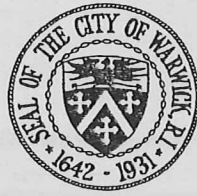


# CITY OF WARWICK

LESLIE WALASKA BAXTER  
Chairwoman

JOSEPH SPINALE  
Vice Chairman

THOMAS P. MCGOVERN  
Clerk



BOARD OF PUBLIC SAFETY  
Warwick, Rhode Island 02886

POLICE DEPARTMENT  
99 Veterans Memorial Drive  
468-4200

FIRE DEPARTMENT  
111 Veterans Memorial Drive  
468-4000

## *Fireworks Vendor Instructions*

All sale sites must conform to the Rhode Island Fire Code, NFPA 1 chapter 65.11 "sale, handling and storage of consumer fireworks".

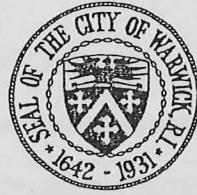
- 1) Bring a site plan to the Building Department showing the location of the tent, number of required parking spaces for the existing business and required parking spaces for the fireworks retail business.
- 2) Bring the Request sheet to the Fire Department for their approval.
- 3) Your sale location must be inspected by the Warwick Fire Department
- 4) Once Fire has approved your location (paperwork has been signed) you may return that form with the Itinerant Vendor application to the Licensing Unit to be processed.
- 5) When submitting all paperwork to the Licensing Unit be sure to include a copy of your **"Permit to Make Sales At Retail"** from the **Rhode Island Division of Taxation.**

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BOARD OF PUBLIC SAFETY  
Warwick, Rhode Island 02886

TO: Warwick Fire Department  
(401) 468-4050

**REQUEST FOR FIREWORKS VENDOR**

NAME OF APPLICANT: \_\_\_\_\_

LOCATION: (ADDRESS) \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

OWNER OF PROPERTY (NAME) \_\_\_\_\_

**ATTACH A PERMISSION LETTER FROM PROPERTY OWNER**

PLAT# \_\_\_\_\_

LOT # \_\_\_\_\_

This completed form must be returned to the WPD Licensing Division.

Any questions, contact us (401) 468-4340 or (401) 468-4341.

Or email us: [wpdlicense@warwickri.com](mailto:wpdlicense@warwickri.com) or [wpdalarm@warwickri.com](mailto:wpdalarm@warwickri.com)

OFFICE USE ONLY:

APPROVE: \_\_\_\_\_

DENIED: \_\_\_\_\_

City of Warwick  
Board of Public Safety  
**Itinerant Vendor Application**

**License Fee - \$350.00**

**Copy of State License Attached**

Name of Applicant: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Resident Address: \_\_\_\_\_ Phone No: \_\_\_\_\_

Name of Business: \_\_\_\_\_

Business Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

If Incorporated, Fill In The Following:

President: \_\_\_\_\_ Address: \_\_\_\_\_ DOB \_\_\_\_\_

Vice Pres: \_\_\_\_\_ Address: \_\_\_\_\_ DOB \_\_\_\_\_

Secretary: \_\_\_\_\_ Address: \_\_\_\_\_ DOB \_\_\_\_\_

Treasurer: \_\_\_\_\_ Address: \_\_\_\_\_ DOB \_\_\_\_\_

Has applicant ever been arrested? Yes \_\_\_ No \_\_\_

Has Officer/Member of Corporation ever been arrested? Yes \_\_\_ No \_\_\_

Has applicant ever been indicted for any offense? Yes \_\_\_ No \_\_\_

Has Officer/Member of corporation ever been indicted? Yes \_\_\_ No \_\_\_

If answer is "yes" to any of the above questions, please explain below:

Date(s) of sale: \_\_\_\_\_ Time(s): \_\_\_\_\_ Location: \_\_\_\_\_

.....  
**I HEREBY SWEAR UNDER OATH THAT THE ABOVE INFORMATION IS TRUE AND ACCURATE.**

Applicant's Signature \_\_\_\_\_ Title: \_\_\_\_\_

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_

In: \_\_\_\_\_ County, City of: \_\_\_\_\_, State: \_\_\_\_\_

NOTARY PUBLIC \_\_\_\_\_ SEAL

.....  
**OFFICE USE ONLY:**

B.C.I. \_\_\_\_\_ Rhode Island Show Permit / Sales Permit \_\_\_\_\_

License Number: \_\_\_\_\_ Date Picked Up / Mailed: \_\_\_\_\_

List an inventory of all goods, wares, and merchandise to be sold. Also list the established retail price of all goods, wares, and merchandise. Names of persons you purchased these goods, wares, and merchandise from to include the dates purchased. List all details to fully identify the goods, wares, and merchandise be sold. This license issued by the city of Warwick will expire on the same date and time as the state license.

<u>Name of Merchandise</u>	<u>From Whom Purchased</u>	<u>Date Purchased</u>	<u>Retail Price</u>
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*Please Make Checks Payable To: City Of Warwick*

And return to: Warwick Police Department  
Attn: Licensing Division  
99 Veterans Memorial Drive  
Warwick RI 02886-4617  
(401) 468-4340 or (401) 468-4341

Email us: [wpdlicense@warwickri.com](mailto:wpdlicense@warwickri.com) or [wpdalarm@warwickri.com](mailto:wpdalarm@warwickri.com)