

*City of Warwick
Board of Public Safety
License Application*

License Fee \$50.00

TYPE OF LICENSE: Guns & Ammunition

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: _____

HEREBY STATE THAT THE ABOVE INFORMATION IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

APPLICANT'S SIGNATURE _____ TITLE _____

Make check payable to the : CITY OF WARWICK

MAILING ADDRESS: Warwick Police Dept. Attn: Licensing Unit
99 Veterans Memorial Dr.
Warwick, RI 02886

OFFICE USE ONLY:
LICENSE NUMBER:

DATE MAILED: