

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

**RENEWAL:** License Fee \$100.00 Expires: 04/01/13

TYPE OF LICENSE: Rooming House / Hotel

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

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

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

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

IF INCORPORATED FILL IN THE FOLLOWING INFORMATION:

PRESIDENT: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

V. 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  
Mail To: Attn: Licensing Division  
99 Veterans Memorial Drive  
Warwick RI 02886

OFFICE USE ONLY: LICENSE NUMBER: DATE MAILED / PICKED UP: