

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

Beacon Fee: \$115.00  
License Fee \$100.00

Expires 05/01/14

TYPE OF LICENSE: *Used Car Dealer*

NAME OF APPLICANT \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

RESIDENT ADDRESS \_\_\_\_\_ PHONE # \_\_\_\_\_

NAME OF BUSINESS \_\_\_\_\_

BUSINESS ADDRESS \_\_\_\_\_ 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 BELOW.

\_\_\_\_\_

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 the : City of Warwick

Mailing Address: Warwick Police Dept.  
Attn: Licensing Unit  
99 Veterans Memorial Dr.  
Warwick, RI 02886

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