



CITY OF PROVIDENCE

APPLICATION FOR FROZEN DESSERT LICENSE

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

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

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

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

Location of Business: \_\_\_\_\_

Telephone: \_\_\_\_\_

If Vehicle: Registration # \_\_\_\_\_ Make \_\_\_\_\_ Year \_\_\_\_\_

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			
HEARING			
POLICE			FILED _____
FIRE			FEE \$20.00 _____
BUILDING			CHECK # _____
HEALTH			ISSUE DATE _____
ALARM			EXPIRE DATE _____
CITY TAX			LICENSE # _____
COUNCIL			_____
APPROVED			
DENIED			RENEWAL                      NEW

BOARD OF LICENSES