



**State of Rhode Island
Division of Motor Vehicles
Dealers License and Regulations Office
600 New London Avenue Cranston, RI 02920
PHONE: 401-462-5746 FAX: 401-462-5789
dmv.dealerlicensing@dmv.ri.gov**

Rhode Island Lease/Rental Motor Vehicle License Requirements

All of the following documents must be completed in full and submitted to this office in complete form or the application will be returned.

- ☐ 1. Application must be completed in full, signed by a corporate officer, partner or sole-owner and notarized.
- ☐ 2. Financial statement must be completed in full on our form, which must be signed by a corporate officer, partner or sole owner and certified public accountant and notarized or copy of your 10K Financial Report. No applicant will be issued a leasing/rental license unless their financial statement shows a net worth of at least ten thousand (\$10,000.00) dollars. The financial statement must have been recently prepared by a certified public accountant and must be submitted with application.
- ☐ 3. Each owner, partner, or corporate officer, at minimum president, vice-president, secretary, and treasurer, must submit a Bureau of Criminal Identification (BCI) issued by the Attorney General's Office, 4 Howard Avenue, Cranston RI, 02920, (401) 274-4400. If the individual is not a resident or has moved into the state within the last 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. Attach a picture ID.
- ☐ 4. A photograph, minimum size 3" X 3", of each proposed location main and supplemental with a photograph of your sign permanently displayed stating the exact proposed license name. The pictures must be submitted with the application.
- ☐ 5. Non-refundable fee of \$103.50 for first license in check or money order form, payable to the "Dealers' License & Regulations Office". The check must be submitted with application.
- ☐ 6. Insurance form GU-1338 must be filed with The Department of Financial Responsibility at the Division of Motor Vehicles, 600 New London Avenue, Cranston, RI, 02920 stating the exact name to be licensed. Call 401-462-9246 with any questions. Please submit a photocopy of the form with this application.
- ☐ 7. For Corporation only: Copy of articles of incorporation, copy of minutes showing the election of corporate offices, president, vice-president, secretary and treasurer and a copy of fictitious name report (if operating under a D/B/A name) and a letter of good standing from the R.I. Secretary of State. Contact at 401-222-3040, or <https://www.sos.ri.gov> (LLC requires an operating agreement)
- ☐ 8. Upon receiving your license number, you must file with the sales tax division for a tax permit in the name listed on your license to lease vehicles in Rhode Island. You may contact the Sales Tax Registration Division at tax.excise@tax.ri.gov.
- 9. Upon receipt of all the above documentation and the completed application we will then process for approval. If you have any questions, please call the RI Dealers' License & Regulations office at: 401-462-5746.

Upon receipt of all the above, your application will be investigated and scheduled for a hearing before our Dealer's Hearing Board.



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Official Use Only:

License Number: _____

Date Granted: _____

Date Issued: _____

Check # _____

MOTOR VEHICLE LEASING/RENTAL LICENSE APPLICATION LICENSE YEAR

ENDING: DECEMBER 31, 20____

REQUIRED FEE: \$103.50 ANNUALLY

I, the undersigned:

Corporation Name

Doing Business as

Business Address: _____

Mailing Address 1: _____
(Lease License Renewals)

Mailing Address 2: _____
(Titles, Vehicle Registrations and other related information)

Telephone Number: _____ Fax Number: _____

Federal Tax Identification Number: _____

Hereby make application for a license to engage in the business of renting and/or leasing motor vehicles and submit the following information in compliance with Rhode Island General Laws §31-5-33 et seq., as amended.

List addresses of each additional place of business in which the business is to be conducted.

ADDRESS: _____ TEL.NO. _____

ADDRESS: _____ TEL.NO. _____

ADDRESS: _____ TEL.NO. _____

ADDRESS: _____ TEL.NO. _____

ADDRESS: _____ TEL.NO. _____

FIRST APPLICATION FOR LEASE/RENTAL OF MOTOR VEHICLES

ADDRESS:_____	TEL.NO._____
ADDRESS:_____	TEL.NO._____
ADDRESS:_____	TEL.NO._____
ADDRESS:_____	TEL.NO._____
ADDRESS:_____	TEL.NO._____
ADDRESS:_____	TEL.NO._____
ADDRESS:_____	TEL.NO._____
ADDRESS:_____	TEL.NO._____
ADDRESS:_____	TEL.NO._____
ADDRESS:_____	TEL.NO._____
ADDRESS:_____	TEL.NO._____
ADDRESS:_____	TEL.NO._____
ADDRESS:_____	TEL.NO._____
ADDRESS:_____	TEL.NO._____
ADDRESS:_____	TEL.NO._____
ADDRESS:_____	TEL.NO._____
ADDRESS:_____	TEL.NO._____
ADDRESS:_____	TEL.NO._____
ADDRESS:_____	TEL.NO._____
ADDRESS:_____	TEL.NO._____
ADDRESS:_____	TEL.NO._____
ADDRESS:_____	TEL.NO._____
ADDRESS:_____	TEL.NO._____



