



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

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 APPLICATION FOR NEW DEALERSHIP

Instructions for applicants in making first application for a dealer's license must be accompanied by all of the following documents:

1. **The proposed dealership name and location must be approved by the Dealers' License & Regulations Office prior to making this application. All used car dealerships must include "Auto Sales" in their name.**
2. Application, financial statement prepared by a certified public accountant (CPA), and employee forms must be completed in full, signed and notarized, and accompanied by an approved line of credit for fifty thousand dollars (\$50,000) from a financial institution, in the dealership's name.
3. \$50,000 surety bond (from insurance company) completed, signed and notarized in the D/B/A name.
4. Each owner, partner or corporate officer must submit a Bureau of Criminal Identification (BCI), issued by the 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 certified criminal record check, performed by the appropriate state agency from the other state, in addition to the Rhode Island BCI.
5. Copy of formal lease agreement issued to dealership (for 1-year minimum) stating total square feet of building and outside area, etc., signed and notarized, or a copy of deed (if property is owned by the dealership). **2,400 sq. ft. minimum size building and 2,400 sq. ft. minimum size for outside (total building square footage can be on separate levels).**
6. Copy of city/town license (second-hand license) if required, otherwise, a letter of zoning approval from city/town approving the sales of motor vehicles at that proposed dealership address.
7. Four (4) pictures of the outside of building from all angles, to include the entire building and lot display area.
8. **For corporation only:** Copy of articles of incorporation, copy of the minutes showing the election of all corporate officers, and a copy of fictitious name report (if operating under a D/B/A name) and a letter of good standing from the Rhode Island Secretary of State.
9. If a franchise dealer, then you must first comply with Rhode Island General Law § 31-5.1-4.2 (Having the Manufacturer/Distributor Issue Letter(s) of Intent). If no protests are received after the 30-day protest period, your application will go before the board. **Manufacturer/Distributor must be licensed with the Dealers' License & Regulations Office.**

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 license, the following document must be received in this office within thirty (30) days in order to finalize the application and be issued a dealer's license.

10. Call the Licensing Aide (401) 462-5732 to request license and plate numbers that have been assigned.
11. Picture of 24-square foot sign (minimum size) stating the exact dealership name, use the DBA name if you are using one.
12. **\$301.50 License Fee** (money order or check). Made payable to: **"Dealers' License & Regulation Office"**.
13. Business telephone number.
14. Insurance filing (GU-1338 certificate) on dealer plate insurance coverage, (DBA name only) **original certificate must be submitted with application, no mailing please. You must bring the certificate with you to the Dealers' License and Regulations Office to finalize the application.** For information, contact the Financial Responsibility Office (401) 462-5747.
15. If franchise dealer, you must supply the Dealer Agreement.
16. Fax blank Bill of Sale form to the Dealers' License & Regulation Office (401) 462-5789, for approval.
17. After requirements are completed by investigator, a Licensing Aide will contact you to make an appointment to finalize.

After finalizing with the Dealers' License & Regulation Office, you must contact the Rhode Island Division of Taxation to order forms, (401) 574-8983, located at 1 Capitol Hill, Providence, RI 02908.



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APPLICATION FOR DEALERSHIP / RENEWAL / ANNEX / TRANSFER

USE BLUE OR BLACK INK ONLY

DMV Official Use Only – DO NOT COMPLETE THIS SECTION

License # _____ Check # _____
 Date Issued _____ Date Granted _____ Registration # _____

Dealer Information

APPLICATION TYPE (check one box only):		DEALER TYPE (check one box only):	
<input type="checkbox"/> First Dealer Application	<input type="checkbox"/> Dealer Annex Application	<input type="checkbox"/> New Vehicles Only	<input type="checkbox"/> Motorcycles/Mopeds
<input type="checkbox"/> Dealer Renewal	<input type="checkbox"/> Transfer Application	<input type="checkbox"/> Used Vehicles Only	<input type="checkbox"/> New and Used Vehicles

