City of Warwick Board of Public Safety License Application

License Fee \$50.00 Daily

License Number: _____

TYPE OF LICENSE: Vendor	(General)	
Name of Applicant:		Date of Birth:
Resident Address:		Phone No:
City:	State: 2	Zip Code:
Business Name – DBA:		Phone No:
Corporation Name:		
Business Address:	City:	State: Zip:
If Incorporated	d, Fill In The Following Inf	ormation:
President :	Address	S:
Vice President:	Address	S:
Secretary:	Address	S:
Treasurer:	Address	s:
Has Applicant Ever Been Arrested? Has an Officer or Member of Corp. E Has Applicant Ever Been Indicted Fo Has an Officer or Member of Corp. E	or Any Offense? Ever Been Indicted For An	Yes No Yes No Yes No y Offense? Yes No stions, Please Explain:
I Hereby State That The Above Inform Applicant's Signature:		ate To The Best Of My Knowledge. _ Title:
Event Location:	Date(s):	Time(s)
	- Office Use Only -	

Date Picked-Up / Mailed: _____