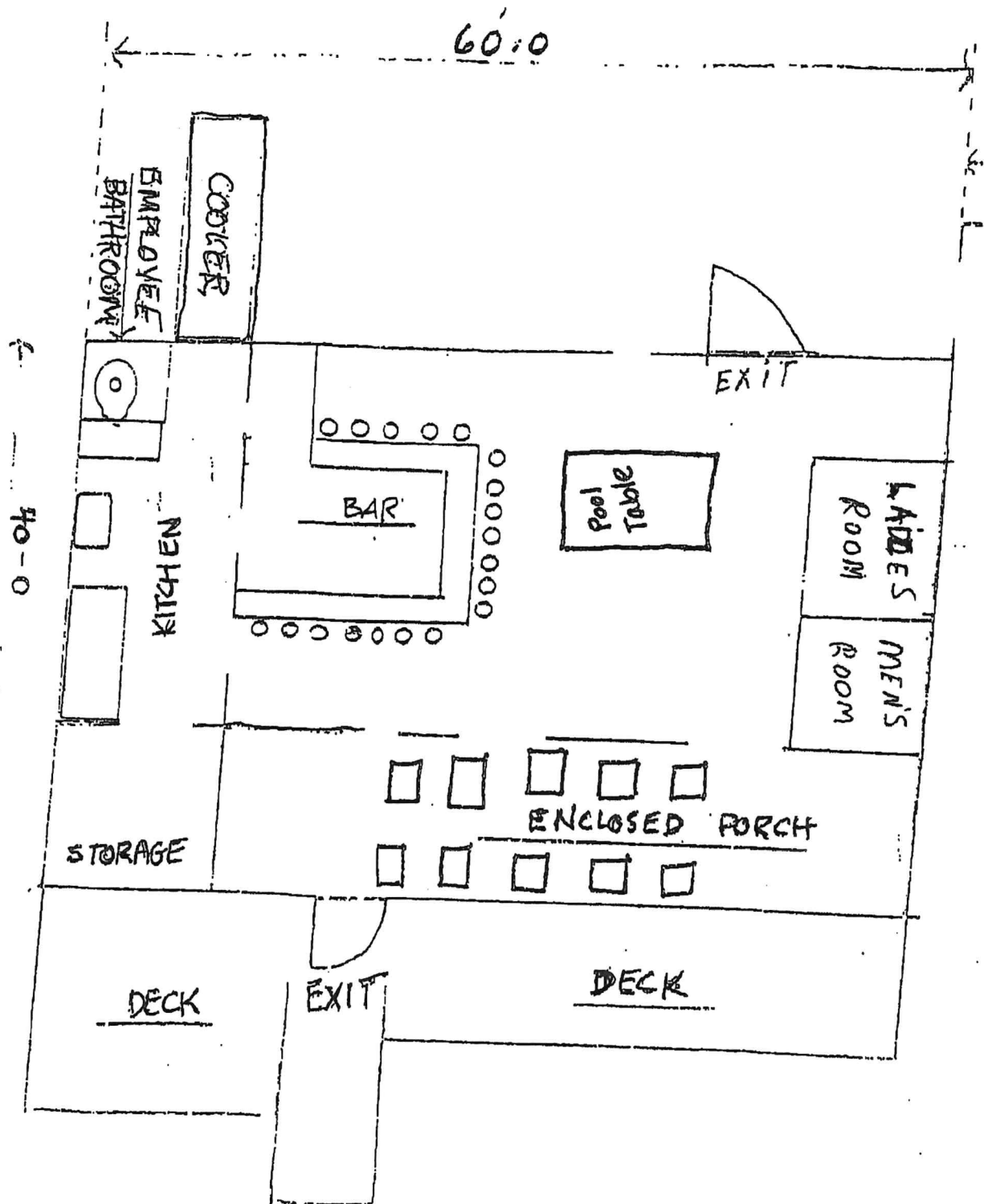
Secondary Emergency Contact Name:

Secondary Email Address:

Secondary Contact Phone:

A - Applicant





APPLICANT DIRECTIONS

BRISTOL SPORTS CLUB

To process your application, the following fields must be completed.

Once Completed, click 'Save' at the bottom of this page. Failing to do so will delay your application.

Primary Contact Information (This is whom we will send all business license correspondence to)

First Name:

idilia

Last Name:

silva

Email Address:

Business Phone:

Business Fax:

Business CO Sales Tax#:

Date Business Opened:

Business Email:

Business Website:

Description of Business

club

Secondary Owner Information

Secondary Owner First Name:

idilia

Secondary Owner Last Name:

silva

Secondary Owner Mailing Address:

9 hamlet ct

Secondary Owner Mailing City:

bristol

Secondary Owner Mailing State:

Rhode Island - RI



Secondary Owner Mailing Zip:

02809

Secondary Owner Email:

Secondary Owner Phone:

Business Emergency Contact Information

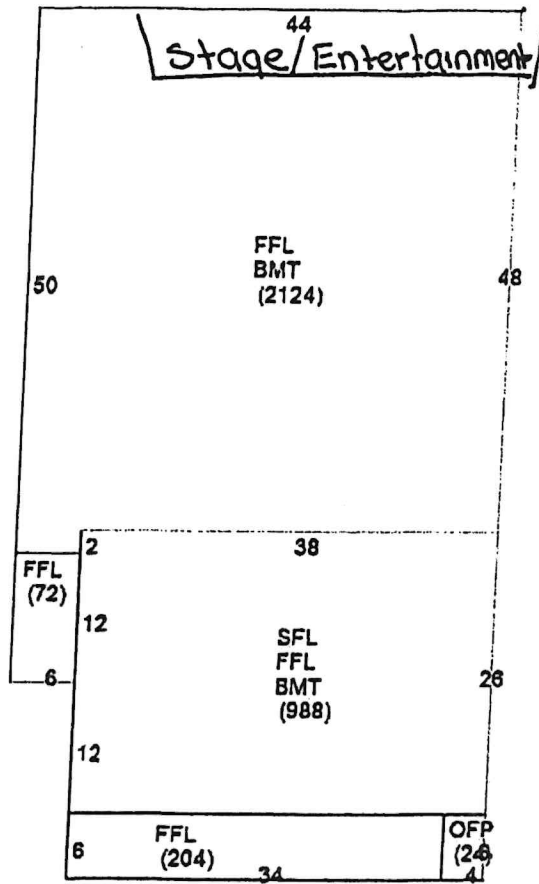
(Please list two emergency contacts other than the owner)

Primary Emergency Contact First Name:

idilia

Primary Emergency Contact Last Name:

silva



BRISTOL
SPORTS

APPLICANT DIRECTIONS

JUDGE ROY BEAN

To process your application, the following fields must be completed.

Once Completed, click 'Save' at the bottom of this page. Failing to do so will delay your application.

Primary Contact Information (This is whom we will send all business license correspondence to)

First Name:

Zachary

Last Name:

Rivers

Email Address:

Business Phone:

Business Fax:

Business CO Sales Tax#:

2-0329-2947

Date Business Opened:

4/1/2014

Business Email:

Business Website:

Description of Business

Restaurant

Secondary Owner Information

Secondary Owner First Name:

Secondary Owner Last Name:

Secondary Owner Mailing Address:

Secondary Owner Mailing City:

Secondary Owner Mailing State:

Select State ▼

Secondary Owner Mailing Zip:

Secondary Owner Email:

Secondary Owner Phone:

Business Emergency Contact Information

(Please list two emergency contacts other than the owner)

Primary Emergency Contact First Name:

Zachary

Primary Emergency Contact Last Name:

Rivers

Primary Emergency Contact Email:

Primary Emergency Contact Phone:

Secondary Emergency Contact Name:

