



CITY OF PROVIDENCE

APPLICATION FOR PARKING OF AUTOMOBILES LICENSE

The undersigned respectfully petitions your Honorable Board of License to make application for a Parking of Automobiles License, subject to such restrictions and regulations as the Board of Licenses may prescribe.

DATE: _____

Applicant: _____

D.B.A: _____

Location: _____

Telephone: _____ Contact Person: _____

Mailing Address: _____

Number of parking spaces requested: _____

E-Mail Address: _____

Print Name: _____ Signature: _____

Print, sign and return completed application to the Board of Licenses, Room 101 Providence City Hall. (We accept Check or Money Order ONLY.)

** FOR INTERNAL OFFICE USE ONLY (Rev'd 10/11) **

	TO	FROM		
HEARING			PARKING SPACES	_____
POLICE			FILED	_____
FIRE			FEE	_____
BUILDING			CHECK #	_____
ALARM			LICENSE #	_____
CITY TAX			ISSUE DATE	_____
COUNCIL			EXPIRE DATE	_____
APPROVED				
DENIED			RENEWAL	NEW

BOARD OF LICENSES