



Information for Temporary Event Applicants

Name on License Application:

Menu (attach to application)

Events that you plan on attending:

Will you be preparing food onsite?

No Food from Home Allowed

Will you be using a licensed facility to prepare and hold food?
Please name facility:

Requirement

Please fill in answers

- Food from approved source
(licensed vendor, commissary) Where will food be purchased?
- Certified Food Safety Manager
(if needed) Name of Certified Food Safety Manager
- Food transported ≤ 41 F or ≥ 135 F Please describe how food will be transported.
- Cold food held at 41 F or below What equipment will be used to cold hold?
- Hot food held at 135 F or above What equipment will be used to hot hold?
- Frozen foods kept frozen What will be used to keep food frozen?
- Thermometer to measure temperatures
- Hand sink with soap & paper towels Describe handwashing set up.
- No Bare Hand Contact with Ready
to Eat Food What will be used to prevent bare hand contact?
- 3 bay sink for washing, rinsing,
sanitizing Please describe.
- Cleaning supplies and sanitizer What sanitizer will you be using?
- Test strips to measure sanitizer
concentration
- Overhead protection Please describe how food is protected.
- No food, equipment, or utensils
stored on the ground Please describe how food will be stored.

Rhode Island Department of Health

.ORI Department of Health
www.health.ri.gov

Application and Instructions for Food Business:



Mobile Food Service

- Year Round - Truck
 Seasonal - Truck
 Year Round - Cart
 Seasonal - Cart
 Temporary Event

Name of Business

Previous Business Name & License Number (If Any) at this address

OFFICE USE ONLY

	Initials	Date
Risk Type		
Approved by F.O. Supervisor		
Profile Entered By		
License ID#		
Receipt No.		
License No.		
Certified Food Safety Manager Required: 0 ___ 1 ___ > 1 ___		

INSTRUCTIONS

- Registration shall be based upon **Satisfactory Compliance** with all applicable laws and regulations.
- Registration forms must be either typed or legibly printed using a ball point pen, except signatures, which must be written in ink. Please answer all questions. Do not leave blanks. **Incomplete applications will be returned to you and your license/permit will not be issued.**
- Attach check/money order to the front of this application and mail to: Office of Food Protection, 3 Capitol Hill, Room 203, Providence, RI 02908-5097. A receipt or cancelled check does not guarantee licensure.
- Please provide a list of your food suppliers on the enclosed form. Food must be purchased from an approved source and your food suppliers must be registered with the Rhode Island Department of Health, Office of Food Protection.
- **Upon receipt of your completed application by the Department of Health, Office of Food Protection, please call (401) 222-2749 to schedule an operational inspection (IN-STATE ONLY) 2 weeks prior to opening. Note: You must have or employ an active Certified in Food Safety Manager registered with the Office of Food Protection (if applicable) prior to inspection.**

Initial registration fee is prorated based on the date of application registration (check ONE below), automatic renewal payment due on following April 30 cycle at 100%.

Licensing Cycle Expiration Date 4/30	March 1-July 31 (100%)	August 1-October 31 (75%)	November 1 -February 28 (29 Leap Year) (50%)
Mobile Food Service	\$100.00 <input type="checkbox"/>	\$75.00 <input type="checkbox"/>	\$ 50.00 <input type="checkbox"/>

- Make your check/money order payable to "General Treasurer, State of Rhode Island". Do not send cash. **This fee is non-refundable.**
- If you have any questions concerning this application, call the Department of Health, Office of Food Protection at (401) 222-2749.

Licensure application materials are public records as mandated by Rhode Island law and may be made available to the public, unless otherwise prohibited by State or Federal law.

Please complete section(s) below.

Note to Applicants submitting plans:

Plan Review

One time plan review fee is not prorated

RIGL 23-1-31. Approval of construction by director. – A plan review fee for new establishments, and for establishments where the cost of renovation exceeds 50 percent (50%) of the value of the establishment, shall be charged. The plan review fee for these establishments shall equal the annual cost of the license/registration.

A plan review fee of \$ is included with this application.
 Plan review fee...\$100.00
 I have enclosed a separate check/money order payable to "General Treasurer, State of Rhode Island".



