## City of Warwick Board of Public Safety License Application

License Fee \$25.00 daily

TYPE OF LICENSE:	Arts & Crafts or B	azaar (circle	e one)		
NAME OF APPLICANT			DATE OF BIRTH		
RESIDENT ADDRESS			PHONE #		
NAME OF BUSINESS					
BUSINESS ADDRESS			PHONE #		
IF INCORPORATED FILL PRESIDENT:					
VICE PRESIDENT:		ADDRESS:_			
SECRETARY:		ADDRESS:_			
TREASURER:		ADDRESS:_			
HAS APPLICANT EVER I HAS OFFICER/MEMBER HAS APPLICANT EVER I HAS OFFICER/MEMBER ANY OFFENSE?	OF CORP. EVER BEEN BEEN INDICTED FOR A	NY OFFENSE?	YES YES	NO NO NO	
IF ANSWER IS "YES" TO	ANY OF THE ABOVE Q	UESTIONS, PLE	ASE EXPL	_AIN:	
I HEREBY STATE THAT MY KNOWLEDGE.	THE ABOVE INFORMAT	TION IS TRUE AN	ID ACCUR	ATE TO THE BEST OF	
APPLICANT'S SIGNATURE	TITLE				
Should your busines	s close for any reason, your l	license must be surr	endered to t	he Licensing Division	
EVENT DATE:	VENT DATE: TIME(S):				
PLACE:					
*******	*******	******	******	******	
OFFICE USE ONLY: LIC	ENSE NUMBER:	DATE	MAILED:		