

ANNEX APPLICATION

STATE OF RHODE ISLAND -- DIVISION OF MOTOR VEHICLES
Dealer Section
600 New London Avenue ,Cranston, RI 02920-3024
www.dmv.ri.gov

Summary Instruction Sheet

ALL OF THE FOLLOWING DOCUMENTS MUST BE SUBMITTED

In order to apply for an annex license, your proposed annex location must be within two (2) driven miles from your "main" location, and must complete the following:

1. Annex application form completed in full, signed and notarized.
2. 3 to 4 pictures of the outside of building from all different angles, and lot display area.
3. Copy of city license (if the town/city requires one). If the town/city does not require a license, we 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 and proof of ownership, whichever applies, signed and notarized.

REMEMBER: CORPORATE OFFICERS, PARTNERS, OR OWNERS, MUST REMAIN EXACTLY THE SAME AS STATED ON THE MAIN LOCATION AT THE DEALERS' LICENSE & REGULATIONS OFFICE.

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After the annex license is granted by the Dealers' License and Regulations Office, we must receive the following documents to finalize and issue the annex license, as stated within thirty (30) days.

1. Picture of the 24-square foot sign stating the exact dealership name with the word "annex."
2. \$50,000 surety bond under the annex location, or a rider document on the present bond you have on the main location, to amend that bond to include the annex location (tating the address of the annex.)
3. \$301.50 license fee
4. Business telephone number at the annex location

ANY APPLICATION NOT COMPLETED AFTER SIXTY (60) DAYS, IS CONSIDERED "VOID" AND A NEW APPLICATION IS REQUIRED.

REMEMBER: TO FINALIZE THIS APPLICATION, YOU MUST MAKE AN APPOINTMENT WITH THE SECRETARY AT (462-5732)

Thank you for your cooperation!

ANNEX APPLICATION

Application for Motor Vehicle Dealer's License

Date: _____

1. Name of firm: _____

2. Principal business location: _____
Business telephone: _____

3. Location of branch offices (if any): _____

4. Type of dealer: New vehicles only Used vehicles only New and used vehicles

4a. If new car dealer, estimate number of dealers selling same make of car in your city/town: _____

5. Type of vehicles:
 passenger cars only trucks only passenger cars and trucks
 motorcycles tractor-trailers

6. How long have you been established as a dealer? _____

7. If a new car dealer, what make of vehicles? _____

8. Do you have 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 station equipment: _____

11. Give names and addresses of all officers and members of firm:

TITLE

NAME

RESIDENCE ADDRESS

12. Number of salesmen employed: _____

13. Business references: _____

I, the undersigned, hereby declare that I am _____ of the above firm and that the
above information is true to the best of my knowledge and belief.
TITLE (IF ANY)

Written signature of applicant _____

State of Rhode Island, County of _____ . Subscribed and sworn to before me this _____
day of _____, 20 _____ .

Notary Public

ANNEX APPLICATION

FRAUD WATCH

January 1999

**EMPLOYEES NOT LISTED ON THIS FORM, REQUIRE A WAIVER FROM WORKERS' COMPENSATION.
EXEMPTIONS INCLUDE THE FIRST FOUR (4) CORPORATE OFFICERS.**

WORKERS' COMPENSATION INSURANCE
UNIVERSAL COVERAGE

EFFECTIVE JANUARY 1, 1999 – IMPORTANT WORKERS' COMPENSATION LAW CHANGE

All Rhode Island employers with one or more employees are required to obtain workers' compensation insurance coverage. This includes both full time and part time workers. Sole proprietors, partners and the first four (4) corporate officers are **NOT** included. The first four corporate officers are the President, (one) Vice-President, Secretary and Treasurer, as listed with the annual corporate report to the Secretary of the State, Corporations Division. The four corporate officers **CAN BE INCLUDED**, if they choose, by filing a form DWC11-C with the Department of Labor and Training, Division of Injured Workers' Services.

Some exemptions to the insurance coverage requirement are: Domestic servants, some farmers and farm laborers, some arborists and nursery personnel and certain real estate persons.

The penalty for failure to provide workers' compensation insurance coverage has also changed. The civil/administrative penalty can be \$500 to \$1,000 per day of non-compliance. The maximum penalty of three times the amount of premium has been removed. Another major change is that the Director of the Department of Labor and Training may close a business for failure to provide workers' compensation insurance. The penalties are imposed after a Lack of Insurance Hearing.

An employer may appeal the decision at the Workers' Compensation Court pr of the employer does not comply with the order, the Department brings the case to the Workers' Compensation Court for further action. Prosecution for criminal charges are referred to the Department of Attorney General.

