

**City of Warwick
Board of Public Safety
License Application**

License Fee \$100.00

Expires 3/31/14

TYPE OF LICENSE: **Massage Therapy**

NAME OF APPLICANT _____ DATE OF BIRTH _____

RESIDENT ADDRESS _____ PHONE # _____

NAME OF BUSINESS _____

BUSINESS ADDRESS _____ PHONE # _____

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 Drive
Warwick RI 02886-4617

OFFICE USE ONLY: LICENSE NUMBER:

DATE MAILED / PICKED UP