State of Rhode Island and Providence Plantations
Department of Health
Office of Food Protection

<p>Facility Name:</p> <p>Please provide the name of the facility (as known to the public) for which you are applying for this license.</p>	<p>Name: <input style="width: 90%;" type="text"/></p>								
<p>Facility Contact Person:</p> <p>Please provide the name and telephone number of a person we can contact concerning this facility.</p>	<p>Name: <input style="width: 90%;" type="text"/></p> <p>Phone Number: <input style="width: 150px;" type="text"/></p>								
<p>Facility Mailing Information:</p> <p>Please provide the mailing information for all communication regarding this license.</p> <p>(Not published on HEALTH website).</p>	<p>Address Line 1 <input style="width: 95%;" type="text"/></p> <p>Address Line 2 <input style="width: 95%;" type="text"/></p> <p>Address Line 3 <input style="width: 95%;" type="text"/></p> <p>City, State, Zip Code <input style="width: 95%;" type="text"/></p> <p>Country (only if not in US) <input style="width: 400px;" type="text"/></p> <p>Phone: <input style="width: 500px;" type="text"/></p> <p>Fax: <input style="width: 500px;" type="text"/></p> <p>Email Address: <input style="width: 95%;" type="text"/></p>								
<p>Facility Location Information:</p> <p>Please provide the location information for this facility.</p> <p>(Published on HEALTH website)</p>	<p>Address Line 1 <input style="width: 95%;" type="text"/></p> <p>Address Line 2 <input style="width: 95%;" type="text"/></p> <p>Address Line 3 <input style="width: 95%;" type="text"/></p> <p>City, State, Zip Code <input style="width: 95%;" type="text"/></p> <p>Country (only if not in US) <input style="width: 400px;" type="text"/></p> <p>Phone: <input style="width: 500px;" type="text"/></p> <p>Fax: <input style="width: 500px;" type="text"/></p> <p>Email Address: <input style="width: 95%;" type="text"/></p>								
<p>Ownership Type:</p> <p>Please check ONE</p>	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"><input type="checkbox"/> Corporation</td> <td style="width: 50%; border: none;"><input type="checkbox"/> Limited Liability Company</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Governmental Entity</td> <td style="border: none;"><input type="checkbox"/> Sole Proprietorship</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Partnership</td> <td style="border: none;"><input type="checkbox"/> Limited Partnership</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Partner</td> <td style="border: none;"></td> </tr> </table>	<input type="checkbox"/> Corporation	<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Governmental Entity	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Partner	
<input type="checkbox"/> Corporation	<input type="checkbox"/> Limited Liability Company								
<input type="checkbox"/> Governmental Entity	<input type="checkbox"/> Sole Proprietorship								
<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Partnership								
<input type="checkbox"/> Partner									

<p>Ownership Information:</p> <p>Please provide the ownership information for the Sole Proprietorship, Partnership, Limited Partnership, Corporation, Limited Liability Company or</p>	<p style="text-align: center;">LIST ONE ONLY - DO NOT SEND ATTACHMENTS</p> <p>Name: <input type="text"/></p> <p>DBA (Doing Business As): <input type="text"/></p>
<p>Ownership Address Information:</p> <p>Please provide the address and telephone number(s) of the Sole Proprietorship, Partnership, Limited Partnership, Corporation, Limited Liability Company or Governmental Entity.</p>	<p>Address Line 1 <input type="text"/></p> <p>Address Line 2 <input type="text"/></p> <p>Address Line 3 <input type="text"/></p> <p>City, State, Zip Code <input type="text"/></p> <p>Phone: <input type="text"/></p> <p>Fax: <input type="text"/></p> <p>Email Address: <input type="text"/></p>
<p>Vehicle Registration Information:</p> <p>For Year Round and Seasonal/Truck Only.</p>	<p>Please indicate the vehicle registration information below.</p> <p>Vehicle Registration State <input type="text"/> Vehicle Registration Plate <input type="text"/></p>
<p><u>Certified Food Safety Manager(s) is required if potentially hazardous foods are prepared.</u></p> <p>If you need additional space, please submit under separate cover.</p>	<p>Does this facility have a certified food safety manager? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, please indicate name and license number below of primary food safety manager.</p> <p>Name: <input type="text"/></p> <p>FMC #: <input type="text"/></p>
<p>Menu:</p>	<p>Please attach a copy of a complete menu for your mobile food service.</p>
<p>SSN/FEIN:</p> <p>(Social Security Number/Federal Employer Identification Number)</p> <p>Please note if you are a sole proprietor this number may be your SSN.</p>	<p>Pursuant to Chapter 76 of Title 5 of the Rhode Island General Laws, as amended, any person applying for or renewing any license, permit, or other authority to conduct a business or occupation within Rhode Island must have filed all required state tax returns and paid all taxes due the state or must have entered into a written installment agreement to pay delinquent state taxes that is satisfactory to the Tax Administrator.</p> <p>SSN/FEIN #: <input type="text"/></p>

Affidavit of Applicant

Read, sign, and date this affidavit.

AFFIDAVIT AND SIGNATURE

This Application Must be Signed

I have read carefully the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare under penalty of perjury that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for denial, suspension or revocation of this License in the State of Rhode Island.

I understand that this is a continuing application and that I have an affirmative duty to inform the Rhode Island Department of Health of any change in the answers to these questions after this application and this Affidavit is signed.

Signature of Authorized Person

Printed Name of Authorized Person

Title of Authorized Person

**Date of Signature
(MM/DD/YY)**



State of Rhode Island
 Division of Taxation
 One Capitol Hill STE 36
 Providence, RI 02908-5829
 WWW.TAX.RI.GOV

FOR OFFICE USE ONLY

PERMIT # _____

BUSINESS APPLICATION and REGISTRATION

Fees and Instructions: Sales permit is renewable at fiscal year ending June 30th

If YES AND
 Include. Complete Sections: Additional Information

Do you have employees working in RI? Yes No

Fee: None

ABCDE

Do you have RI Withholding? Yes No

None

ABCE

Do you lease employees in RI? Yes No

None

ABCDE

Do you make sales at retail? Yes No

\$10.00

ABE

(A separate permit & fee is required for each location.)

Sales Tax liability greater than \$200 per mo.? Yes No

None

If unknown, check NO.

Will you be selling:

Gasoline- Yes No

\$5.00

Fee is for filling station license.

Beverages or food- Yes No

\$25.00

Fee is for litter permit. (Renewable on December 31st)

Liquor- Yes No

None

License from city or town is required.

Cigarettes- Yes No

\$25.00

Each cigarette vending machine requires a separate license and fee.

Motor Vehicles- Yes No

None

If yes, MV Dealer license # _____ (required).

Motor Vehicles leasing- Yes No

None

If yes, MV Lease license # _____ (required).

Rental of rooms- Yes No

None

of rooms _____ (3 or more rooms requires the filing of a monthly hotel tax return).

Prepaid wireless phone cards- Yes No

None

Product? _____

Other- Yes No

Total Fees enclosed _____

Date business will commence in this state? _____

Seasonal operation? _____

Is application for a temporary event? _____

The following codes can be found on INSTRUCTION SHEET 1.

(months opened) _____

Date(s) of event? _____

Location Code # _____

Business Code # _____

Section A: Type or Print Name, Mailing Address and Tax Identification Number

TYPE OF ENTITY: SOLE OWNER PARTNERSHIP CORPORATION

OTHER Please specify: _____

LIMITED LIABILITY COMPANIES:

LLC-SOLE PROPRIETOR

LLC-PARTNERSHIP

LLC-CORPORATION

Name (Employer, Business, Corporation or Owner)

RI Employment Registration # (if assigned)

Business Phone #

Business name (if different from above)

Federal Employer Ident. # (if assigned)

Sales Tax Permit # (if assigned)

Mailing Address No and Street or P.O BOX (include apt. office or unit#, if any)

City or Town

State

Zip Code

State and Date of Incorporation

Actual Rhode Island Location No. and Street (include apt. office or unit#, if any) CANNOT ACCEPT PO BOX #

City or Town

State

Zip Code

Is any other license or permit required?

IF MORE THAN (1) LOCATION, PLEASE COMPLETE PART D-2 ON THE BACK OF THIS FORM

Name & Sales Permit # of former owner (if not applicable write N/A)

Provide a name, address and telephone number of person(s) in charge of Sales and Payroll Records.

Name Street City State Zip Code Telephone number

Section B: Type or Print Name, Social Security Number, Home Address, Title of Owner, each Partner, or each Corporate Officer

Name Social Security # Title Telephone Number

Street Address City or Town State Zip Code

Name Social Security # Title Telephone Number

Street Address City or Town State Zip Code

INSTRUCTION SHEET

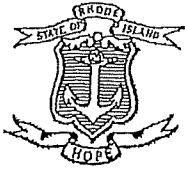
Sales Tax and Lifter Permits must be renewed annually.

