

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

INSTRUCTIONS FOR TRANSFER APPLICATION

TO TRANSFER A DEALER'S LICENSE FROM ONE LOCATION TO ANOTHER CONFORMING LOCATION

THIS APPLICATION MUST BE SUBMITTED IN FULL PRIOR TO RELOCATING AND MUST BE APPROVED AND FINALIZED PRIOR TO RELOCATING. OTHERWISE, A FIRST APPLICATION IS REQUIRED.

In order for this office to accept a transfer application, you must have the following completed:

- 1. Application form stating new business address, including city/town, completed in full, signed and notarized.
- 2. Four (4) pictures of outside of building, showing entire building and lot display area from all angles (exterior only).
- 3. Formal lease (for a minimum of one (1) year from the date we receive it), stating the total square feet of the building space and the total square feet of outside area being leased, including terms of lease, exact address, signed by both parties (lessor and lessee). Proof of ownership (deed only) if the dealership owns the building and property only, signed and notarized.
- 4. Copy of city/town license (if the city/town requires one). If city/town does not require a city license, then a letter of zoning approval, issued to new applicants, stating you are allowed to sell motor vehicles at the new address.
- 5. If a franchised dealer, then you must first comply with Rhode Island General Law (RIGL) § 31-5.1-4.2 (Having the Manufacturer/Distributor issued letter(s) of intent to relocate each franchise, etc.) If no protests are received after a 30-day protest period, you may then file this transfer application.

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

6. Picture of the twenty-four (24) square foot sign stating the exact dealership name with lettering of sufficient size, on the building.

7. \$302.50 License Fee

- 8. "Rider" on surety bond, changing the business address to the new address.
- Insurance filing (GU-1338 certificate) on dealer plate insurance coverage, (D/B/A name only) original certificate must be sent to the Financial Responsibility Office, located within the Cranston DMV location. For information, contact the Financial Responsibility Office (401) 462-9246.
- 10. A business telephone number for dealership at new location.
- 11. Dealer license certificate returned under old address for cancellation.
- 12. If franchised dealer, letter of approval from each manufacturer or distributor (it cannot be the Letter of Intent).
- 13. 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 Tax Permit and blue forms to this office.
- 14. After requirements are completed by an investigator, a Licensing Aide will contact you to make an appointment to finalize.

TRANSFER APPLICATION FOR MOTOR VEHICLE DEALER'S LICENSE

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1.	Date:		
2.	Corporate Name:		
3.	D/B/A Name:		
	Business Location:		
	Prior Location:		
	E-mail:		
	Business #: Fax #:		
	Home #: Cellular #:		
	Location of Branch Offices, if any:		
4.	Type of Dealer: New Vehicles Only Used Vehicles Only New & U	Ised Vehicles	
	If <u>new</u> car dealer, estimate number of dealers selling same make of ca	ar in your city/town:	
5.	Type of Vehicles: Passenger Cars Only Trucks Only Passenger Motorcycles Tractor-trailers	jer Cars & Trucks	
6.	How long have you been established as a dealer?		
7.	If a new car dealer, what make of vehicles?		
8.	Have you a dealer's contract or franchise? YES NO		
9.	Franchise or Contract:		
	Name Address	Date	

10. Floor Space:	Sales	Service	
Yard Space:	Sales	Service	
Value of Service			

11. Give names and addresses of $\underline{\text{ALL}}$ officers and members of the firm:

7:41	News		
Title	Name		Residence Address
12. Number of Salespersons E	mployed:		
13. Business References and t	elephone #s:		
I, the undersigned, hereby dec	lare 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:			
Outpanits of an desire in the form		-6	00
Subscribed and sworn to before	re me this day	07	, 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 <u>must be completed</u> before it will be accepted.

BUILDING

- Measurements of the building to be used for auto sales only.
 - Size of building must be 2,400 sq. ft. minimum
 - If you have a body shop, the total size must be 4,800 sq. ft. or larger
 - Please show garage doors and entrance to the building.

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

Name:	Driver's License #:
Name:	Driver's License #:
TOTAL NUMBER OF EMPLOYEES	

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
oraro	•••	111040	ioiaiia

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 20day 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 entitles to list a maximum of three (3) employees who are noted on the Employee List receiving a W-2 form. You <u>must</u> contact the Dealers' License & Regulations Office if you need to make <u>any</u> 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 _____



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TO: ALL DEALERS

SUBJECT: CITY/TOWN LICENSE

If your dealership is located in a city or town that requires you to have a second hand license to sell used vehicles, a valid copy of the license must accompany this application. If the license expires during the year, an up-to-date copy must be sent to the Dealers' License and Regulations Office.

CITIES THAT CURRENTLY REQUIRE LICENSE:

Central Falls Cranston East Providence Esmond Exeter Foster Johnston Pawtucket Providence Warwick West Greenwich Woonsocket