City of Warwick Board of Public Safety License Application

Arts & Crafts Ocean State Artisans

TYPE OF LICENSE: Arts & Crafts	
NAME OF APPLICANT	DATE OF BIRTH
RESIDENT ADDRESS	PHONE #
NAME OF BUSINESS	
BUSINESS ADDRESS	PHONE #
IF INCORPORATED FILL IN THE FOLLOWING INFO	
VICE PRESIDENT:	ADDRESS:
SECRETARY:	ADDRESS:
TREASURER:	ADDRESS:
HAS APPLICANT EVER BEEN ARRESTED? HAS OFFICER/MEMBER OF CORP. EVER BEEN AI HAS APPLICANT EVER BEEN INDICTED FOR ANY HAS OFFICER/MEMBER OF CORP. EVER BEEN IN ANY OFFENSE?	OFFENSE? YES NO
IF ANSWER IS "YES" TO ANY OF THE ABOVE QUESTIONS, PLEASE EXPLAIN:	
HEREBY STATE THAT THE ABOVE INFORMATION MY KNOWLEDGE. APPLICANT'S SIGNATURE	
	11166
Email	
EVENT DATE:	TIME:
PLACE:	