

## TOWN OF BURRILLVILLE

105 Harrisville Main St., Harrisville, RI 02830

## PRIVATE DETECTIVE LICENSE APPLICATION

R.I.	(401) 568-4300,	Ext. 133							
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									
☐ New License	☐ Renewal	If renewal, indicate your license number:							
Fee: \$150		License fees are payable to the Town Clerk at time of Application							
Applicant Inform	nation								
Name of Applicant	::								
Date of Birth:		Sex:		Height:	Height:				
Weight:		Hair Color:		Eye Color	Eye Color:				
Name of Business:	:			Business	Business Phone:				
Business Address:				Map #		Lot #	_		
							_		
Mailing Address:									
Resident Address:			Phone:						
E-mail Address:									
A	Applicant is required	to inform the Town	Clerk's offic	ce of any change o	of addres:	S.			
<b>Business Descri</b>	ption								
Describe operation of business:									
Special requirements of ordinance (if any):									
Special requiremen	ints of ordinance (ii a	arry).					_		
Corporate Infor	mation If incorp	orated, fill in the fo	llowina infoi	mation					
			g	Legal A	ddress				
President:				J					
Vice President:									
Secretary:									
Treasurer									

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Criminal Records Check						
The Town Council records check for a	all individual applica Il employees who a	nts and, if	the bu	the local licensing autusiness is incorporated to incomal course of busing the course of busi	d, all office	ers of the
Are you licensed to carry a	firearm?	□ No	Licer	nsing Authority		
Identify employee(s) who a		a firearm a	nd att	ach a BCI for each:		
Na	nme		Address			
☐ The appropriate Crimi	nal Records Check f	orms have	been	completed and are at	tached.	
☐ Bond Received						
Insurance (Pursuant to RI	GL §3-7-27 and §5-	77-1, proof	f of Lia	ability Insurance is red	quired.)	
Applicant carries Workers' (	□ Yes □ No					
Applicant carries Liability In	□ Yes □ No					
☐ If "yes" certificate(s) of	insurance are attac	hed.				
Signature of Applicant						
I hereby state that the above	ve information is tru	e and accu	ırate			
Date:	Applicant's Signature:					
Signature of N	3, 1			Commission Expires		
FOR OFFICIAL USE	Applicant Must Be	Present at H		to Answer Questions		
Police Chief		License Fee Paid Amount				
At a meeting of the Burrillvi	eld on			Receipt	: #	
the above stated application was:				☐ Denied		
License No.	Date Issued:			Town Clerk:		

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