City of Warwick Board of Public Safety Itinerant Vendor Application

<u>License Fee - \$350.00</u>		<u>Copy of Sta</u>	te License	e Attached	
Name of Applicant:	Date of Birth:				
Resident Address:	Phone No:				
Name of Business:					
Business Address:	City:				State:
If Incorporated, Fill In The	Following:				
resident: Address: Gice Pres: Address: ecretary: Address: reasurer: Address:			DOB DOB		
Has applicant ever been arr Has Officer/Member of Co Has applicant ever been inc Has Officer/Member of cor If answer is "yes" to any of	rporation ever been arrested licted for any offense? poration ever been indicted	1?	Yes Yes Yes _	No No No No	
Date(s) of sale:	Time(s):	Location: _			
Applicant's Signature	AR UNDER OATH THAT THE A				CURATE.
Subscribed and sworn before In:					
NOTARY PUBLIC					
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.

Name ofFromMerchandisePurch

From Whom <u>Purchased</u> Date <u>Purchased</u>

Retail <u>Price</u>

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 or wpdalarm@warwickri.com