



CITY OF PROVIDENCE

APPLICATION FOR EMPLOYMENT OFFICE LICENSE

The undersigned respectfully petitions your Honorable Board of License to make application for an Employment Office 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			
HEARING			FILED _____
POLICE			FEE _____
FIRE			CHECK # _____
BUILDING			LICENSE # _____
ALARM			ISSUE DATE _____
CITY TAX			EXPIRE DATE _____
COUNCIL			LOCATION _____
APPROVED			
DENIED			RENEWAL NEW

BOARD OF LICENSES