



STATE OF RHODE ISLAND

## **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](http://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. **\$303.50 License Fee**
8. "Rider" on surety bond, changing the business address to the new address.
9. 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, [tax.excise@tax.ri.gov](mailto:tax.excise@tax.ri.gov), located at One Capitol Hill, Providence, RI 02908, to receive your Sales Tax Permit and T-336-1 form. Please submit a copy of Tax Permit.**
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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## DIVISION OF MOTOR VEHICLES

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### OFFICIAL USE ONLY

License #: \_\_\_\_\_

Date Granted: \_\_\_\_\_

Date Issued: \_\_\_\_\_

Check #: \_\_\_\_\_

Plate #: \_\_\_\_\_

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 & Used Vehicles

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 & 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. 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 Station Equipment: \_\_\_\_\_

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

Title	Name	Residence Address

12. Number of Salespersons Employed: \_\_\_\_\_

13. Business References and telephone #s:

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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**

**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 must be completed 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**

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\_\_\_\_*

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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 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 #: \_\_\_\_\_

Name: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

Name: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

It is understood that every dealership is entitled to list a maximum of three (3) employees who are noted on the Employee List receiving a W-2 form. You must contact the Dealers' License & Regulations Office if you need to make any 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\_\_\_\_*

\_\_\_\_\_  
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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**