



CITY OF PROVIDENCE

APPLICATION FOR MOTOR VEHICLE REPAIR LICENSE

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

DATE: \_\_\_\_\_

Business Name: \_\_\_\_\_

D.B.A: \_\_\_\_\_

Business Address: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Print, sign and return completed application to the Board of Licenses, Room 101 Providence City Hall. (We accept Check or Money Order ONLY.)

\*\* FOR INTERNAL OFFICE USE ONLY (Rev'd 09/11) \*\*

|            | TO | FROM |             |       |
|------------|----|------|-------------|-------|
| ADVERTISED |    |      | FILED       | _____ |
| HEARING    |    |      | FEE         | _____ |
| POLICE     |    |      | AD FEE      | _____ |
| FIRE       |    |      | CHECK #     | _____ |
| BUILDING   |    |      | LICENSE #   | _____ |
| ALARM      |    |      | ISSUE DATE  | _____ |
| CITY TAX   |    |      | EXPIRE DATE | _____ |
| COUNCIL    |    |      | FLOOR PLAN  | _____ |
| APPROVED   |    |      | RADIUS PLAN | _____ |
| DENIED     |    |      | PROP OWNER  | _____ |
|            |    |      | RENEWAL     | NEW   |

BOARD OF LICENSES

Providence City Hall | 25 Dorrance Street, Room 104, Providence, Rhode Island 02903

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www.providenceri.com