



CITY OF PROVIDENCE

APPLICATION FOR PUBLIC LAUNDRY LICENSE

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

DATE: 01/29/2016

Applicant: Kelly Street Laundry LLC

D.B.A:

Business Address: 8 Bancroft St

Home Phone: 478-397-1944 Business Phone: 401-272-3151

Select appropriate use: Laundry [X] Coin Operated _____ Cleaners _____

E-Mail Address: Jocombero@yahoo.com

Print Name: Jeffrey Cambero Signature: [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 09/11) **

	TO	FROM		
ADVERTISED				
HEARING			TYPE	Laundry Coin Op Cleaners
POLICE			FILED	
FIRE			FEE	
BUILDING			CHECK #	
ALARM			LICENSE #	
CITY TAX			ISSUE DATE	
COUNCIL			EXPIRE DATE	
APPROVED				
DENIED			RENEWAL	NEW

BOARD OF LICENSES

APPLICATION FOR LICENSE BY CORPORATION

Name of Corporation: Kelly Street Laundry
Doing Business as: Kelly Street Laundry
Address of Business: 8 Bancroft St.
Telephone #: 401-272-3151
State Incorporated: Rhode Island
Date Incorporated: 2015

Name, address and telephone number of all officers: (977-392-1944)
Jeffrey Cammiera - 310 Academy Ave Providence RI 02908
Ryan Curran - 21 Fulton St Newark N.J. 07102 (908) 472-4609

Name, address of all directors and board members:
Same as officers

Classes of stock: N/A
Amount each authorized: _____
Amount each issued: _____

Names and address of all registered owners of each class and amount owned:

Have any officers, Board Members or Stockholders ever been arrested or convicted of a crime?
Yes ___ No if yes explain _____

Is any other business to be carried on in licensed premises Yes ___ No

I hereby certify that the above statements are true to the best of my knowledge

Applicant: [Signature] Date: 01/29/2016

THIS FORM MUST BE COMPLETED BY LICENSE APPLICANT

UPON APPROVAL BY THE BOARD OF LICENSES THE ISSUANCE OF ANY LICENSE IS SUBJECT TO EVIDENCE OF WORKER'S COMPENSATION INSURANCE.

All companies that have one (1) or more employees are required to have Worker's Compensation Insurance coverage. Individual owners and partners are exempt. Independent contractors are required to file notice of designation as independent contractor with the Department of Labor and Training. Corporate officers (except those appointed as corporate officers between 1/1/1999 and 12/31/2001 who were not previously employees of the corporation) are included under the Worker's Compensation Act unless they file a waiver form with the Department of Labor and Training.

If a business has an employee and does not have a worker's compensation policy then all work must stop until a policy is in place. Businesses operating without required worker's compensation insurance may be closed by the Director of the Department of Labor and Training.

Please complete the information below:

Name on Policy

Street

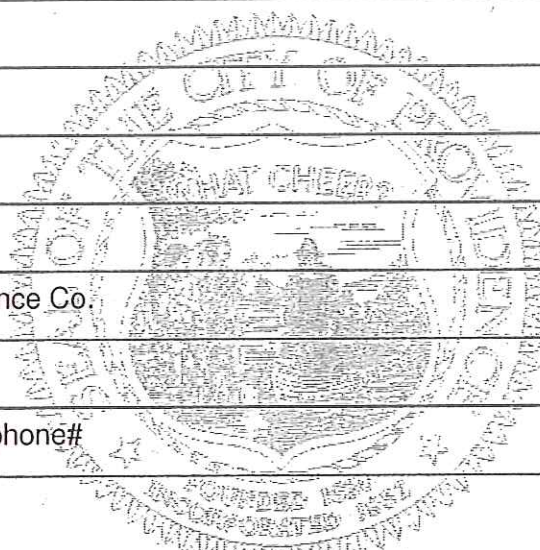
Telephone

City/State/Zip

Worker's Compensation Insurance Co

Policy #/Effective Date

Insurance Agency/Broker/Telephone#



I attest that the above information is accurate

Signature of Licensee/Date

Printed name of Licensee

IF THE BUSINESS DOES NOT HAVE EMPLOYEES, PLEASE SIGN AND DATE BELOW:

Signature/Date:

[Handwritten signature] 01/29/2016