



### Rhode Island Lease/Rental Motor Vehicle License Requirements

All of the following documents must be completed in full and submitted to this office in complete form of the application will be returned.

1. Application must be completed in full, signed by a corporate officer, partner or sole-owner and notarized.
2. Financial statement must be completed in full on our form, which must be signed by a corporate officer, partner or sole owner and certified public accountant and notarized. No applicant will be issued a leasing/rental license unless their financial statement shows a net worth of at least ten thousand (\$10,000.00) dollars. The financial statement must have been recently prepared and must be submitted with application.
3. Copy of a recently dated credit report issued to the sole-owner, each partner or the corporation president and corporate office that signed the application form. This must be attached to application for it to be considered.
4. Report from a local police enforcement agency with respect to the conviction on any charges on record for the sole-owner, each partner or the corporation president and corporate officer signing the application. This must accompany the application for it to be considered.
5. A photograph, minimum size 3" X 3", of the proposed location and a photograph of your sign permanently displayed stating the exact proposed license name. The pictures must be submitted with the application.
6. Non-refundable fee of \$101.50 for first license location and \$6.50 for each additional location in check or money order form, payable to the "Dealers' License & Regulations Office". The check must be submitted with application.
7. Insurance form GU-1338c must be filed with The Department of Financial Responsibility at the Division of Motor Vehicles, 100 Main Street, Pawtucket, RI 02860, stating the exact name to be licensed. Call 401-462-5745 with any questions. Please submit a photocopy of the form with this application.
8. You must contact the R.I. Secretary of State at 401-222-3040, or <http://www.state.ri.us> 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 issued by the Rhode Island Secretary of State with this application.
9. Upon receipt of all of the above documentation and the completed application we will then process for approval. If you have any questions, please call the RI Dealers' License & Regulations office at: 401-462-5731.
10. Upon receiving you license number you must file with the sales tax division for a tax permit in the name listed on your license to lease vehicles in Rhode Island. You may contact the Sales Tax Registration Division at 401-574-8938.

Official Use Only:
License Number:_____
Check #_____
Issued:_____

**MOTOR VEHICLE LEASING/RENTAL LICENSE APPLICATION**

**LICENSE YEAR ENDING: DECEMBER 31, 20\_\_\_\_**

**REQUIRED FEES: \$101.50 ANNUALLY FOR FIRST LOCATION  
\$6.50 FOR EACH ADDITIONAL LOCATION**

I, the undersigned:

\_\_\_\_\_  
Corporation Name

\_\_\_\_\_  
Doing Business as

Business Address:\_\_\_\_\_

Mailing Address 1:\_\_\_\_\_  
(Lease License Renewals)

Mailing Address 2:\_\_\_\_\_  
(Titles, Vehicle Registrations and other related information)

Telephone Number:\_\_\_\_\_ Fax Number:\_\_\_\_\_

Federal Tax Identification Number:\_\_\_\_\_

Hereby make application for a license to engage in the business of:

\_\_\_\_\_ lease **or** rent motor vehicles

\_\_\_\_\_ **both** rent/lease motor vehicles

and submit the following information in compliance with Rhode Island General Laws §31-5-33 et seq., as amended.

List addresses of each additional place of business in which the business is to be conducted.

ADDRESS:\_\_\_\_\_ TEL.NO.\_\_\_\_\_

ADDRESS:\_\_\_\_\_ TEL.NO.\_\_\_\_\_

ADDRESS:\_\_\_\_\_ TEL.NO.\_\_\_\_\_

ADDRESS: \_\_\_\_\_ TEL.NO. \_\_\_\_\_

ADDRESS: \_\_\_\_\_ TEL.NO. \_\_\_\_\_

ADDRESS: \_\_\_\_\_ TEL.NO. \_\_\_\_\_

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ADDRESS: \_\_\_\_\_ TEL.NO. \_\_\_\_\_

ADDRESS: \_\_\_\_\_ TEL.NO. \_\_\_\_\_

ADDRESS: \_\_\_\_\_ TEL.NO. \_\_\_\_\_

FIRST APPLICATION FOR LEASE/RENTAL OF MOTOR VEHICLES

2. List Name, Address and Title of each owner, partner, or corporate officer:

Name	Title	Residential Address
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