LOCATION CODES FOR RHODE ISLAND CITIES AND TOWNS											
BARRINGTON	01	CUMBERLAND	08	JAMESTOWN	15	NEW SHOREHAM	22	RICHMOND	29	WESTERLY	36
BRISTOL	02	EAST GREENWICH	09	JOHNSTON	16	NORTH KINGSTOWN	23	SCITUATE	30	WEST GREENWICH	37
BURRILLVILLE	03	EAST PROVIDENCE	10	LINCOLN	17	NORTH PROVIDENCE	24	SMITHFIELD	31	WEST WARWICK	38
CENTRAL FALLS	04	EXETER	11	LITTLE COMPTON	18	NORTH SMITHFIELD	25	SOUTH KINGSTOWN	32	WOONSOCKET	39
CHARLESTOWN	05	FOSTER	12	MIDDLETOWN	19	PAWTUCKET	26	TIVERTON	33	OUT OF STATE	40
COVENTRY	06	GLOCESTER	13	NARRAGANSETT	20	PORTSMOUTH	27	WARREN	34		
CRANSTON	07	HOPKINTON	14	NEWPORT	21	PROVIDENCE	28	WARWICK	35		

BUSINESS CODES FOR PRINCIPAL BUSINESS ACTIVITY

These authority titles and definitions are based, in general, on the Standard Industrial Classification System authorized by Regulatory and Statistical Analysis Division, Office of Information and Regulatory Affairs, Office of Management and Budget, to classify enterprises by type of activity in which they are engaged. Using the list below, enter on the Application Form, the code number of the specific industry group from which the largest percentage of "total receipts" is derived. "Total receipts" means gross receipts plus all other income.

