

12/12/18

CITY OF NEWPORT, RHODE ISLAND
Period from DEC. 1, 2018 to NOV. 30, 2019
VICTUALING LICENSE APPLICATION

TO THE HONORABLE COUNCIL:

DATE: 12/4/18

D/B/A Provenca Bakery Received

LICENSED PREMISES: 311 Broadway Newport, RI 02840 DEC 04 2018
City Clerk's Office

Owner (LLC, Corporation): Michael Joseph Nardolillo, PNC

Owner Address: 31 Crestview Dr.

City: Providence State: RI Zip: 02871

Owner Phone: (417) 966-6761 Business Phone: _____

Mailing Address (choose one): (a) Business Location, (b) Ownership Address, or (c) Other (specify below)

750 Aqueduct Ave., Middletown, RI 02842

License Number: 1425 CLASS: L Litter Rating from City Clerk's Office: FAST FOOD

Annual or Seasonal? Annual If Seasonal (list dates): _____

Hours of Operation: 7AM - 6PM

Do you have Extended Hours of Operation (i.e. 2:00 am till 6:00 am)? NO if yes, specify extended hours and days:
Hours: _____ Days: _____

Estimated Monetary Investment: \$ 25,000

Is liquor license application being submitted by the applicant? NO or will it be in the future? NO

Description and/or rendering of architecture to be used (if changing). INITIALS: _____ Attached? (YES/No) _____

FOR OFFICE USE ONLY

Filing Fee: \$15 Date Paid: 12/4/18 License Fee: 350- Date Paid: _____

License Issued by _____ Issued Date _____ DATE APPROVED BY COUNCIL _____

Owner: Michael Joseph Nardolillo, Inc
DBA: Commercial Bakery
Location: 311 Broadway Newport RI 02840

If NEW establishment, Expansion or Transfer, PLANS must be provided.
Provide detailed Site Plan showing entire premises, interior, exterior, seating capacity, dumpster location, & parking area.

FOR RENEWALS:
I certify plans have not changed (yes/no): Yes Signature: Brenda L. Sabag

Current Seating: New Seating (For TRANSFERS or EXPANSIONS Only):

Parking Available? Yes Parking Location? Front of Building Number: of Cars

Garbage Disposal: Dumpster? Yes Trash Receptacles?
Location: Side of Building
Type/Odor Prevention: Lid
Weight per pickup: 4yd
Number of Cans: 1

PRIVATE PICKUP? Yes By Whom? Cleanway Disposal

INITIAL to acknowledge receipt of Litter/Trash Info AS DATE: 12/4/18

Type of Business: Wholesale Bakery / Retail Bakery

Your signature below indicates that you have reviewed the information on this two page form and agree that it is correct.

Signature of Applicant: Brenda L. Sabag Date: 12/4/18

Print Name: Brenda L. Sabag Title: owner

FOR LICENSE TRANSFER ONLY:

Previous Owner:

Previous d/b/a: Previous Location:

walk in cooler

pantry

entrance

mixer sink

sink

office

cass

hood

air system

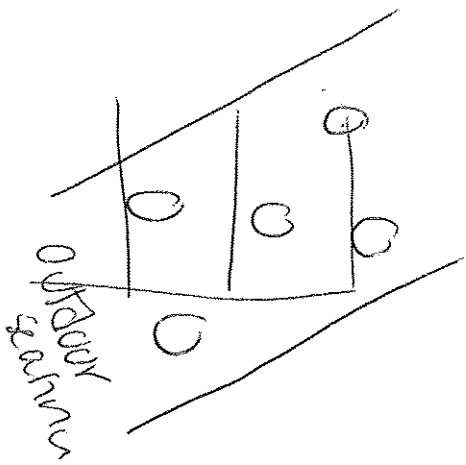
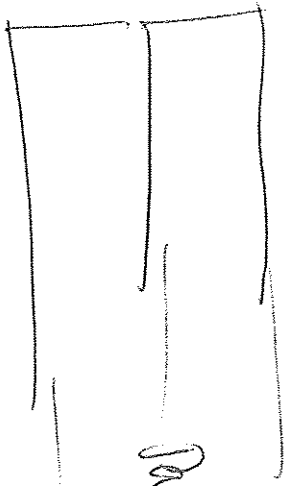
Refrigerator

oven

deep fry

burg. machine

Parking



Bliss Rd.

Bliss Rd.