

TOWN OF PORTSMOUTH, RHODE ISLAND



HOLIDAY LICENSE

To The Town Council: The applicant, whose signature appears below, respectfully petitions your Honorable Body for a Holiday License.

DATE: 01/2/2018

OWNER/CORP/ENTITY NAME: WALGREEN EASTERN CO.

CONTACT PERSON: AMELIA LEGUTKI DOB:           

OWNER/CORP/ENTITY ADDRESS: 300 WILMOT RD., MS# 3215, DEERFIELD, IL 60015

OWNER PHONE: 847-527-4036 BUSINESS PHONE: 401-683-1270

EMAIL ADDRESS: LicenseAdmin@Walgreens.com

BUSINESS NAME D/B/A/: RITE AID #10232


BUSINESS ADDRESS: 3034 EAST MAIN ROAD, PORTSMOUTH, RI 02871

TYPE OF BUSINESS: RETAIL DRUG AND SUNDRIES

STATE TAX #: PENDING FEDERAL ID #: 36-1924026

Hours of Operation: MON-SAT: 8AM-9PM SUN: 8AM-6PM

Are the Premises: Owned  or Leased  Located in Shopping Center  (Y/N) Unit#

AUTHORIZED SIGNATURE:  TITLE: License Admin Lead

FOR OFFICE USE ONLY:	FEE: <u>\$50</u>	DATE PAID: <u>1/17</u>	TAXES PAID: <u>          </u>
PERMIT TO MAKE SALES: <u>          </u>	EMER. CONTACT: <input checked="" type="checkbox"/>		
APPROVALS: POLICE: <input checked="" type="checkbox"/> <u>1/17</u>	FIRE: <u>          </u>	INSPECTION: <input checked="" type="checkbox"/> <u>1/18</u>	
COUNCIL MEETING: <u>2/2/18</u>	DATE GRANTED: <u>          </u>	DATE ISSUED: <u>          </u>	