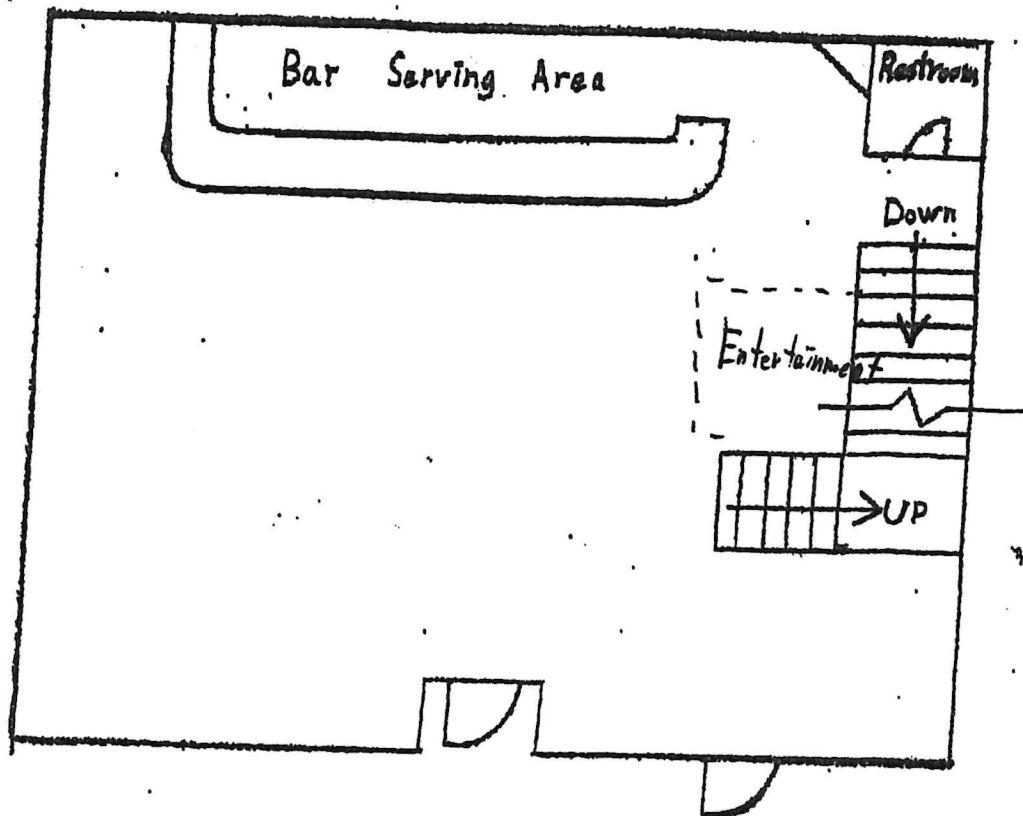
Secondary Email Address:

Secondary Contact Phone:

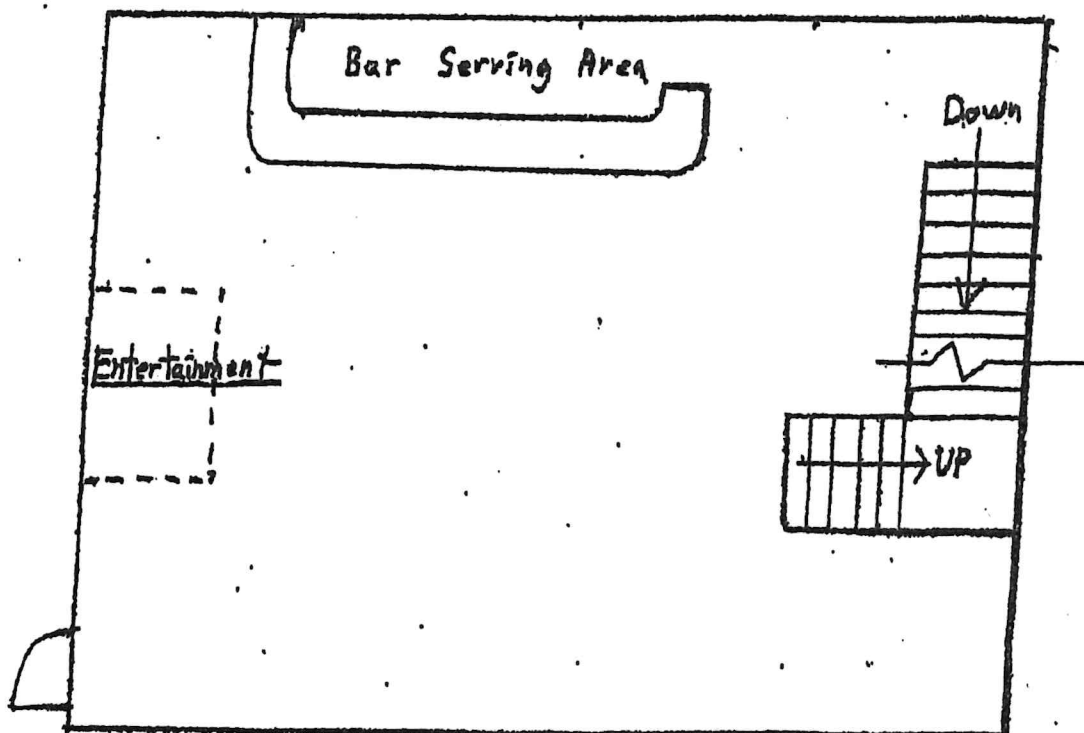
A - Applicant



1st Floor



2nd Floor



Scale: $\frac{1}{8}'' = 1'$