



**City of Central Falls
Private Detective License Application**

Applicant Name: _____		Date of Birth: _____	
Applicant Address: _____			
City: _____		State: _____	Zip: _____
Telephone: _____		Cell phone: _____	
Email: _____			
<input type="checkbox"/> New		<input type="checkbox"/> Renewal	

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

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: \$200.00 Date Paid _____ Cash/Check # _____ Clerk Initials _____

City Council Restrictions/Stipulations

Determination by Council: _____ Clerk Signature _____ Date _____