



CITY OF PROVIDENCE

APPLICATION FOR PRIVATE DETECTIVE LICENSE

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

DATE: _____

Applicant Name: _____

Business Address: _____

Home Address: _____

Home City: _____ State: _____ Zip: _____

Home Phone: _____ Business Phone: _____

DOB: _____ Height: _____ Weight: _____

Hair Color: _____ Eye Color: _____

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 # _____
HEALTH			BOND _____
STATE TAX			REFERENCES _____
CITY TAX			ISSUE DATE _____
COUNCIL			EXPIRE DATE _____
APPROVED			
DENIED			RENEWAL NEW

BOARD OF LICENSES