City of Warwick Board of Public Safety License Application

Beacon Fee \$ 115.00 License Fe	e \$150.00 (2 A.M. C	Closing) <u>Ex</u>	pires: 02/01/12
Type of License: Second Class	Victualer – 2 AM		
Name of Applicant:		Date of Birth: _	
Resident Address:		Phone No:	
City: State: _	Zip Code:	Cell No	
Business Name – DBA:			
Corporation Name:			
Business Address:		Phone No:	
City: S	State: Zip C	ode:	
Please Provide Your Email Address: _			
If Incorporated, Fill In The Following Inform	mation:		
President:	Address:		
Vice President:	Address:		
Secretary:	Address:		
Treasurer:	Address:		
Has Applicant Ever Been Arrested? Has Officer/Member of Corp. Ever Been A Has Applicant Ever Been Indicted For Any Has Officer/Member of Corp. Ever Been In If Answer is "Yes" To Any Of The Above Of	y Offense? ndicted For Any Offense?	Ye Ye Ye	s No es No es No
I Hereby State That The Above Inform	nation Is True And Accura	te To The Best of I	My Knowledge.
Applicant's Signature:		Title:	
Should your business close for any rea	son, your license must be sur	rendered to the Licer	nsing Division
Make check payable to: City of Warw		Warwick Police D Attn: Licensing D 99 Veterans Men Warwick RI 028	ivision norial Drive