UNIVERSITY OF RHODE ISLAND
OFFICE OF FIRE/LIFE SAFETY
TENT APPLICATION 874-7994

EVENT ADDRESS:			
FUNCTION:		TENT TO BE USED AT NIGHT: YES	NO
TENT ERECTED ON: , 20__	EVENT HELD ON:	, 20__ TO	, 20__
# OF EXPECTED GUESTS:	# OF SEATS PROVIDED:		
WILL PORTABLE HEATERS BE USED? YES NO	LISTING AGENCY:		

APPLICANT INFORMATION

APPLICANT (THE RENTER OF THE TENT):		
PHONE NUMBER (HOME):	(BUSINESS):	(CELL):

TENT INFORMATION

TENT OWNER (RENTAL COMPANY):			
ADDRESS:	CITY:	STATE:	ZIP CODE:
PHONE NUMBER (BUSINESS):	(FAX):	(OTHER):	
TENT MANUFACTURER:	SIZE OF TENT BEING ERECTED:		

DATE TENT WAS TREATED FOR FIRE RETARDENCY:
FIRE RETARDANT IS GOOD FOR ONLY 10 YEARS

WILL THERE BE COOKING UNDER THE TENT?:	YES NO	WILL SIDES BE PROVIDED?:	YES NO
COPIES OF THE FIRE RETARDANT CERTIFICATE OR TENT OWNERS LETTER IS ATTACHED:			YES NO
DETAILED FLOOR PLAN OF AREA UNDER TENT IS ATTACHED:			YES NO

I, _____(PRINT APPLICANT NAME) hereby certify that I have the authority to make this application, that the application is correct, and that I agree to conform to all applicable codes and ordinances.

_____ _____
(APPLICANT SIGNATURE) *(DATE)*

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FIRE/LIFE SAFETY APPROVAL

FIRE INSPECTOR: _____ **RANK:** _____ **DATE:** _____

KINGSTON FIRE DISTRICT APPROVAL

FIRE DEPARTMENT: _____ **RANK:** _____ **DATE:** _____

_____ _____ _____