City of Warwick Board of Public Safety License Application

| Beacon Fee \$ 115.00 License Fee \$250.00 | (24 Hours) | Expires: 02/0 | 1/14 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|--------------------------|----------|
| Type of License: Second Class Victualer | r – 24 Hour | s | |
| Name of Applicant: | | Date of Birth: | |
| Resident Address: | | Phone No: | |
| City: State: Zip C | ode: | Cell No. | |
| Business Name – DBA: | | | |
| Corporation Name: | | | |
| Business Address: | | Phone No: | |
| City: State: | Zip Cod | e: | |
| 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? Has Officer/Member of Corp. Ever Been Arrested? Has Applicant Ever Been Indicted For Any Offense? Has Officer/Member of Corp. Ever Been Indicted For All If Answer is "Yes" To Any Of The Above Questions, Page 1988. | , | Yes Yes Yes Yes | No No |
| 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: City of Warwick Mailing Address: Warwick Police Department Attn: Licensing Division 99 Veterans Memorial Drive Warwick RI 02886-4617 | | | |