



**\$25 FEE**

**Town of South Kingstown**  
Department of Public Services

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

Company Name \_\_\_\_\_

Principal/Owner \_\_\_\_\_

Mailing Address \_\_\_\_\_

\_\_\_\_\_

Business Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

**Authorized Signature** \_\_\_\_\_

**IN CASE OF EMERGENCY CALL:**

\_\_\_\_\_

Name

Address

Phone

**CERTIFICATE OF INSURANCE**

***(Please Note: If either or both of your insurances have expired, you MUST attach insurance certificates to this application to avoid a delay in processing. Please make certain the certificate of insurance states "TOWN OF SOUTH KINGSTOWN IS ADDITIONAL INSURED".)***

The Licensee shall carry Comprehensive General Public Liability (**\$1,000,000**) for all damages arising out of bodily injuries to or death of one person, and subject to that limit for each person, a total limit of not less than One Million Dollars (**\$1,000,000**) for all damages arising out of bodily injuries to or death of two or more persons in any one accident. The Licensee shall also carry Contractor's Comprehensive Property Damage Liability Insurance providing for a limit of not less than One Million Dollars (**\$1,000,000**) for all damages arising out of injury to, or destruction of property during the policy period.

Company \_\_\_\_\_ Agent \_\_\_\_\_

Amount \_\_\_\_\_ Expiration \_\_\_\_\_

**PERMIT BOND:**

Company \_\_\_\_\_ Agent \_\_\_\_\_

Amount \$3,000 Expiration \_\_\_\_\_

*For Public Services Use Only:*

Date Fee Paid \_\_\_\_\_ License # \_\_\_\_\_

Check Number \_\_\_\_\_ Receipt # \_\_\_\_\_