

Warwick Police Department
Licensing Division
(401) 468-4340
Email: wpdlicense@warwickri.com
Or: wpdalarm@warwickri.com

Peddler Badge Application

\$10.00 Each

Name of Business: _____

Business Address: _____

Telephone No: _____ *Fax:* _____

Event: _____ *Date* _____ *Time:* _____

Duration of Warwick Campaign: _____

(Door to Door Sales & Advertising Only)

Name of Applicant: _____

Address: _____

City: _____ *State* _____ *Zip* _____

Date of Birth: _____ *Last Four on SS Number:* xxx-xx- _____

Has applicant ever been arrested? _____ *or indicted* _____

If yes please explain: _____

I hereby state that the above information is true and accurate to the best of my knowledge.

Applicant's Signature: _____

Proprietor Signature: _____
