

Andrew J. Annaldo
Chairman & Secretary

David N. Cicilline
Mayor

Arline Feldman
Vice-Chair

Joan Badway
Arys Batista
Stephen Daniels



TO APPLY FOR A MOTOR VEHICLE REPAIR LICENSE, YOU MUST DO THE FOLLOWING

- 1) Obtain application forms:
 - (a) Motor Vehicle Repair
 - (b) BCI – Background Check by Providence Police Department
 - (c) Corporation – If you are filing as a corporation
 - (d) State Workers’ Compensation
- 2) Fill out completely all forms
- 3) Make out check/money order payable to City of Providence in the amount of \$450.00 (**NO CASH ACCEPTED**)
- 4) You must also provide the following:
 - (a) 200’ radius plan from the 4 corners of the proposed lot of where the establishment is to be
 - (b) List of property owners within the 200’ radius
 - (c) Floor plan of establishment
 - (d) Articles of Incorporation from the Secretary of State’s Office (if filing as a corporation)
- 5) Mail or deliver application and fee to the following address:

Board of Licenses
City Hall, Room 101
25 Dorrance Street
Providence, RI 02903
- 6) You must contact the following departments for inspections of your business before this office can issue license:
 - (a) Department of Inspection & Standards
198 Dyer Street
Providence, RI 02903
(401) 421-7740 – x 355
 - (b) Fire Marshall – Providence Fire Department
325 Washington Street
Providence, RI 02903
(401) 243-6050

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City of Providence
Board of Licenses
City Hall
Providence, RI 02903
(401) 421-7740

APPLICATION FOR MOTOR VEHICLE REPAIR LICENSE

The undersigned respectfully petitions your Honorable Board of Licenses to make application for a Motor Vehicle Repair License subject to such restrictions and regulations as the Board of Licenses may prescribe.

Applicant: _____

D.B.A. _____

Location: _____

Telephone: _____

Signature _____ Date _____

LICENSE APPLICATION FORM

PERSONAL ON SELF

NAME _____ ADDRESS _____

Phone No. _____ Date of Birth _____ Marital Status _____

Military _____ Years _____

Type of Discharge _____

Former Address _____

Current Employment _____

Business Address _____

HACKNEY LICENSE ONLY Drivers License No. _____

Class of License _____ Have you had any violations in the past 18 months?

Yes _____ No _____ If yes, explain _____

AFFIDAVIT

Have you ever been arrested: _____ If so, what was the offense, where and when

PRIVATE DETECTIVES Do you intend to carry a firearm? _____ If so, list permit number _____

I, THE UNDERSIGNED APPLICANT, AFFIRM THAT THE FACTS CONTAINED HEREIN ARE TRUE AND THAT ANY OMISSION OR NON FACTUAL INFORMATION COULD RESULT IN THE DENIAL OF MY LICENSE.

Sign _____

DO NOT WRITE – POLICE USE ONLY

RECORD _____ NO RECORD _____ BCI _____

CHARGES _____

APPROVED _____ DISAPPROVED _____ DATE _____

Chief of Police

Investigating Officer

PROVIDENCE BOARD OF LICENSING COMMISSIONERS

APPLICATION FOR LICENSE BY CORPORATION

Name of Corporation _____

D/B/A _____ Telephone No. _____

Address of Premise _____

State Incorporated _____ Date of Incorporation _____

Name, address and telephone number of ALL officers:

President _____

Vice President _____

Secretary _____

Treasurer _____

Classes of Stock:

Amount each Authorized: _____

Amount each Issued: _____

Names and addresses of ALL registered owners of each class and amount owed

Have any Officers, Board Members or Stockholders ever been arrested or convicted of a crime? YES _____ NO _____ If yes, explain _____

If any other business to be carried on in licensed premises? YES _____ NO _____
If yes, explain _____

I hereby certify that the above statements are true to the best of my knowledge and belief

Applicant

Date