3. List above-stated names, stating each person's date of birth and social security number:

Name	Date of Birth	Social Security Number
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

4. If incorporated, under what state's law \_\_\_\_\_ Date Incorporated \_\_\_\_\_

5. If incorporated under the laws of another state, are you authorized to do business in the State of Rhode Island? YES \_\_\_\_\_ NO \_\_\_\_\_

**You must attach a copy of your certificate of good standing issued in Rhode Island by the Secretary of State in order to do business.**

6. Are you an owner, partner, or corporate officer in any new and/or used motor vehicle dealership in the State of Rhode Island? YES \_\_\_\_\_ NO \_\_\_\_\_

If, YES, please state the dealership name(s) below:

DEALERSHIP NAME: \_\_\_\_\_

DEALERSHIP NAME: \_\_\_\_\_

DEALERSHIP NAME: \_\_\_\_\_

7. List prior business/employment of each owner, partner or corporate officers for the past two years:

_____
_____
_____
_____
_____
_____

FIRST APPLICATION FOR LEASE/RENTAL OF MOTOR VEHICLES

8. Has the applicant ever previously applied for a Motor Vehicle Dealers' License, Motor Vehicle Leasing/Rental License, or Motor Vehicle Auction Dealers' License? YES \_\_\_\_\_ NO \_\_\_\_\_  
If, YES, business name, date and status of such license:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. Has applicant ever been the holder of any such license that was suspended or revoked?  
YES \_\_\_\_\_ NO \_\_\_\_\_ If yes, explain below including date of decision and reason.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Use additional sheets if necessary and attach to application)

10. Have you ever been found guilty of a felony or a fraudulent act? YES \_\_\_\_\_ NO \_\_\_\_\_  
If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. Have you attached credit reports for the company and officials as required? \_\_\_\_\_

12. Attached the local law enforcement conviction report? \_\_\_\_\_

13. Does your financial statement show a minimum net worth of ten thousand dollars (\$10,000)?

14. Have you attached your certificate issued by the Rhode Island Secretary of State showing you have registered with them as required.

If the answer to questions 11-14 is no, your application could be returned for you to complete.

I do solemnly swear (or affirm) that the statements contained in the foregoing application are true and correct and that I, as sole-owner, partner, or corporate officer have authority to sign this application and to make the statements contained herein.

\_\_\_\_\_  
BUSINESS NAME (Exactly as stated on page 1)

\_\_\_\_\_  
SIGNATURE OF OWNER, PARTNER OR CORPORATE OFFICE

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

Subscribed and sworn to before me on this \_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

(SEAL)

\_\_\_\_\_  
NOTARY PUBLIC

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
PRINT ADDRESS

\_\_\_\_\_  
DATE COMMISSION EXPIRES

TO: LOCAL CHIEF OF POLICE

Each applicant for a Rhode Island Motor Vehicle Leasing/Rental License is required to submit a report from his or her local enforcement agency with his or her 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 agencies to the Rhode Island Motor Vehicle Dealers' License & Regulations Office with the application for Motor Vehicle Leasing/Rental License. In the case of a partnership or proprietor, each partner or proprietor shall submit a report from local law enforcement agencies.

APPLICANT'S FULL NAME: \_\_\_\_\_

RESIDENTIAL ADDRESS: \_\_\_\_\_  
STREET CITY/TOWN STATE

SOCIAL SECURITY NUMBER: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

NAME OF PROPOSED BUSINESS: \_\_\_\_\_

PROPOSED BUSINESS ADDRESS: \_\_\_\_\_

The Dealers' License & 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 none.

( ) Yes. Define below ( ) None

VIOLATIONS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DATE: \_\_\_\_\_ SIGNED: \_\_\_\_\_  
NAME OF OFFICER TITLE

PRINT NAME: \_\_\_\_\_

POLICE DEPARTMENT: \_\_\_\_\_

POLICE IDENTIFICATION  
SEAL OR STAMP

PHONE NUMBER: \_\_\_\_\_

(PLEASE USE REVERSE SIDE IF ADDITIONAL SPACE IS NECESSARY)