CODE	Description	Description	Description
Construction	Retail Trade - Selling Goods to Individuals and Households	Finance, Insurance, Real Estate, and Related Services	7732 Employment agencies and personnel supply
0018	Operative builders (for own account)	3012	Selling door-to-door, by telephone or party plan, or from mobile unit
GENERAL CONTRACTORS		3038	Catalog or mail order
0034	Residential building	3053	Vending machine selling
0059	Nonresidential building	Selling from Showroom, Store, or other Fixed Location	
0075	Highway and street construction	Food, beverages, and drugs	
3889	Other heavy construction (pipe laying, bridge construction, etc.)	3079	Eating places (meals or snacks)
Building trade contractors, including repairs		3086	Catering services
0232	Plumbing, heating, air conditioning	3095	Drinking places (alcoholic beverages)
0257	Painting and paper hanging	3210	Grocery stores (general line)
0273	Electrical work	0512	Bakeries selling at retail
0299	Masonry, dry wall, stone, etc.	3236	Other food stores (meat, produce, candy, etc.)
0414	Carpentering and flooring	3251	Liquor stores
0430	Roofing, siding, and sheet metal	3277	Drug stores
0455	Concrete work	Automotive and service stations	
0885	Other building trade contractors (excavation, glazing, etc.)	3319	New car dealers (franchised)
Manufacturing, Including		3335	Used car dealers
Printing and publishing		3517	Other automotive dealers (motorcycles, recreational vehicles, etc.)
0538	Food products and beverages	3533	Tires, accessories, and parts
0553	Textile mill products	3558	Gasoline service stations
0679	Apparel and other textile products	General merchandise, apparel, and furniture	
0695	Leather, footwear, handbags, etc.	3715	Variety stores
0810	Furniture and fixtures	3731	Other general merchandise stores
0836	Lumber and other wood products	3758	Shoe stores
0851	Printing and publishing	3772	Men's and boys' clothing stores
0877	Paper and allied products	3913	Women's ready-to-wear stores
1032	Stone, clay, and glass products	3921	Women's accessory and specialty stores and furriers
1057	Primary metal industries	3939	Family clothing stores
1073	Fabricated metal products	3954	Other apparel and accessory stores
1099	Machinery and machine shops	3970	Furniture stores
1115	Electric and electronic equipment	3996	TV, audio, and electronics
1883	Other manufacturing industries	3998	Computer and software stores
Mining and Mineral Extraction		4119	Household appliance stores
1511	Metal mining	4317	Other home furnishing stores (china, floor coverings, etc.)
1537	Coal mining	4333	Music and record stores
1552	Oil and gas	Building, hardware, and garden supply	
1719	Quarrying and nonmetallic mining	4418	Building materials dealers
Agricultural Services, Forestry, Fishing		4432	Paint, glass, and wallpaper stores
1933	Crop services	4457	Hardware stores
1958	Veterinary services, including pets	4473	Nurseries and garden supply stores
1974	Livestock breeding	Other retail stores	
1990	Other animal services	4614	Used merchandise and antique stores (except motor vehicle parts)
2113	Farm labor and management services	4630	Gift, novelty, and souvenir shops
2212	Horticulture and landscaping	4655	Florists
2238	Forestry, except logging	4671	Jewelry stores
0836	Logging	4697	Sporting goods and bicycle shops
2246	Commercial lighting	4812	Boat dealers
2469	Hunting and trapping	4838	Hobby, toy, and game shops
Wholesale Trade - Selling Goods to Other Business, Etc.		4853	Camera and photo supply stores
Durable goods, including machinery, equipment, wood, metals, etc.		4879	Optical goods stores
2618	Selling for your own account	4895	Luggage and leather goods stores
2634	Agent or broker for other firms - more than 50% of gross sales commission	5017	Book stores, including newsstands
Non-durable goods, including food, fiber, chemicals, etc.		5033	Stationery stores
2659	Selling for your own account	5058	Fabric and needlework stores
5884	Other retail stores	5074	Mobile home dealers
		5090	Fuel dealers (except gasoline)
		Services (Personal, Professional, and Business Services)	
		Hotels and other lodging places	
		7096	Hotels, motels, and tourist homes
		7211	Rooming and boarding houses
		7227	Camps and camping parks
		Laundry and cleaning services	
		7419	Coin-operated laundries and dry cleaning
		7435	Other laundry, dry cleaning, and garment services
		7450	Carpet and upholstery cleaning
		7476	Janitorial and related services (building, house, and window cleaning)
		Business and/or personal services	
		7617	Legal services (or lawyer)
		7633	Income tax preparation
		7658	Accounting and bookkeeping
		7515	Engineering services
		7682	Architectural services
		7708	Surveying services
		7245	Management services
		7260	Public relations
		7286	Consulting services
		7716	Advertising, except direct mail
		2875	Agent or broker for other firms - more than 50% of gross sales on commission
		7792	Real estate agents or brokers
		5579	Real estate property managers
		5710	Subdividers and builders, except cemeteries
		5538	Operators and lessors of buildings, including residential
		5593	Operators and lessors of other real property
		5702	Insurance agents or brokers
		5744	Other insurance services
		6084	Security brokers and dealers
		8080	Commodity contracts brokers and dealers, and security and commodity exchanges
		6130	Investment advisors and services
		6148	Credit institutions and mortgage bankers
		6155	Title abstract offices
		5777	Other finance and real estate
		Transportation, Communications, Public Utilities, and Related Services	
		6114	Taxis
		6321	Bus and limousine transportation
		6361	Other highway passenger transportation
		6338	Trucking (except trash collection)
		6395	Courier or package delivery services
		6510	Trash collection without own dump
		6539	Public warehousing
		6551	Water transportation
		6619	Air transportation
		6635	Travel agents and tour operators
		6650	Other transportation services
		6676	Communication services
		6692	Utilities including dumps, snowplowing, road cleaning, etc.
		7792	Real estate agents and brokers
		7850	Mailing, reproduction, commercial ads and photography, and stenographic services
		7872	Computer programming, processing, data preparation, and related services
		7922	Computer repair, maintenance, and leasing
		7773	Equipment rental and leasing (except computer or automotive)
		7914	Investigative and protective services
		7880	Other business services
		Personal services	
		6110	Beauty shops (or beautician)
		8318	Barber shop (or barber)
		8334	Photographic portrait studios
		8532	Funeral services and crematories
		8714	Child day care
		8730	Teaching or tutoring
		8755	Counseling (except health practitioners)
		8771	Ministers and chaplains
		6882	Other personal services
		Automotive services	
		8813	Automotive rental or leasing, without driver
		8839	Parking, except valet
		8953	Automotive repairs, general and specialized
		8896	Other automotive services (wash, towing, etc.)
		Miscellaneous repair, except computers	
		9019	TV and audio equipment repair
		9025	Other electrical equipment repair
		9050	Reupholstery and furniture repair
		2881	Other equipment repair
		Medical and health services	
		9217	Offices and clinics of medical doctors (MOs)
		9233	Offices and clinics of dentists
		9256	Osteopathic physicians and surgeons
		9241	Podiatrists
		9274	Chiropractors
		9290	Optomists
		9415	Registered
		9431	Other health practitioners
		9456	Medical and dental laboratories
		9472	Nursing and personal care facilities
		9886	Other health services
		Amusement and recreational services	
		8557	Physical fitness facilities
		9597	Motion picture and video production
		9888	Motion picture and tape distribution and allied services
		9613	Videotape rental
		9639	Motion picture theaters
		9670	Bowling centers
		9898	Professional sports and racing, including promoters and managers
		9811	Theatrical performers, musicians, agents, producers, and related services
		9837	Other amusement and recreational services
		8888	Unable to classify