For further information on compliance and enforcement, please call (401) 462-8100, or e-mail at jfal735@aol.com, or contact an Education Unit Representative at (401) 222-3994.

LIST ALL EMPLOYEES PROTECTED BY WORKERS' COMPENSATION INSURANCE COVERAGE:

TOTAL NUMBER OF EMPLOYEES LISTED: _____

| | |
|-------------|-----------------------------------|
| Name: _____ | SS # or Driver's License #: _____ |
| Name: _____ | SS # or Driver's License #: _____ |
| Name: _____ | SS # or Driver's License #: _____ |
| Name: _____ | SS # or Driver's License #: _____ |
| Name: _____ | SS # or Driver's License #: _____ |
| Name: _____ | SS # or Driver's License #: _____ |

(Use additional sheets if more space is needed)

SIGNATURE OF OWNER, PARTNER OR CORPORATE OFFICER

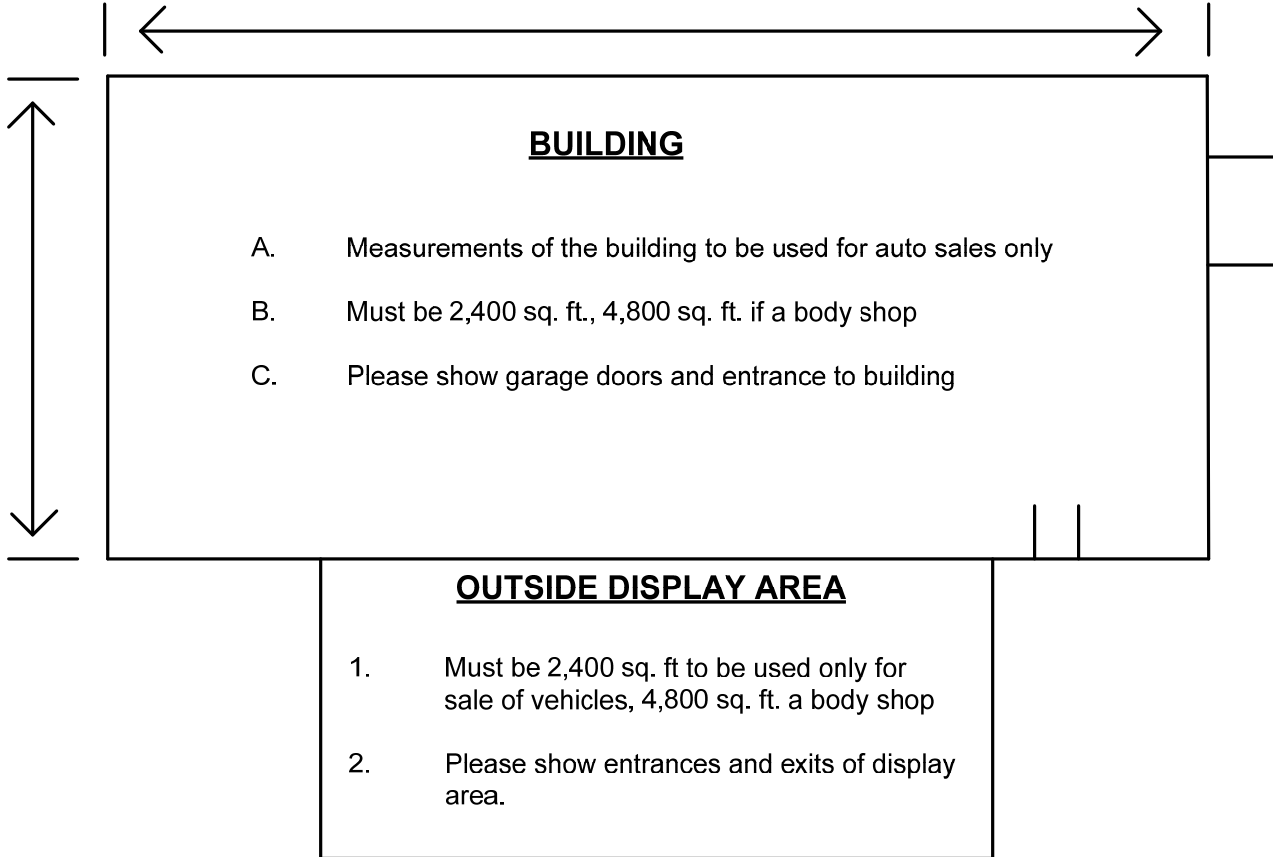
State of Rhode Island, County of _____. Subscribed and sworn to before me this _____ day of _____, 20 _____.

Notary Public

Commission Expires

ANNEX APPLICATION

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



Date

Location

Print Name and Position

Signature and Position