



Town of South Kingstown

Application for License to Work Within the Town's Right-of-Way

Firm: _____

Principal/ Owner: _____
PLEASE PRINT

Mailing Address: _____

Business Phone: _____

Authorized Signature: _____

IN CASE OF EMERGENCY CALL:

Name Address Phone

Name Address Phone

Permit Bond:

Amount \$3,000 Expiration Date _____

Company _____ Agent _____

Certificate of Insurance:

Licensee's Comprehensive General Public Liability and Property Damage Liability Insurance. The licensee shall carry Comprehensive General Liability (\$500,000) for all damages arising out of bodily injuries or to death of one person, and subject to that limit for each person, a total limit of not less than Five Hundred Thousand Dollars (\$500,000) for all damages arising out of bodily injuries to or death of two or more persons in any one accident and Contractor's Comprehensive Property Damage Liability Insurance providing for a limit of not less than Five Hundred Thousand Dollars (\$500,000) for all damages arising out of injury to, or destruction of, property during the policy period.

Company _____ Agent _____

Amount _____ Expiration Date _____

Department of Public Services Use Only:

New License No. _____ Date Assigned: _____ Fee: \$25.00