CITY OF PROVIDENCE

Sidewalk Contractor License Application Form

Type of License requested: ☐ Standard Sidewalk Contractor License

☐ "Limited" Sidewalk Contractor License

Business Name:_____

Street: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

E-mail: _____

Contact Person: (please print) _____

24-hr Emergency Phone: _____

For Official Use Only

License Fee: ☐ $100 (check made payable to "City Collector")

Bond: ☐ $100,000 (Standard License) ☐ $5,000 ("Limited" License)

Surety Co. _____ Expiration Date: _____

Insurance Certificate: ☐ (Naming City of Providence as additionally insured)

Expiration date: _____

License No. Issued: _____ Date Issued: _____ By: _____

DEPARTMENT OF PUBLIC WORKS
700 Allens Avenue Providence, Rhode Island 02905
401 467 7950 ph | 401 941 2567 fax
www.providenceri.com