

**City of Warwick
Board of Public Safety
License Application**

License Fee \$50.00 Daily

Event Date(s): _____

Type of License: ***Food Vendor - Daily***

Name of Applicant: _____ Date of Birth: _____

Resident Address: _____ Phone No: _____

Business Name – DBA: _____

Corporation Name: _____

Business Address: _____ Phone No: _____

If Incorporated, Fill In The Following Information:

President: _____ Address: _____

Vice President: _____ Address: _____

Secretary: _____ Address: _____

Treasurer: _____ Address: _____

Has Applicant Ever Been Arrested ?	Yes _____	No _____
Has Officer/Member of Corp. Ever Been Arrested?	Yes _____	No _____
Has Applicant Ever Been Indicted For Any Offense?	Yes _____	No _____
Has Officer/Member of Corp. Ever Been Indicted For Any Offense?	Yes _____	No _____

If Answer is "Yes" To Any Of The Above Questions, Please Explain: _____

I Hereby State That The Above Information Is True And Accurate To The Best of My Knowledge.

Applicant's Signature: _____ Title: _____

Make check payable to: *City of Warwick*

Mailing Address: Warwick Police Department
Attn: Licensing Division
99 Veterans Memorial Drive
Warwick RI 02886-4617

Office Use Only:

License Number: _____ Date Picked-Up / Mailed: _____