TOWN OF BURRILLVILLE
105 Harrisville Main St., Harrisville, RI  02830
(401) 568-4300, Ext. 133

ANNUAL HAWKERS & PEDDLERS
LICENSE APPLICATION

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

<table>
<thead>
<tr>
<th>Type of License</th>
<th>□ New License</th>
<th>□ Renewal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fee: $5.00</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

License fees are payable to the Town Clerk upon application.

Applicant Information

<table>
<thead>
<tr>
<th>Name of Applicant:</th>
<th>Business Phone:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Business:</td>
<td>Map # Lot #</td>
</tr>
</tbody>
</table>

Business Address: 

Mailing Address: 

Primary Contact 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

<table>
<thead>
<tr>
<th>President:</th>
<th>Legal Address</th>
</tr>
</thead>
</table>

Vice President:

Secretary:

Treasurer:

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, prior to consideration of the license.
- Applicants and, if the business is incorporated, all officers of the corporation must complete Criminal Records Check Authorization forms and attach them to this application.

□ The appropriate Criminal Records Check Authorization forms have been completed and are attached.
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**Insurance** (Pursuant to RIGL §3-7-27 and §5-77-1, proof of Liability Insurance is required.)

<table>
<thead>
<tr>
<th>Applicant carries Workers’ Comp insurance</th>
<th>□ Yes</th>
<th>□ No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Applicant carries Liability Insurance</td>
<td>□ Yes</td>
<td>□ No</td>
</tr>
</tbody>
</table>

☐ If “yes” certificate(s) of insurance are attached.

**Other Requirements:**
- It is the responsibility of the applicant to schedule inspections and to provide proof that inspections are complete.

☐ Copy Department of Health Certification attached (if applicable)

☐ Other (specify)

**Signature of Applicant**

I hereby state that the above information is true and accurate.

Date:  
Applicant’s Signature:

<table>
<thead>
<tr>
<th>Signature of Notary</th>
<th>Notary (Print or Type)</th>
<th>Commission Expires</th>
</tr>
</thead>
</table>

**FOR OFFICIAL USE**  
Applicant Must Be Present at Hearing to Answer Questions

Police Chief  
License Fee Paid (Amount: $ )

Receipt #

At a meeting of the Burrillville Town Council, held on

the above stated application was:  ☐ " Approved" •  ☐ " Denied"

License No.  
Date Issued:  
Town Clerk:

Rev. 12/20/2018  
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