

To the Town Council of Warren
Mobile Food Establishment (MFE) Permit Application

Name of Business: _____

Name of Owner: _____

Address, Town, State: _____

Business Phone: _____

State Issued MFE Registration Number: _____

Applicant's Name (print): _____

Signature: _____

All License holders must file:

1. _____ Town of Warren Tax paid to date – (401)-245-7341 (if applicable)
2. _____ Check for \$75.00 made payable to the Town of Warren
3. _____ State Issued MFE Registration

Please mail or bring your payment to:
Town Clerks Office
514 Main Street
Warren, RI 02885
(401) 245-7340

Received in the office of Town Clerk: _____

Police Chief _____ Fire Chief _____ Building Official _____

YOU MUST APPEAR AT THE _____
TOWN COUNCIL MEETING FOR APPROVAL.

I am aware that I must attend the above Council meeting. Applications initials _____