

APPLICANT DIRECTIONS **Lobster Pot**

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

restaurant

Secondary Owner Information

Secondary Owner First Name:

jeffrey

Secondary Owner Last Name:

hirsh

Secondary Owner Mailing Address:

po box 905

Secondary Owner Mailing City:

Bristol

Secondary Owner Mailing State:

Rhode Island - RI



Secondary Owner Mailing Zip:

02809-0990

Secondary Owner Email:

jen ryan

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:

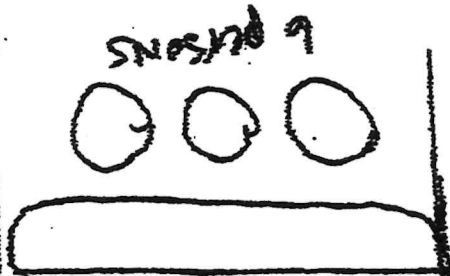
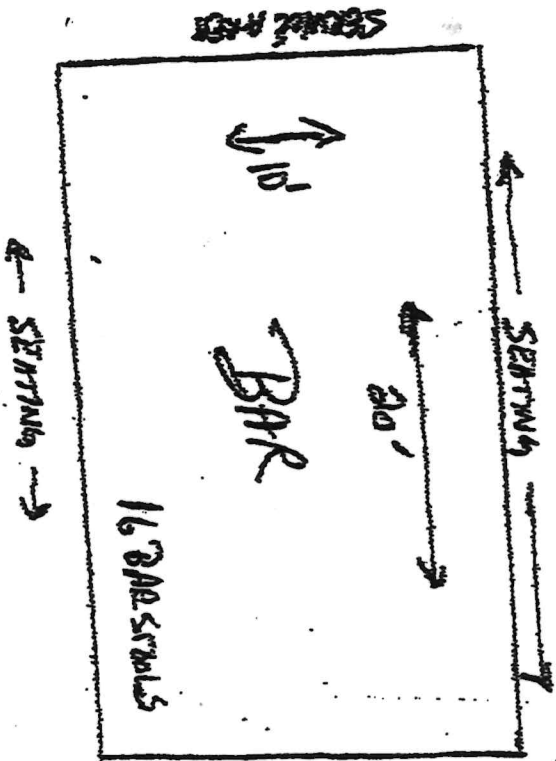
Secondary Email Address:

Secondary Contact Phone:

A - Applicant 

DINING ROOM
7 TABLES of 4 PERSONS
1 TABLE of 6 PERSONS

EXIT



TABLE

STORAGE

WINDOWS

EXIT

