**********NEW LICENSE APPLICATION**********

WOONSOCKET, RI 02895

License #

_____

ADVERTISING FEE (If any) _____

DATE: _____ **License FEE: $**_____

Establishment:_____

Location: _____respectfully prays to hold a

Type of License: _____To expire on _____

Business Phone Number:_____

Mail License to: _____

_____

_____

_____ **Email Address**:_____

Signature of Applicant

_____ **Cell Phone**:_____

Print Name

**********office use only - do not write below this line**********

In City Council

_____

Read and ordered advertised.

_____

Date Paid: _____

In City Council

_____

Petition

_____

Date Issued: _____

City Clerk/Woonsocket City Hall/PO Box B/169 Main St/Woonsocket, RI 02895
PH 401-767-9249 / FX 401-765-0022 / jlabonte@woonsocketri.org