

**Andrew J. Annaldo**  
Chairman & Secretary

**David N. Cicilline**  
Mayor

Arline Feldman  
Vice-Chair

Joan Badway  
Arys Batista  
Stephen Daniels



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

**TO APPLY FOR A FOOD DISPENSER LICENSE, YOU MUST DO THE FOLLOWING**

- 1) Obtain application forms:
  - (a) Food Dispenser
  - (b) BCI – Background Check by Providence Police Department
  - (c) Corporation – If you are filing as a corporation
  - (d) State Health Department
  - (e) State Workers' Compensation
- 2) Fill out completely all forms
- 3) Make out check/money order payable to City of Providence in the amount of \$100.00 (**NO CASH ACCEPTED**)
- 4) Mail or deliver application and fee to the following address:

Board of Licenses  
City Hall, Room 101  
25 Dorrance Street  
Providence, RI 02903

- 5) 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 – PFD  
325 Washington Street  
Providence, RI 02903  
(401) 243-6050

(c) State Dept of Health  
3 Capital Hill  
Providence, RI 02903  
(401) 222-2749

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## **APPLICATION FOR FOOD DISPENSER LICENSE**

The undersigned respectfully petitions your Honorable Board of Licenses to have a Food Dispenser License in accordance with Title 5, Gen. Laws, 1956, 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