

*City of Warwick  
Board of Public Safety  
License Application*

License Fee \$50.00

Expires: 04/01/14

TYPE OF LICENSE: ***KENNEL***

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

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

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

BUSINESS ADDRESS \_\_\_\_\_ PHONE # \_\_\_\_\_

**Please Provide Your Email Address:** \_\_\_\_\_

*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 \_\_\_\_\_

**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 Division  
99 Veterans Memorial Dr.  
Warwick, RI 02886-4617

OFFICE USE ONLY: LICENSE NUMBER: \_\_\_\_\_ DATE MAILED/ PICKED UP: \_\_\_\_\_