



**Town of Richmond
Town Clerk's Office**

5 Richmond Townhouse Rd., Wyoming, RI 02898 (401) 539-9000 x 9

Seasonal Recreational Facility License Checklist and Fact Sheet

TAXES: Confirmation by the Richmond Tax Collector that taxes and fees on business location are current, please contact taxcollector2@richmondri.gov or call 401-539-2130 (NOTE: 1 st Quarter must be paid).	Confirmation	Date
SITE PLAN: Confirmation from the Zoning Enforcement Officer that the applicant has submitted an accurate site plan of the facility, drawn to scale, showing entrances, interior streets, building, each unit, room, cabin, site, or individual leased area, identified by a number. Please contact jjordan@richmondri.gov or call 401-539-2285 x 9649		
ZONING: <i>FOR NEW LICENSES OR NEW LOCATIONS ONLY:</i> Confirmation by the Zoning Enforcement Officer that use is allowed at the proposed location. Please jjordan@richmondri.gov or call 401-539-2285 x 9649		
LICENSE FEE: \$200 per year; plus \$9 for each room, area, or unit for new licenses; or \$2 for each room, area, or unit for renewal licenses; or \$9 for each additional room, area, or unit for amended licenses.		
Advertising Costs: Varies.		
AFFIDAVIT OF COMPLIANCE: Per Richmond Code of Ordinances 5.04.030(b) An applicant for a license or permit must submit with the application or renewal an affidavit of compliance. The affidavit shall state that the business is currently in compliance with all town, state and federal statutes, ordinances, and regulations. Compliance with all town, state and federal statutes, ordinances and regulations shall be a continuing condition of the license or permit.		

Who must obtain this license?:

You must obtain this license annually if you operate a seasonal recreation facility or seasonal tourist accommodations including, but not limited to, hotels, motels, motor courts or inns, tourist cabins, camping areas, recreational campgrounds, and facilities for recreational vehicles or trailers. A seasonal facility is one that is operated on a seasonal basis, rather than year-round, and is occupied by guests or lessees by the day, week, month, or season.

The Town Council must conduct a public hearing for each new license and each new license renewal. The applicant must pay the cost of advertising the public hearing in the newspaper.

The license remains valid from January 1 to December 31, but entitles the facility to open only for the seasonal period stated in the license application.

Deadline for Application: October 1

Requirements:

Each license holder must keep a record of the name and address of every guest or lessee at the facility, and the record must be shown to town officials on request.

No later than November 1 of each year, each license holder must give the Tax Assessor the name and address of every owner of a recreational vehicle, motor home, travel trailer, or mobile home that was on the premises for more than six (6) consecutive months during the previous twelve (12) months, and the make, model and year of manufacture.



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Seasonal Recreational Facility License Application

Applicant: _____

Name of facility: _____

Address of facility: _____

Property Owner: _____

Address: _____

Phone #: _____ **Email:** _____

Individual on site who is primarily responsible for daily operations:

Title/ Position: _____

Phone #: _____ **Email** _____

Type of facility: _____

of units, rooms, cabins, sites, or individual leased areas available for occupancy: _____

Date facility opens for season: _____

Date facility closes for season: _____

(Office Use Only)

Date of Council Approval: _____

Date License Issued: _____

License Issued By: _____

Date License Expires: _____

Fee Paid: _____

AFFIDAVIT OF COMPLIANCE

I _____ applicant for a _____ for
(Printed Name) (Type of License)

_____ do hereby make affidavit and say that to the best of
(Name of Business)

my knowledge and belief, the applicant is in compliance with all laws and regulations of the

United States, and the State of Rhode Island and is in compliance with all the ordinances of the

Town of Richmond.

Applicant Signature

STATE OF RHODE ISLAND
COUNTY OF _____

Subscribed and sworn to before me on this _____ day of _____ 20 .

Notary Public
My commission Expires: