



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

DIVISION OF MOTOR VEHICLES
DEALERS' LICENSE AND REGULATION OFFICE
600 New London Avenue
Cranston, RI 02920-3024
Phone: 401-462-5731 Fax: 401-462-5789
www.dmv.ri.gov

INSTRUCTIONS FOR LEASING/RENTAL MOTOR VEHICLE LICENSE

NEW Application:

1. Application must be completed in full, signed by a corporate officer, partner or sole owner and must be notarized.
2. Copy of a recently dated credit report, issued to the sole owner, each partner or the corporation president and corporate officer that signed the application form.
3. A signed statement form from your local police station.
4. Refundable fee of **\$101.50** for "first license," in check or money order, made payable to "RI Dealers' License and Regulation Office."
5. You must contact the R.I. Secretary of State (401-222-3040), or www.state.ri.gov to register your company or corporation to do business in the State of Rhode Island. Please include a copy of the certificate of good standing or certificate of authority, issued by the R.I. Secretary of State, with this application.
6. Insurance form, GU-1338c (RI Special Financial Responsibility Insurance Certificate), must be filed with the Financial Responsibility Office, stating the exact name to be licensed. Financial Responsibility is located within the Division of Motor Vehicles, 600 New London Avenue, Cranston, RI 02920.

RENEWAL Application:

1. The renewal application must be mailed to this office at least thirty (30) days prior to the expiration date.
2. The annual license fee is **\$101.50**. Please make check or money order payable to "RI Dealers' License and Regulation Office." Mail to RI Division of Motor Vehicles, 600 New London Avenue, Cranston, RI 02920.
3. Letter of good standing from the Secretary of State for current year required, if business is a corporation, LLC, et cetera.
4. Letter of good standing from the RI Division of Taxation for the current year required for all companies.
5. Any changes must be noted on a second application, marked as a change.

"CHANGE" Applications

Change of Officers: Complete the application and submit with the following documents, as required.

1. A report from the local police station with respect to the conviction or any charges on record for the sole owner, each partner and corporate president.
2. A recently dated credit report for the sole owner, each partner and corporate president.
3. NO FEE REQUIRED.

Change of Address: Complete the application and submit with the following documents, as required.

1. A new 1338c (RI Special Financial Responsibility Insurance Certificate) must be submitted with the request to change the main location. Please call 401-462-1384 with any questions pertaining to this document. Additionally, please include a photo of your new location showing the sign with your company name.
2. Please note that you must notify the Division of Taxation regarding any address change to a main location. The telephone number is 401-574-8895.
3. NO FEE REQUIRED.

Change of Company Name:

1. A new application must be submitted. On the application, please make sure you check the box for "change," but follow the directions for a new application, as stated above.
2. NO FEE REQUIRED.

NOTE: All forms/applications must be completed and notarized, as required, and returned with any and all additional documents.



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APPLICATION FOR MOTOR VEHICLE LEASING/RENTAL LICENSE

USE BLUE OR BLACK INK ONLY

DMV Official Use Only – DO NOT COMPLETE THIS SECTION

License # _____ Date _____ Check # _____

Application Type (check one):

☐

NEW

☐

RENEWAL

☐

CHANGE OF...

☐

NAME

☐

ADDRESS

☐

OFFICERS

Applicant Information

CORPORATE NAME:		D/B/A NAME:	
FEDERAL TAX IDENTIFICATION NUMBER:	APPLICATION DATE:	IF INCORPORATED, UNDER WHAT STATE'S LAW?	
DATE INCORPORATED:	IF INCORPORATED UNDER THE LAWS OF ANOTHER STATE, ARE YOU AUTHORIZED TO DO BUSINESS IN THE STATE OF RI? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE LIST ANY STATE IDENTIFICATION NUMBER: _____		
ARE YOU CURRENTLY ASSOCIATED WITH AN AUTOMOBILE BUSINESS IN THE STATE OF RHODE ISLAND? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE STATE NAME OF BUSINESS: _____			

*** Please attach a copy of your Certificate of Authorization or good standing that was issued in Rhode Island ***

MAIN BUSINESS ADDRESS:		CITY/TOWN:	STATE:	ZIP CODE:
TELEPHONE NUMBER:	FAX NUMBER:	E-MAIL ADDRESS:		

Mailing Address for Lease License Renewal

BUSINESS ADDRESS:	CITY/TOWN:	STATE:	ZIP CODE:
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Mailing Address for Titles, Vehicle Registrations and Other Related Information

BUSINESS ADDRESS:	CITY/TOWN:	STATE:	ZIP CODE:
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Name, Title, Address and Driver's License Number of Each – Officer, Partner, Member, Director or Corporate Officer

NAME	TITLE	COMPLETE RESIDENTIAL ADDRESS	DRIVER'S LICENSE #

List All Additional Places of Business

LICENSE #	COMPLETE BUSINESS ADDRESS	CHANGE: <u>ADD</u> or <u>REMOVE</u>

PRINTED NAME: _____

TITLE: _____

SIGNATURE OF APPLICANT: _____

SUBSCRIBED AND SWORN TO BEFORE ME THIS _____ DAY OF _____, 20 _____.

COMMISSION EXPIRES: _____

NOTARY SIGNATURE: _____

[illegible]



FINANCIAL STATEMENT AND BALANCE SHEET

CORPORATE NAME	BUSINESS ADDRESS	CITY	STATE	ZIP CODE
d/b/a NAME		PRESIDENT		
OWNER		VICE PRESIDENT		
PARTNER		SECRETARY		
TREASURER				

ASSETS

Current Assets

- | | Amount |
|----------------------------------|--------|
| 1. Cash on Hand | \$ |
| 2. Cash in _____
Name of Bank | \$ |
| 3. Cash in _____
Name of Bank | \$ |

Receivables

- | | |
|----------------------|----|
| 4. Accounts \$ _____ | \$ |
|----------------------|----|

Inventories (At Cost Plus Freight)

- | | |
|---|----|
| 5. New and Used Cars & Trucks
(At cost or book value – whichever is lower) | \$ |
| 6. Parts and Accessories | \$ |
| 7. Other Inventory (Describe) | \$ |
| 8. _____ | \$ |
| 9. _____ | \$ |
| 10. _____ | \$ |

Prepaid Expenses

- | | |
|----------------------------|----|
| 11. Rent and Insurance | \$ |
| 12. Other Prepaid Expenses | \$ |

Fixed Assets

- | | |
|--|----|
| 13. Land and Buildings (Auto Business) | \$ |
| 14. Auto Machinery (tools & equipment) | \$ |
| 15. Office Furniture and Fixtures | \$ |

Other Assets Not Listed Above

- | | |
|------------------|----|
| 16. _____ | \$ |
| 17. _____ | \$ |
| 18. _____ | \$ |
| 19. _____ | \$ |
| 20. TOTAL ASSETS | \$ |

LIABILITIES

Current Liabilities

- | | Amount |
|--|--------|
| 21. Accounts Payable | \$ |
| 22. Notes Payable | \$ |
| 23. # of New Cars Floor-Planned | \$ |
| 24. # of New Trcks. & Impl. Floor-Pln. | \$ |
| 25. # of Demonstrators Floor-Planned | \$ |
| 26. # Used Vehicles Floor-Planned | \$ |

27. Customer Deposits on Motor Vehicles to be Delivered (Names to be Furnished Upon Request)

- | | |
|----------------------------------|----|
| a. Cash | \$ |
| b. Trade-in on other merchandise | \$ |
| 28. Soc.Sec. & Unemploy. Comp. | \$ |

- | | |
|-------------------------------|----|
| 29. TOTAL (lines 21-28 incl.) | \$ |
|-------------------------------|----|

Mortgages Payable On:

- | | |
|--|----|
| 30. Land and Buildings (Auto Business) | \$ |
| 31. Auto Machinery (tools & equipment) | \$ |
| 32. Office Furniture and Fixtures | \$ |
| 33. Other | \$ |
| 34. Judgment Outstanding | \$ |

Reserves and Contingent Liabilities

- | | |
|--|----|
| 35. Land and Buildings (Auto Business) | \$ |
| 36. Other | \$ |
| 37. _____ | \$ |

- | | |
|-------------------------------|----|
| 38. TOTAL (lines 21-35 incl.) | \$ |
|-------------------------------|----|

Capital

- | | |
|-----------------------------|----|
| 39. Stock Outstanding | \$ |
| 40. Proprietor's Investment | \$ |
| 41. Partner's Investments | \$ |

- | | |
|-------------------------------|----|
| 42. TOTAL (lines 39-42 incl.) | \$ |
| (should equal total assets) | |

STATE OF _____) SS.
COUNTY _____)

I, _____, being first duly sworn on oath, depose and say that the foregoing statement in behalf of the above named applicant and the report of the consumer's deposits are true to the best of my knowledge, except those matters therein stated on information and belief, and I believe them to be true.

Subscribed and sworn to before me on this _____ day
of _____, 20____.

Notary Public

Signature of Partner, Owner or Active Officer

CPA Signature

LICENSE NUMBER



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APPLICATION FOR R.I. LEASING/RENTAL MOTOR VEHICLE LICENSE FOR LOCAL CHIEF OF POLICE

Each applicant for the Rhode Island Motor Vehicle Leasing/Rental License is required to submit a report from his/her local enforcement agency along with their application. The principal officer of a corporation and the manager or operator of the corporation must furnish a complete report from their local law enforcement agency to the Rhode Island Motor Vehicle Dealers' License and Regulation Office along with the application. In the case of partnership or proprietor, each partner or proprietor shall submit a report from their local law enforcement agency.

Applicant's Full Name: _____

Residential Address: _____
NUMBER AND STREET CITY/TOWN STATE ZIP CODE

Driver's License Number: _____ Driver's License State: _____

Name of Proposed Business: _____

Proposed Business Address: _____
NUMBER AND STREET CITY/TOWN STATE ZIP CODE

The Dealers' License and Regulations Office respectfully requests your cooperation in the completion of this form with respect to the conviction/status on any charges other than minor traffic violations of the above named person and/or firm. If no record, please check the box marked, "none."

☐ YES (Define violations below) ☐ NONE

Violations: _____

Date: _____ Signature: _____
NAME OF OFFICER TITLE

Printed Name: _____

Police Department: _____

Police Telephone Number: _____

If additional space is necessary, please attach paper(s) with the application.