

*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 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: _____

EMAIL: _____

EVENT DATE: _____ TIME: _____

PLACE: _____