

*City of Warwick
Board of Public Safety
License Application*

Beacon Fee \$115.00

License Fee \$100.00

License Expires 12/16/13

TYPE OF LICENSE: **MIDNIGHT TO 5:00 A.M.**

NAME OF APPLICANT _____ DATE OF BIRTH _____

RESIDENT ADDRESS _____ PHONE # _____

NAME OF BUSINESS _____

BUSINESS ADDRESS _____ 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: _____

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

Mail To: WARWICK POLICE DEPT.
ATTN: LICENSING DIVISION
99 VETERANS MEMORIAL DR
Warwick RI 02886-4617

**** INCLUDE COPY OF PANIC BUTTON PAPERWORK ****