Applicant Information

CORPORATE NAME:		PRINCIPAL LOCATION:		APPLICATION DATE:
D/B/A NAME:		BRANCH NAME (if applicable):		E-MAIL ADDRESS:
BUSINESS PHONE:	HOME PHONE:	CELL PHONE:	FAX NUMBER:	

Location of Branch/Annex Offices

1. _____ <input type="checkbox"/> Branch <input type="checkbox"/> Annex	3. _____ <input type="checkbox"/> Branch <input type="checkbox"/> Annex
2. _____ <input type="checkbox"/> Branch <input type="checkbox"/> Annex	4. _____ <input type="checkbox"/> Branch <input type="checkbox"/> Annex
MAKE OF VEHICLES (NEW DEALERSHIP ONLY): _____ _____	TYPE OF VEHICLES (CHECK ALL THAT APPLY): <input type="checkbox"/> Passenger Cars and Trucks <input type="checkbox"/> Motorcycles/Mopeds <input type="checkbox"/> Tractor-Trailers
BUILDING SPACE:	YARD SPACE:

Names and Addresses of All Officers and Board Members

NAME	COMPLETE RESIDENTIAL ADDRESS	TITLE

I ACKNOWLEDGE READING THE RULES, REGULATION AND R.I.G.L. REGARDING DEALERS, MANUFACTURERS AND RENTAL LICENSES AND HEREBY AGREE TO ABIDE BY THEM.

I, THE UNDERSIGNED, HEREBY DECLARE THAT I AM _____ OF THE ABOVE FIRM AND THE
TITLE, IF ANY
 ABOVE INFORMATION IS TRUE TO THE BEST OF MY KNOWLEDGE OR BELIEF.

SIGNATURE OF APPLICANT _____

STATE OF RHODE ISLAND, COUNTY OF: _____

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

COMMISSION EXPIRES: _____ NOTARY SIGNATURE: _____

Note: Please be advised, pursuant to the Rhode Island Sales and Use Tax Laws, Title 44, Chapter 19, all records, files and information herein will be made available to the Department of Administration, Division of Taxation.



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APPLICATION FOR DEALERS' EMPLOYEE AUTHORIZATION

USE BLUE OR BLACK INK ONLY

Dealer Information

DEALERSHIP NAME:		AUTHORIZATION NUMBER:		APPLICATION DATE:	
BUSINESS ADDRESS:		CITY/TOWN:		STATE:	ZIP CODE:

The following people, including owner, partner and 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 NUMBER

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

SIGNATURE OF OWNER, PARTNER, MEMBER OR CORPORATE OFFICER _____

PRINT NAME _____

STATE OF RHODE ISLAND, COUNTY OF: _____

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

COMMISSION EXPIRES: _____ NOTARY SIGNATURE: _____

Note: This is NOT an authorization to register vehicles in the Dealers' Room.



BUILDING SPECIFICATIONS

USE BLUE OR BLACK INK ONLY

Detailed Specifications

CORPORATE NAME:		D/B/A NAME:		APPLICATION DATE:
PRINCIPAL BUSINESS ADDRESS:		CITY/TOWN:	STATE:	ZIP CODE:

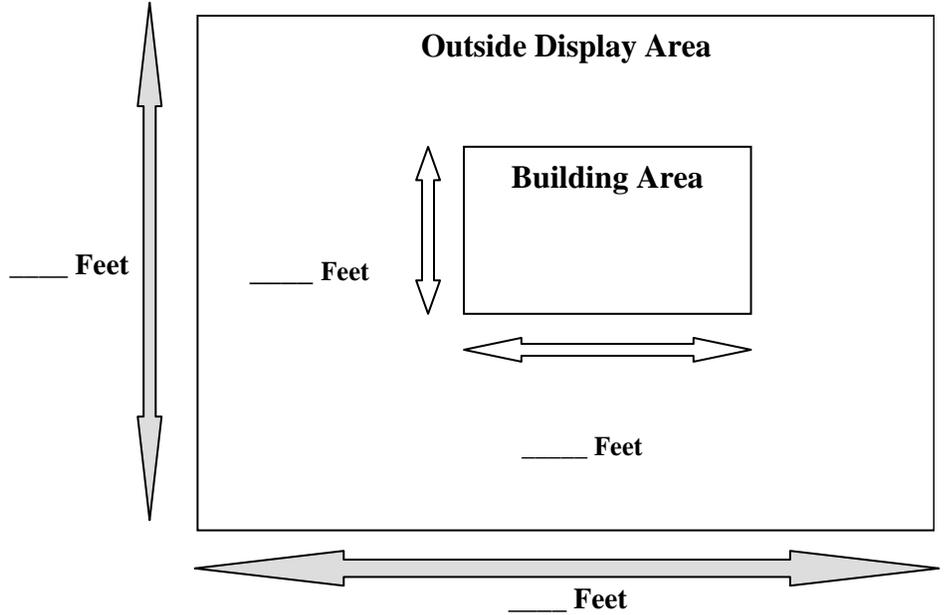
Give the precise area in measurements to be used for sale of vehicles.

Outside Display Area

- * Must be 2,400 square feet to be used for sale of vehicles.
- * Please show entrance and exits of display area.

Building Area

- * Measurements of the building to be used for automobile sales only.
- * Must be 2,400 square feet / 4,800 square feet if you have a body shop.
- * Please show garage doors and entrance to building.



I, THE UNDERSIGNED, HEREBY DECLARE THAT I AM _____ OF THE ABOVE FIRM AND THE
TITLE, IF ANY
 ABOVE INFORMATION IS TRUE TO THE BEST OF MY KNOWLEDGE OR BELIEF.

SIGNATURE OF APPLICANT _____

STATE OF RHODE ISLAND, COUNTY OF: _____

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

COMMISSION EXPIRES: _____ NOTARY SIGNATURE: _____



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BUREAU OF CRIMINAL IDENTIFICATION RELEASE

USE BLUE OR BLACK INK ONLY

Applicant Information

APPLICANT NAME:	PRIOR NAME:	SOCIAL SECURITY NUMBER::	APPLICATION DATE:
RESIDENCE ADDRESS:	CITY/TOWN:	STATE:	ZIP CODE:
DATE OF BIRTH:	DRIVER'S LICENSE NUMBER:		
DEALERSHIP NAME:	E-MAIL ADDRESS:		
BUSINESS ADDRESS:	CITY/TOWN:	STATE:	ZIP CODE:

HAVE YOU EVERY HAD CRIMINAL CHARGES OR CIVIL ACTION LODGED AGAINST YOU IN COURT? YES NO

IF YES, PLEASE EXPLAIN IN WRITING:

DISCLAIMER

I hereby direct and authorize the Bureau of Criminal Identification of the Department of Attorney General for the State of Rhode Island to make available to the Rhode Island Motor Vehicle Dealers' License and Regulation Office any criminal record that the Bureau of Criminal Identification has on file in reference to me.

I hereby waive and release any and all manner of actions, cause of actions, and demands of any kind, nature and description, arising from any release of criminal records and requests therefrom, whatsoever, against the State of Rhode Island, Bureau of Criminal Identification, the Attorney General's Office, in both law and equity which may now have or in the future may have.

SIGNATURE OF APPLICANT _____

STATE OF RHODE ISLAND, COUNTY OF: _____

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

COMMISSION EXPIRES: _____ NOTARY SIGNATURE: _____

Note: Copy of photo identification with date of birth must accompany this disclaimer.



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DEALER ACKNOWLEDGEMENT

USE BLUE OR BLACK INK ONLY

I, the undersigned, acknowledge the receipt of a copy of the Rules and Regulations Regarding Dealers, Manufacturers and Rental Licenses and understand said rules and regulations.	
CORPORATE NAME:	D/B/A NAME:
PRINT NAME:	SIGNATURE:
TITLE:	DATE:
PRINT NAME:	SIGNATURE:
TITLE:	DATE:
PRINT NAME:	SIGNATURE:
TITLE:	DATE:



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

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

Receivables

- | | |
|-----------------------|----------|
| 4. Acco unts \$ _____ | \$ _____ |
|-----------------------|----------|

Inventories (At Cost Plus Freight)

- | | |
|--|----------|
| 5. New and Used Cars & Trucks
<i>(At cost or book value – whichever is lower)</i> | \$ _____ |
| 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

- | | <u>Amount</u> |
|--|---------------|
| 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.)
<i>(should equal total assets)</i> | \$ _____ |

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

Forward original bonds to:
RHODE ISLAND DEALERS' LICENSE AND REGULATIONS OFFICE
600 New London Avenue, Cranston, RI 02920-3024

That we _____
of _____
as principal and _____
a corporation organized under the laws of the State of _____
and authorized to do business in the State of Rhode Island and having an office at _____
in the State of Rhode Island as surety are held and firmly bound unto the Rhode Island Dealers' License and Regulations Office in the State of
Rhode Island in the penal sum of _____ dollars (\$ _____) lawful money of the United
States of America, well and truly to be paid to the said Regulations Office or their successors, or assigns, for which payment, well and truly to be
made, we bind ourselves, ours heirs, executors, administrators and successors jointly and severally, firmly by these presents. Said Regulations
Office may assign to purchasers/sellers of motor vehicles from the principal any and all right arising out of this obligation. WHEREAS, The
principal has applied or about to apply to the Rhode Island Dealers' License and Regulations Office for a license to conduct the business of a
motor vehicle dealer pursuant to the provisions of Chapter 1499 Public Laws 1956, as amended, for the year commencing
_____, 20_____ and ending December 31, 20_____ at _____ in the State of Rhode Island.

NOW, THEREFORE, THE CONDITION OF THIS OBLIGATION IS SUCH, that if the said principal shall faithfully comply with the provisions of
the motor vehicles dealers license law, being Chapter 1499 Public Laws of 1956 as amended or as hereafter amended, and shall promptly pay
all costs and damages incurred or caused by any violation of the provisions of said Chapter or any regulation of the Rhode Island Dealers'
License and Regulations Office, then this obligation is to be void, otherwise to remain in full force and effect, subject, however, to the following
conditions:

1. The aggregate liability of the Surety on account of any and all defaults hereunder shall in no event exceed the penal sum of this bond.
2. Unless previously canceled, as hereinafter provided, this bond shall be in effect for the period of said license. Ending December 31st of
the above-stated calendar year. The Surety may, however, at any time terminate its obligation hereunder by giving sixty (60) days
written notice to said Principal and the Rhode Island Dealers' License and Regulations Office, in which event the liability of the Surety
shall, at the expiration of said sixty (60) days, cease and determine, except as to such liability of the Principal for violation of said
Chapter or regulation of said Regulations Office occurring prior to the expiration of said sixty (60) days.
3. No action to recover hereunder may be brought after the expiration of two (2) years from the termination of this bond.

Signed, sealed and delivered
in the presence of:

Print Name of Insurance Agency O

Dealership Name: _____

owner's Signature: _____

Surety

by _____
Surety Authorized Signature

Title: _____

ACKNOWLEDGEMENT OF PRINCIPAL

(As owner, partner or corporate officer)

STATE OF RHODE ISLAND

County of _____

On this _____ day of _____, 20_____ before me personally appeared the above-named

_____, representing _____

as to me known and known to me to be the same person described in and who executed the above instrument and duly acknowledged the
execution of the same.

Notary Public

Approved _____, 20_____ Rhode Island Dealers' License and Regulations Office

Administrator

**IMPORTANT NOTE: THIS BOND IS NOT VALID UNLESS PROOF OF ACCEPTANCE (Power of Attorney Authorization) FROM
INSURANCE COMPANY IS ATTACHED TO THIS DOCUMENT. SUBMIT ORIGINAL BONDS TO THE DEALERS'
LICENSE AND REGULATION OFFICE, 600 NEW LONDON AVENUE, CRANSTON, RI 02920**



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Administrator, Division of Motor Vehicles



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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