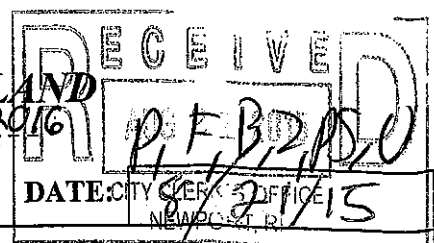


4-9-15

CITY OF NEWPORT, RHODE ISLAND  
Period from DEC. 1, 2015 to NOV. 30, 2016  
VICTUALING LICENSE APPLICATION



TO THE HONORABLE COUNCIL:

D/B/A Firehouse 595

LICENSED PREMISES: 595 Thames St

Owner (LLC, Corporation): Rui's Kitchen inc

Owner Address: 5 Wellington Ave

City: Newport State: RI Zip: 02840

Owner Phone: 401 286 3026 Business Phone:

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

5 Wellington Ave Newport, RI 02840

License Number 1377 CLASS: FF Litter Rating from City Clerk's Office: Fast Food

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

Hours of Operation: 6 AM - 2 AM

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: \$ 500,000.00

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

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

FOR OFFICE USE ONLY

Filing Fee: \$15 Date Paid: 8-21-15 License Fee 450 Date Paid:

License Issued by  Issued Date  DATE APPROVED BY COUNCIL

Owner: Rui's Kitchen  
DBA: Firehouse 595  
Location: 595 Thames St

**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):  Signature: \_\_\_\_\_

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

Parking Available?  Yes Parking Location? Lot North of Building Number of Cars

Garbage Disposal: Dumpster?  Yes Trash Receptacles?

Location: behind Building S.W. side

Type/Odor Prevention: liquid deodorant

Weight per pickup: 150 lbs

Number of Cans: 1 dumpster

PRIVATE PICKUP?  Yes By Whom? Waste haulers

INITIAL to acknowledge receipt of Litter/Trash Info  DATE:

Type of Business: Restaurant Food Fast

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

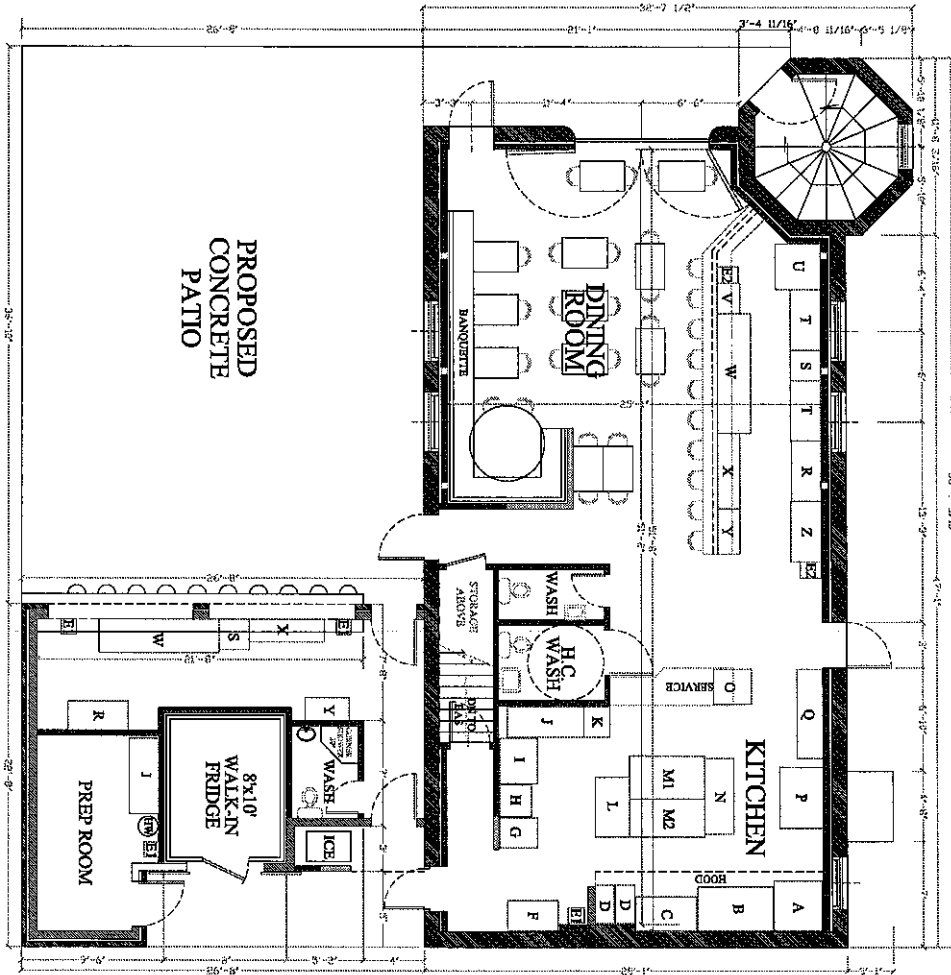
Signature of Applicant: Rui S Reis  Date:

Print Name: Rui S Reis  Title: President

**FOR LICENSE TRANSFER ONLY:**

Previous Owner:

Previous d/b/a:  Previous Location:



**1st FLOOR PLAN**  
NO SCALE

WALL LEGEND	
2x4 WALL	
2x4 INSUR WALL	
BRICK WALL	
2x6 WALL	

**A1**

Rui Reis - The FireHouse Building  
595 Thames Street - Newport, RI

drawing

1st FLOOR PLAN