<b>CORPORATE NAME</b>	<b>ADDRESS</b>	<b>CITY</b>	<b>STATE</b>
<b>d/b/a Name:</b>	<b>PRESIDENT:</b>		
<b>OWNER:</b>	<b>VICE-PRESIDENT:</b>		
<b>PARTNER:</b>	<b>SECRETARY:</b>		
	<b>TREASURER:</b>		

ASSETS	AMOUNT
<b>CURRENT ASSETS</b>	
1. CASH ON HAND	\$ _____
2. CASH IN _____	\$ _____
NAME OF BANK	
3. CASH IN _____	\$ _____
NAME OF BANK	
<b>RECEIVABLES</b>	
4. ACCOUNTS \$ _____	\$ _____
<b>INVENTORIES(AT COST PLUS FREIGHT)</b>	
5. NEW AND USED CARS AND TRUCKS (AT COST OR BOOK VALUE WHICHEVER IS LOWER)	\$ _____
6. PARTS AND ACCESSORIES	\$ _____
7. OTHER INVENTORY(DESCRIBE)	\$ _____
8. _____	\$ _____
9. _____	\$ _____
10. _____	\$ _____
<b>PREPAID EXPENSES</b>	
11. RENT AND INSURANCE	\$ _____
12. OTHER PREPAID EXPENSES	\$ _____
<b>FIXED ASSETS</b>	
13. LAND AND BUILDINGS(AUTO BUSINESS)	\$ _____
14. AUTO MACHINERY, TOOLS AND EQUIP.	\$ _____
15. OFFICE FURNITURE AND FIXTURES	\$ _____
OTHER ASSETS NOT LISTED ABOVE	
16. _____	\$ _____
17. _____	\$ _____
18. _____	\$ _____
19. _____	\$ _____
20. TOTAL ASSETS (LINES.....INC.)	\$ _____

LIABILITIES	AMOUNT
<b>CURRENT LIABILITIES</b>	
21. ACCOUNTS PAYABLE	\$ _____
22. NOTES PAYABLE	\$ _____
23. NO.....NEW CARS FLOOR-PLANNED	\$ _____
24. NO.....NEW TRKS&IMPL.FLOOR PLD	\$ _____
25. NO.....DEMONSTRATORS FLOOR-PLD	\$ _____
26. NO.....USED VEHICLES FLOOR-PLD	\$ _____
<b>27. CUSTOMER DEPOSITS ON MOTOR VEHICLES TO BE DELIVERED.</b>	
(NAMES TO BE FURNISHED UPON REQUEST)	
a) CASH	\$ _____
b) TRADE-IN ON OTHER MERCHANDISE	\$ _____
28. SOCIAL SECURITY AND UNEMPLOYMENT COMPENSATION	\$ _____
29. TOTAL (LINES 21-28 INCL.)	\$ _____
<b>MORTGAGES PAYABLE ON:</b>	
30. LAND AND BUILDINGS (AUTO BUSINESS)	\$ _____
31. AUTO MACHINERY, TOOLS AND EQUIPMENT	\$ _____
32. OFFICE FURNITURE AND FIXTURES	\$ _____
33. OTHER _____	\$ _____
34. JUDGEMENT OUTSTANDING	\$ _____
<b>RESERVES &amp; CONTINGENT LIABILITIES</b>	
35. LAND AND BUILDINGS (AUTO BUSINESS)	\$ _____
36. OTHER _____	\$ _____
37. _____	\$ _____
38. TOTAL LIABILITIES (LINES 21-35..INC)	\$ _____
<b>CAPITAL</b>	
39. STOCK OUTSTANDING	\$ _____
40. PROPRIETOR'S INVESTMENT	\$ _____
41. PARTNERS' INVESTMENTS	\$ _____
42. TOTAL (LINES 39-42..INC.	\$ _____
(SHOULD EQUAL TO TOTAL ASSETS)	

STATE OF \_\_\_\_\_ )SS.  
 COUNTY \_\_\_\_\_ )

I \_\_\_\_\_, being first duly sworn on oath, depose and say that the foregoing statement submitted in behalf of the above named applicant and the report of 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 this \_\_\_\_\_ Day of \_\_\_\_\_ 20\_\_\_\_

\_\_\_\_\_  
 Signature of partner, owner or active officer

Notary Public

\_\_\_\_\_  
 CPA Signature License Number