




Apply for Other Licenses

Applicant

19-783

 specialty cleansing inc
 401-861-4844
 @jfargnoli1241@gmail.com

What type of license are you applying for?

Static Field

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Static Field

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Static Field

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Static Field

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What type of license are you applying for?

Business Licenses

Business Licences

Is this a business renewal?

NO

Static Field

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Holiday (\$110)

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1-4 AM (\$110)

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Food (\$110)

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Taxi/Hackney Carriage (\$67)

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Frozen Dessert (\$20)

--

Second-hand Store (\$100)

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Tobacco (\$100)

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Pawnbroker (\$100)

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Second-hand Auto (\$100)

--

Employment Agency (\$110)

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Junk Shop (\$100)

--

Valet (\$50)

--

Motor Vehicle Repair (\$200)

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Laundry (\$55)

true

Expansion of Premises (seasonal) \$250

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Petroleum License

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Parking Garage

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Business Info

DBA (Doing Business As/Name of Business):

specialty cleansing co.inc.

Is a CORPORATION, including LLCs, INCs, or any other designation of incorporation applying to hold this license?

Yes

Address Number

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Street Address

1241 smith street

City, State

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Zip Code

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Business Owner Information

Is the person filling out this form the principal owner?

Yes

Application for License by a Corporation**Corporation Name (please include the INC or LLC)**

specialty cleansing co.

Address of Corporation

1241 smith street

State of Incorporation

rhode island

Phone (if different from user profile)

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Does applicant own the premises?

Yes

Have any officers, board members, or stockholders ever been arrested or convicted of a crime?

No

Disclosure of additional financial interests

Is there anyone else who has financial or ownership interests including people or entities who have provided loans to the applicant for the purpose of this license?

No

Workers Compensation**Static Field**

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Static Field

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PLEASE READ AND ACKNOWLEDGE: By submitting this application I hereby certify that I meet all Workers Compensation requirements for my business. I agree to keep and provide proof of the above to present to the City of Providence upon request.

true

BCI**Full Legal Name**

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Full address (current)

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Full Address (Former if at current address less than 3 years) if does not apply type NA

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Phone number

Date of Birth

--

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Gender (fill in)

Have you ever been arrested?

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Have you served in any branch of the US Military?

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Signature

I, the applicant, affirm that the facts contained herein are true and that any omission or non factual information could result in the denial of my license.

true

Please type the first and last name of the person filling out this application and attesting to the accuracy of all the information entered and agreed to above.

john fargnoli