



City of Central Falls Private Detective License Application

Applicant Name: _____	Date of Birth: _____
Applicant Address: _____	
City: _____	State: _____ Zip: _____
Telephone: _____	Cell phone: _____
Email: _____	

Please answer the following questions:	Yes	No
I am a citizen of the United States or a resident alien.	<input type="checkbox"/>	<input type="checkbox"/>
I do not suffer from habitual drunkenness or narcotics dependence.	<input type="checkbox"/>	<input type="checkbox"/>
I have not have not been convicted of a felony.	<input type="checkbox"/>	<input type="checkbox"/>
I am of good moral character.	<input type="checkbox"/>	<input type="checkbox"/>
I have never had any previous private investigator license or registration revoked by a licensing authority.	<input type="checkbox"/>	<input type="checkbox"/>
I have not been declared incompetent, by any court jurisdiction, by reason of disease or mental defect.	<input type="checkbox"/>	<input type="checkbox"/>
I have at least 5 years' experience gained through an accredited college, police department, investigative agency employment or equivalent training experience.	<input type="checkbox"/>	<input type="checkbox"/>

I hereby state that the information supplied above is true and that I am not in violation of Section 5-5 of the General Laws of the State of Rhode Island and Section 12-32 of the Central Falls Code of Ordinances.

Signature of Applicant: _____ Date: _____

Received by: _____ Date: _____

License Payment

License fee: \$150.00 Date Paid _____ Cash/Check # _____ Clerk Initials _____

City Council Restrictions/Stipulations

Determination by Council: _____ Clerk Signature _____ Date _____