



**DIVISION OF MOTOR VEHICLES**

**DEALERS' LICENSE AND REGULATIONS OFFICE**

600 New London Avenue, Cranston, RI 02920-3024

Phone: 401-462-5733

Fax: 401-462-5789

[www.dmv.ri.gov](http://www.dmv.ri.gov)

**INSTRUCTIONS FOR ANNEX APPLICATION**

**SUMMARY INSTRUCTION SHEET – ALL OF THE FOLLOWING DOCUMENTS MUST BE SUBMITTED:**

To apply for an annex license, your proposed annex location must be within two (2) driven miles from your "main" location, and you must have the following completed:

1. Annex Application for Motor Vehicle Dealer's License, completed in full, signed and notarized.
2. Four (4) pictures of the outside of building from different angles and from lot display area (lot display area must be 2,400 sq.ft. minimum; no minimum requirement for building).
3. Copy of City/Town License (if the town/city requires one). If the city/town does not require a license, this office must have a letter of zoning approval stating you may sell motor vehicles at that location.
4. Copy of a formal one-year lease (minimum), signed by both parties, or a copy of deed, whichever applies, signed and notarized.
5. \$50,000 surety bond under the annex location or a rider document on the present bond you would have on the main location, to amend that bond to include the annex location, stating the address of the annex.

**NOTE: Corporate officers, partners or owners must remain the same as stated on the main location at the Dealers' License and Regulations Office.**

**Upon our receipt of the above, your application will be investigated and scheduled for a hearing before the Dealer's Hearing Board. If granted a license, the following document must be received in this office within thirty (30) days to finalize the application, and be issued a dealer's license.**

6. Picture of the twenty-four square feet (24 sq. ft.) sign stating the exact dealership name with the word, "ANNEX."
- 7. \$301.50 License Fee**
8. Business telephone number at the annex location.
9. You must contact the Rhode Island Division of Taxation to order forms, (401) 574-8869 or 574-8895, located at One Capitol Hill, Providence, RI 02908, to receive your sales tax permit and blue forms. Please submit a copy of the tax permit and blue forms to this office.
10. Fax a blank Bill of Sale form to the Dealers' License and Regulations Office (401) 462-5789, for approval.
11. After all requirements have been verified by an Investigator, a Licensing Aide will contact you to make an appointment to finalize.

# ANNEX APPLICATION FOR MOTOR VEHICLE DEALER'S LICENSE



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

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OFFICIAL USE ONLY	
License #:	_____
Plate #:	_____
Date Granted:	_____
Date Issued:	_____
Check #:	_____

1. Date: \_\_\_\_\_

2. Corporate Name: \_\_\_\_\_

3. D/B/A Name: \_\_\_\_\_

Principal Business Location: \_\_\_\_\_

Business #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Home #: \_\_\_\_\_ Cellular #: \_\_\_\_\_

4. Annex Location: \_\_\_\_\_

5. Type of Dealer:

New Vehicles Only       Used Vehicles Only       New & Used Vehicles

If new car dealer, estimate number of dealers selling same make of car in your city/town: \_\_\_\_\_

6. Type of Vehicles:

Passenger Cars Only       Trucks Only       Passenger Cars & Trucks  
 Motorcycles       Tractor-trailers

7. How long have you been established as a dealer? \_\_\_\_\_

8. If a new car dealer, what make of vehicles? \_\_\_\_\_

9. Have you a dealer's contract or franchise?  YES     NO

10. Franchise or Contract:

Name	Address	Date

11. Floor Space:      Sales \_\_\_\_\_      Service \_\_\_\_\_

Yard Space:      Sales \_\_\_\_\_      Service \_\_\_\_\_

Value of Service Station Equipment: \_\_\_\_\_

12. Give names and addresses of ALL officers and members of the firm:

Title	Name	Residence Address

13. Number of Salespersons Employed: \_\_\_\_\_

14. Business References and telephone #s:

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I, the undersigned, hereby declare that I am \_\_\_\_\_ (title, if any) of the above firm and the above information is true to the best of my knowledge or belief.

Written signature of applicant: \_\_\_\_\_

State of Rhode Island

County of: \_\_\_\_\_

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

\_\_\_\_\_  
*Notary Public*

Commission expires \_\_\_\_\_



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Date: \_\_\_\_\_

Name of Dealership: \_\_\_\_\_

Dealership Address: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Position: \_\_\_\_\_

1. Give the precise measurements of the area to be utilized for sale of vehicles, building, and outside display area.
2. This form and application must be completed before it will be accepted.

**BUILDING**

- Measurements of the building to be used for auto sales only.

**OUTSIDE DISPLAY AREA**

- Must be 2,400 sq. ft. to be used only for sale of vehicles.
  - Please show entrance and exits of display area.



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EMPLOYEE LIST

Corporate Name: \_\_\_\_\_

D/B/A Name: \_\_\_\_\_

List all employees who are presently on your payroll and receive W-2 forms:

Name: \_\_\_\_\_ Driver's License #: \_\_\_\_\_
Name: \_\_\_\_\_ Driver's License #: \_\_\_\_\_
Name: \_\_\_\_\_ Driver's License #: \_\_\_\_\_
Name: \_\_\_\_\_ Driver's License #: \_\_\_\_\_
Name: \_\_\_\_\_ Driver's License #: \_\_\_\_\_
Name: \_\_\_\_\_ Driver's License #: \_\_\_\_\_
Name: \_\_\_\_\_ Driver's License #: \_\_\_\_\_
Name: \_\_\_\_\_ Driver's License #: \_\_\_\_\_
Name: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

TOTAL NUMBER OF EMPLOYEES LISTED: \_\_\_\_\_

NOTE: Please submit a new list every time there is an employee change. 1099 forms are not accepted in the Dealers' License & Regulation Office.

Have you or any of your employees had any criminal charges or violations of Rhode Island General Laws lodged against them? [ ] YES [ ] NO

If so, please explain in detail on an additional sheet.

I, the undersigned, hereby declare under penalty of perjury, that I have examined this statement regarding the number of employees, and to the best of my knowledge this is true and correct. Rhode Island General Laws § 31-11-17.

Signature of Owner, Partner, or Corporate Officer: \_\_\_\_\_

State of Rhode Island

County of: \_\_\_\_\_

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

Notary Public

Commission expires \_\_\_\_\_



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## DEALERS' EMPLOYEE AUTHORIZATION

Dealership Licensed Name: \_\_\_\_\_

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

Authorization #: \_\_\_\_\_

The following people, including owner, partner, or corporate officer, are properly authorized to pick up 20-day Temporary Plates, Loaner Agreement forms, and other forms as allowed by the Department of Motor Vehicles for the above named dealership.

Name: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

Name: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

Name: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

It is understood that every dealership is entitled to list a maximum of three (3) employees who are noted on the Employee List receiving a W-2 form. You must contact the Dealers' License & Regulations Office if you need to make any changes to this list.

**NOTE: This is not an authorization to register vehicles in the Dealers' Room.**

Signature of Owner, Partner, or Corporate Officer: \_\_\_\_\_

Printed Name: \_\_\_\_\_

State of Rhode Island

County of: \_\_\_\_\_

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

\_\_\_\_\_  
**Notary Public**

Commission expires \_\_\_\_\_