

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

License Fee \$50.00

Expires: 10/31/2014

Type of License: ***Holiday Sales***

Name of Applicant: _____ Date of Birth: _____

Resident Address: _____ Phone No: _____

City: _____ State: _____ Zip Code: _____ Cell Phone: _____

Business Name (Doing Business As): _____

Corporation Name: _____

Business Address: _____ Phone No: _____

City: _____ State: _____ Zip Code: _____ Cell Phone: _____

If Incorporated, Fill In The Following Information:

President: _____ Address: _____

Vice President: _____ Address: _____

Secretary: _____ Address: _____

Treasurer: _____ Address: _____

Please Provide Your Email 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: _____

Should your business close for any reason, your license must be surrendered to the Licensing Division

Make check payable to: *City of Warwick* Mailing Address: Warwick Police Department
Attn: Licensing Division
99 Veterans Memorial Drive
Warwick RI 02886-4617