

*City of Warwick  
Board of Public Safety  
License Application*

License Fee \$100.00

Expires 12/31/12

TYPE OF LICENSE: ***Bowling Alley***

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

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

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

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

ZIP CODE \_\_\_\_\_ CELL 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

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