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
DEPARTMENT OF REVENUE
DIVISION OF TAXATION
One Capitol Hill, Providence, RI 02908

NAME: _____ ID# _____

MAILING ADDRESS: _____

LOCATION ADDRESS: _____
(If different from mailing address)

Please complete the following if you make sales of food and/or beverages:

RIGL 44-18-18.1(2) states, "Eating and/or drinking establishments" mean and include restaurants, bars, taverns, lounges, cafeterias, lunch counters, drive-ins, roadside ice cream and refreshment stands, fish and chip places, fried chicken places, pizzerias, food and drink concessions, or similar facilities in amusement parks, bowling alleys, clubs, caterers, drive-in theatres, industrial plants, race tracks, shore resorts or other locations, lunch carts, mobile canteens and other similar vehicles, and other like places of business which furnish or provide facilities for immediate consumption of food at tables, chairs or counters or from trays, plates, cups or other tableware or in parking facilities provided primarily for the use of patrons in consuming products purchased at the location. Ordinarily, eating establishments do not mean and include food stores and supermarkets...

1. a) Based on the above definition, is your business an eating and/or drinking establishment?
_____ yes _____ no

b) This question is for food stores (convenience and mini-markets) and supermarkets only. Do you provide chairs, tables, or counter in an area of your store where prepared food and/or beverages may be consumed?
_____ yes _____ no

If you checked yes to either a or b, you are required to collect and report the local tax.
Please continue and respond to line 2 and 3.

2. Go to the back side of this page to complete the next question regarding business and delivery location(s).

3. Please sign and return this questionnaire along with the Business Application and Registration form.

NOTE: If the return envelope is a window envelope, be sure to fold this sheet correctly to ensure that the Division of Taxation address (on the back of this page) is properly displayed in the window portion of the envelope.

Name of Contact Person

Daytime Telephone Number

Signature

Any questions please contact the Excise Tax Department at (401)574-8955

State of Rhode Island
Division of Taxation
One Capitol Hill
Providence, RI 02908



Taxpayer Status Affidavit / Identity Verification

All persons applying or renewing any license, registration, permit or other authority (herein after called "licensee") to conduct a business or occupation in the state of Rhode Island are required to file all applicable tax returns and pay all taxes owed to the state prior to receiving a license as mandated by state law (RIGL 5-76) except as noted below.

In order to verify that the state is not owed taxes, licensees are required to provide their Social Security Number, or Federal Tax Identification Number as appropriate. These numbers will be checked by the Division of Taxation to verify tax status prior to the issuance of a license. This declaration must be made prior to the issuance of a license.

Licensee Declaration

I hereby declare, under penalty of perjury;

- I have filed all required state tax returns and have paid all taxes owed.
- I have entered a written installment agreement to pay delinquent taxes that is satisfactory to the Tax Administrator.
- I am currently pursuing administrative review of taxes owed to the state.
- I am in federal bankruptcy. (Case # _____)
- I am in state receivership. (Case # _____)
- I have been discharged from Bankruptcy. (Case # _____)

Type of Permit(s)/License(s) for which you are applying

Full Name (Please Print or Type)

Social Security Number (or FEIN if appropriate)

Signature

Phone Number (Including area code if not 401)

Date

This completed Status Affidavit must be submitted with a Business Application Registration (Form BAR) or any other License/Permit application filed with the Division of Taxation.