



TOWN OF BURRILLVILLE
 105 Harrisville Main St., Harrisville, RI 02830
 (401) 568-4300, Ext. 114

PRIVATE DETECTIVE LICENSE APPLICATION

*Pursuant to the Ordinances of the Town of Burrillville,
 applicants are subject to compliance with all State and local laws and regulations*

Type of License

<input type="checkbox"/> New License	<input type="checkbox"/> Renewal	If renewal, indicate your license number:
Fee: \$150		<i>License fees are payable to the Town Clerk at time of Application</i>

Applicant Information

Name of Applicant:		
Date of Birth:	Sex:	Height:
Weight:	Hair Color:	Eye Color:
Name of Business:		Business Phone:
Business Address:		Map # Lot #

Mailing Address:	
Resident Address:	Phone:

Applicant is required to inform the Town Clerk's office of any change of address.

Business Description

Describe operation of business:
Special requirements of ordinance (if any):

Corporate Information If incorporated, fill in the following information

	Legal Address
President:	
Vice President:	
Secretary:	
Treasurer	



TOWN OF BURRILLVILLE
 105 Harrisville Main St., Harrisville, RI 02830
 (401) 568-4300, Ext. 114

PRIVATE DETECTIVE LICENSE APPLICATION

Criminal Records Check

- The Town Council of the Town of Burrillville, sitting as the local licensing authority, requires a criminal records check for all individual applicants and, if the business is incorporated, all officers of the corporation, and all employees who are armed in the normal course of business prior to consideration of a Private Detective License license.

Are you licensed to carry a firearm?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Licensing Authority
--------------------------------------	------------------------------	-----------------------------	---------------------

Identify employee(s) who are licenses to carry a firearm and attach a BCI authorization for each:

Name	Address

The appropriate Criminal Records Check Authorization forms have been completed and are attached.

Insurance (Pursuant to RIGL §3-7-27 and §5-77-1, proof of Liability Insurance is required.)

Applicant carries Workers' Comp insurance	<input type="checkbox"/> Yes	<input type="checkbox"/> No
-------------------------------------------	------------------------------	-----------------------------

Applicant carries Liability Insurance	<input type="checkbox"/> Yes	<input type="checkbox"/> No
---------------------------------------	------------------------------	-----------------------------

If "yes" certificate(s) of insurance are attached.

Signature of Applicant

I hereby state that the above information is true and accurate

Date:	Applicant's Signature	
<i>Signature of Notary</i>	<i>Notary (Print or Type)</i>	<i>Commission Expires</i>

FOR OFFICIAL USE

Applicant Must Be Present at Hearing to Answer Questions

Police Chief	License Fee Paid	(Amount: \$)
--------------	------------------	---------------

At a meeting of the Burrillville Town Council, held on Receipt #

the above stated application was: Approved Denied

License No.	Date Issued:	Town Clerk:
-------------	--------------	-------------