



**City of Central Falls
Solicitors Application**

Applicant Information

Name of Applicant: _____

Corporation Name: _____

Business Address: _____

Doing Business As: D/B/A _____
(Name of Business)

Business Telephone: _____

Home Address of Applicant: _____

City _____ **State** _____ **Zip** _____

Home Telephone: _____ **Cell phone:** _____

Police Department

Approved: Not Approved:

Name: _____ **Signature:** _____

Title: _____ **Date :** _____

Restrictions: _____

- I understand that all State approvals, permits, licenses and insurance coverage (if required) must be filed with the Clerk's office prior to issuance of license.
- I acknowledge that I am over the age of 18 years.

General Release & Indemnity Agreement

The above applicant, in consideration of the license granted by the Licensing Authority of the City of Central Falls, hereby remises, releases and forever discharges the City of Central Falls, its respective employees, agents and attorneys from all manner of actions, causes of actions, debts, dues, claims and demands both in law and equity, more especially any and all claims for the above mentioned including but not limited to property damages and personal injuries resulting from the issuance of said license.

Signature of Applicant: _____ **Date:** _____

License Payment

Permit fee\$ _____ **Date paid:** _____ **Cash/Check** _____ **Issued by:** _____