

RENEWAL



APPLICATION
To
CITY OF CRANSTON
Safety Services and Licensing Committee
For

EMPLOYMENT AGENCY LICENSE

Name of Business: _____
Business Address: _____
Business Phone Number: _____ Fax No. _____
Email Address: _____
Name of Owner _____ DOB _____
Address: _____
Daytime Phone _____
Relationship to business/Title _____

Signature _____ Date _____

FEE: \$100.00 + 5.00 Processing Fee = \$105.00 due upon receipt

(Office Use Only)
Tax Dept. Approved by _____ Current with Taxes: _____
Delinquent Taxes _____ Tax Payment Plan _____
(Indicate Amount) (Indicate if current)
Committee Action:
Date Heard: _____ Action Taken: _____
Restrictions noted: _____ Approved subject to _____
License issued: _____ Date _____ By: _____

****YOU MUST INCLUDE COPY OF DRIVER'S LICENSE WITH APPLICATION**