



*** All Licenses Expiring by your defined time frame**

Application Number	Business Name	Expiration Date	Contact Email
A23-legacy-45	CHARLES A GALLIGAN	August 1, 2024	
A23-legacy-47	ICC INVESTIGATIONS	August 1, 2024	
A23-legacy-48	WRIGHT GROUP INCORPORATED	August 1, 2024	
A23-legacy-46	VERONICA RAMOS	August 1, 2024	
24-0096	IJAC FORENSIC CONSULTING SERVICES INC		

5 Licenses

APPLICANT DIRECTIONS

To process your application, the following fields must be completed.

Once Completed, click 'Save' at the bottom of this page. Failing to do so will delay your application.

Primary Contact Information (This is whom we will send all business license correspondence to)

First Name:

Kerry

Last Name:

Crane

Email Address:

.

Business Phone:

.

Business Fax:

Business CO Sales Tax#:

self

Date Business Opened:

self

Business Email:

Business Website:

Description of Business

Private Investigator

Secondary Owner Information

Secondary Owner First Name:

Charles

Secondary Owner Last Name:

Galligan

Secondary Owner Mailing Address:

83 Fales Road

Secondary Owner Mailing City:

Bristol

Secondary Owner Mailing State:

Rhode Island - RI



Secondary Owner Mailing Zip:

02809

Secondary Owner Email:

Secondary Owner Phone:

Business Emergency Contact Information

(Please list two emergency contacts other than the owner)

Primary Emergency Contact First Name:

Kerry

Primary Emergency Contact Last Name:

Crane

Primary Emergency Contact Email:

Primary Emergency Contact Phone:

Secondary Emergency Contact Name:

Secondary Email Address:

Secondary Contact Phone:

A - Applicant





LICENSE REQUEST: **PRIVATE INVESTIGATOR'S LICENSE**

Expires: August 1st

FOR DEPOSIT ONLY

TOWN OF BRISTOL, RI

RCOT#: 119947

PETITION TO THE TOWN COUNCIL

To the Honorable Town Council of the Town of Bristol:

The undersigned hereby respectfully requests of your
Honorable Body to be granted a

PRIVATE INVESTIGATOR'S LICENSE

FOR:

(NAME OF COMPANY IF APPLICABLE)

ISIDRO C CABRAL

BY:

(NAME OF APPLICANT)

ISIDRO C. CABRAL

BUSINESS ADDRESS:

3 BETSY DR BRISTOL R.I 02809

☒ Private Investigator's License Petition

☐ \$150 License Fee

☐ Submission of \$5,000 Surety Bond

Petition must be returned by

*SIGNATURE:

Isidro C Cabral

NAME:

ISIDRO C CABRAL

ADDRESS:

3 BETSY DR

TOWN:

BRISTOL R.I 02809

This application will be
considered during the Council
Meeting on

Petition to applicant mailed

Date Returned: _____

TAX STAMP



TO BE USED BY FINANCE
DEPARTMENT

*BY SIGNING THIS PETITION, I CONSENT TO EXAMINATION AND
RELEASE OF RECORDS AND INFORMATION REGARDING MY
BACKGROUND, INCLUDING POLICE RECORDS, EDUCATIONAL
INFORMATION, RESIDENCE RECORDS, AND ANY COURT RECORDS.

APPLICANT DIRECTIONS

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Primary Contact Information (This is whom we will send all business license correspondence to)

First Name:

Charles

Last Name:

Camara

Email Address:

unknown

Business Phone:

Business Fax:

Business CO Sales Tax#:

unknown

Date Business Opened:

unknown

Business Email:

Business Website:

Description of Business

Forensic fire investigator / Private Investigator

Secondary Owner Information

Secondary Owner First Name:

Secondary Owner Last Name:

Secondary Owner Mailing Address:

Secondary Owner Mailing City:

Secondary Owner Mailing State:

Select State



Secondary Owner Mailing Zip:

Secondary Owner Email:

Secondary Owner Phone:

Business Emergency Contact Information

(Please list two emergency contacts other than the owner)

Primary Emergency Contact First Name:

Charles

Primary Emergency Contact Last Name:

Camara

Primary Emergency Contact Email:

unknown

Primary Emergency Contact Phone:

unknown

Secondary Emergency Contact Name:

Secondary Email Address:

Secondary Contact Phone:

A - Applicant ▼

APPLICANT DIRECTIONS

To process your application, the following fields must be completed.

Once Completed, click 'Save' at the bottom of this page. Failing to do so will delay your application.

Primary Contact Information (This is whom we will send all business license correspondence to)

First Name:

Manny

Last Name:

Ramos

Email Address:

Business Phone:

Business Fax:

Business CO Sales Tax#:

Date Business Opened:

March 1996

Business Email:

Business Website:

Description of Business

Insurance Investigations

Secondary Owner Information

Secondary Owner First Name:

Secondary Owner Last Name:

Secondary Owner Mailing Address:

Secondary Owner Mailing City:

Secondary Owner Mailing State:

Massachusetts - MA ▼

Secondary Owner Mailing Zip:

Secondary Owner Email:

Secondary Owner Phone:

Business Emergency Contact Information

(Please list two emergency contacts other than the owner)

Primary Emergency Contact First Name:

Manny

Primary Emergency Contact Last Name:

Ramos

Primary Emergency Contact Email:

Primary Emergency Contact Phone:

Secondary Emergency Contact Name:

Secondary Email Address:

Secondary Contact Phone:

A - Applicant ▼



TOWN CLERK'S OFFICE
Melissa Cordeiro, Town Clerk

10 Court Street
Bristol, RI 02809
Tel. 401-253-7000
Fax. 401-253-2647
Email: Mcordeiro@bristolri.gov

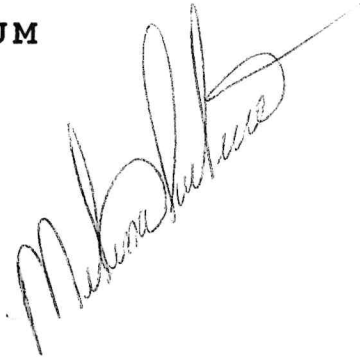
MEMORANDUM

TO: Steven Contente
TOWN ADMINISTRATOR

FROM: Melissa Cordeiro
COUNCIL CLERK

DATE: June 28, 2024

RE: Private Investigator License Renewals 2024-2025



May we please have your recommendation or the recommendation of the department head you deem appropriate in order for the Council to review the request at the Town Council Meeting to be held on July 31, 2024.

All items for this docket must be received in the Clerk's office before 12:00 noon on Wednesday, July 17, 2024. All and any items received after the deadline will be held until the next council agenda.

Thank you for your cooperation and prompt reply.

Attachment