STATE OF RHODE ISLAND

DIVISION OF MOTOR VEHICLES
DEALERS' LICENSE AND REGULATIONS OFFICE
600 New London Avenue, Cranston, RI 02920-3024
Phone: 401-462-5734 Fax: 401-462-5789 www.dmv.ri.gov

INSTRUCTIONS FOR CHANGE IN CORPORATE OFFICERS

This application can only be filed when at least one of the present corporate officers of an existing licensed dealership remain on the record for six (6) months from the effective date of this application.

Please submit the following:

1. Completed application form, signed and notarized by an existing corporate officer. The form must state the new corporate officers and the corporate officers remaining on the record, and all their corporate titles. A new application must be submitted when any corporate officer change occurs.

2. Each new corporate officer must submit a Bureau of Criminal Identification (BCI), issued by the Rhode Island Attorney General's Office, 150 South Main Street, Providence, RI, (401) 274-4400. If the individual is not a Rhode Island resident or has moved into the state within the past five (5) years, the individual must obtain a criminal record check, performed by the appropriate state agency from the other state, in addition to the Rhode Island BCI.

3. Copy of the Minutes of the Meeting held, showing a new election of a corporate officers, and listing all corporate titles. If registration of a present corporate officer is applicable, a copy of the Minutes of the Meeting held is needed showing that corporate officers resigned from the corporation and from the corporate title held, along with a notarized resignation letter.

4. A new $50,000 line of credit from a financial institution in the dealership's name, if the previous line of credit holder resigns.

5. All corporate officers must obtain a copy of the Rhode Island Rules and Regulations Regarding Dealers, Manufacturers and Rental License, pursuant to RIGL Sections 31-5-2 and 31-5.1-3.
   *** packet attached**

After approval, the Dealers' License and Regulations Office will contact you to make an appointment. All officers must be present to go over the Rules and Regulations.

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When the existing Officer/Owner resigns, the recently added Officer/Owner <u>must</u> furnish the following to the Dealers' License and Regulations Office:

1. $50,000 line of credit from a financial institution in the dealership's name.

2. $50,000 surety bond, issued to the new Owner/Officer, in the dealership's name.

3. A new tax permit and blue tax form must be obtained from the Rhode Island Division of Taxation and a copy provided to this office. The Division of Taxation is located at One Capitol Hill, Providence, RI, 401-574-8869.

APPLICATION FOR CHANGE IN CORPORATE OFFICERS

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OFFICIAL USE ONLY

Date Received: _____

Date Approved: _____

Date Issued: _____

Inv.'s Signature: _____

CORPORATE OFFICER CHANGE

Date: _____ **Dealer's License #:** _____

Current Company Name: _____

Current D/B/A Name: _____

New Company Name: _____

New D/B/A Name: _____

Principal Business Location: _____

Business #: _____ **Fax #:** _____

Home #: _____ **Cellular #:** _____

LOCATION OF BRANCH OFFICES OR ANNEX (if any)

Business Address: Number & Street	City/Town	State	Zip Code

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

Title	Name	Residence Address

Number of Salespersons Employed: _____ **Name of Insurance Company:** _____

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 Signature _____ ***Commission expires*** _____

ALL LISTED OWNERS AND PARTNERS MUST REMAIN ON RECORD AT LEAST SIX (6) MONTHS AFTER THE EFFECTIVE DATE OF THIS APPLICATION

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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 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: <u>This is not an authorization to register vehicles in the Dealers' Room</u>.

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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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.**

<u>BUILDING</u>

- **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**
  - **<u>Please show garage doors and entrance to the building</u>.**

<u>OUTSIDE DISPLAY AREA</u>

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

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Date: _____

PLEASE READ AND SIGN ACKNOWLEDGEMENT

I, the undersigned, acknowledged receipt of a copy of the *Rules and Regulations Regarding Dealers, Manufacturers, and Rental Licenses*, and Understand said rule and regulations.

Corporate Name: _____

D/B/A Name: _____

1.

Printed Name: _____ **Signature: _____**

Title: _____ **Date: _____**

2.

Printed Name: _____ **Signature: _____**

Title: _____ **Date: _____**

3.

Printed Name: _____ **Signature: _____**

Title: _____ **Date: _____**

Administrator - DMV