

Andrew J. Annaldo
Chairman & Secretary

David N. Cicilline
Mayor

Arline Feldman
Vice-Chair

Joan Badway
Arys Batista
Stephen Daniels



TO APPLY FOR A SECOND HAND STORE LICENSE, YOU MUST DO THE FOLLOWING

- 1) Obtain application forms:
 - (a) Second Hand Store License
 - (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 \$200.00 (**NO CASH ACCEPTED**)
- 4) You must also provide the following:
 - (a) Floor plan of establishment
 - (b) 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 SECOND HAND STORE LICENSE

The undersigned respectfully petitions your Honorable Board of Licenses to make application for a Second Hand Store 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

THIS FORM MUST BE COMPLETED BY THE LICENSE APPLICANT

*UPON APPROVAL BY THE BOARD OF LICENSES, THE ISSUANCE OF ANY LICENSE IS
SUBJECT TO EVIDENCE OF WORKERS' COMPENSATION INSURANCE*

All companies that have one (1) or more employees are required to have workers' compensation insurance coverage. Individual owners and partners are exempt. Independent contractors are required to file a notice of designation as independent contractor with the Department of Labor & Training. Corporate officers (except those appointed as corporate officers between 1/1/99 and 12/31/01 who were not previously employees of the corporation) are included under the Workers' Compensation Act unless they file a waiver form with the Department of Labor and Training.

If a business has an employee and does not have a workers' compensation policy, then all work must stop until a policy is in place. Businesses operating without required workers' compensation insurance may be closed by the Director of the Department of Labor and Training.

TO BE COMPLETED PRIOR TO THE ACTUAL ISSUANCE OF A LICENSE

Please complete the information below:

Name on policy: _____

Street: _____ Telephone No. _____

City/Town _____ State _____ Zip _____

Workers' Compensation Insurance Co. _____

Policy # _____ Effective date _____

Insurance Agency/Broker _____ Tel. No. _____

I attest that the above information is accurate:

Signature of Licensee

Date

Printed Name of Licensee

❖ IF THE BUSINESS DOES NOT HAVE EMPLOYEES, PLEASE SIGN BELOW:

Signature _____

Date _____