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PRIMARY CONTACT INFORMATION

Lease License Number: _____

Corporation Name: _____

d/b/a Name: _____

Name of Contact: _____

Position of Contact: _____

Address of Contact: _____

Mailing Address: _____

Phone Number: _____ Cell Number: _____

Fax Number: _____

E-mail address: _____

FIRST APPLICATION FOR LEASE/RENTAL OF MOTOR VEHICLES

2. List Name, Address and Birth Date of each owner, partner, or corporate officer:

Name	Title	Driver's License Number

3. List each owner, partner or corporate office's residential address.

Name	Residential Address

4. If incorporated, under what state's law _____ Date Incorporated _____

5. If incorporated under the laws of another state, are you authorized to do business in the State of Rhode Island? YES _____ NO _____

You must attach a copy of your certificate of authority or certificate of good standing issued in Rhode Island by the Secretary of State if required to do business.

6. Are you an owner, partner, or corporate officer in any new and/or used motor vehicle dealership in the State of Rhode Island? YES _____ NO _____

If, YES, please state the dealership name(s) below:

DEALERSHIP NAME: _____ LIC# _____

DEALERSHIP NAME: _____ LIC# _____

DEALERSHIP NAME: _____ LIC# _____

7. List prior business/employment of each owner, partner or corporate officers for the past two years:

FIRST APPLICATION FOR LEASE/RENTAL OF MOTOR VEHICLES

8. Has the applicant ever previously applied for a Motor Vehicle Dealers' License, Motor Vehicle Leasing/Rental License, or Motor Vehicle Auction Dealers' License? YES_____ NO_____
If, YES, business name, date and status of such license:

9. Has applicant ever been the holder of any such license that was suspended or revoked?
YES_____ NO_____ If yes, explain below including date of decision and reason.

10. Have you ever been found guilty of a felony or a fraudulent act? YES_____ NO_____
If yes, please explain:

I do solemnly swear (or affirm) that the statements contained in the foregoing application are true and correct and that I, as sole-owner, partner, or corporate officer have authority to sign this application and to make the statements contained herein.

Business Name (Exactly as stated on page 1)

Signature of Owner, Partner or Corporate Officer

Print name

STATE OF _____ COUNTY OF _____

Subscribed and sworn to before me on this _____ day of _____ 20____

(SEAL)

NOTARY PUBLIC

PRINT NAME

PRINT ADDRESS

DATE COMMISSION EXPIRES



AS OF _____ 20____

CORPORATE NAME

ADDRESS

CITY STATE

d/b/a Name:

PRESIDENT:

VICE-PRESIDENT:

OWNER:

SECRETARY:

PARTNER:

TREASURER:

ASSETS	AMOUNT
CURRENT ASSETS	
1. CASH ON HAND	\$
2 CASH IN _____	\$
NAME OF BANK	
3. CASH IN _____	\$
NAME OF BANK	
RECEIVABLES	
4.ACCOUNTS \$ _____	\$
INVENTORIES (AT COST PLUS FREIGHT)	
5. NEW AND USED CARS AND TRUCKS (AT COST	
OR BOOK VALUE WHICHEVER IS LOWER)	\$
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 AND EQUIP.	\$
15. OFFICE FURNITURE AND FIXTURES	\$
OTHER ASSETS NOT LISTED ABOVE	
16. _____	\$
17. _____	\$
18. _____	\$
19. _____	\$
20. TOTAL ASSETS (LINES.....INC.)	\$

LIABILITIES	AMOUNT
CURRENT LIABILITIES	
21.ACCOUNTS PAYABLE	\$
22. NOTES PAYABLE	\$
23.NO.....NEW CARS FLOOR-PLANNED	\$
24.NO.....NEW TRKS&IMPL.FLOOR PLD	\$
25.NO.....DEMONSTRATORS FLOOR-PLD	\$
26.NO.....USED VEHICLES FLOOR-PLD	\$
27.CUSTOMER DEPOSITS ON MOTOR VEHICLES TO BE DELIVERED.	
(NAMES TO BE FURNISHED UPON REQUEST)	
a) CASH	\$
b) TRADE-IN ON OTHER MERCHANDISE	\$
28.SOCIAL SECURITY AND UNEMPLOYMENT COMPENSATION	\$
29. TOTAL (LINES 21-28 INCL.)	\$
MORTGAGES PAYABLE ON:	
30. LAND AND BUILDINGS (AUTO BUSINESS)	\$
31. AUTO MACHINERY, TOOLS AND EQUIPMENT	\$
32. OFFICE FURNITURE AND FIXTURES	\$
33. OTHER _____	\$
34. JUDGEMENT OUTSTANDING	\$
RESERVES & CONTINGENT LIABILITIES	
35. LAND AND BUILDINGS (AUTO BUSINESS)	\$
36 OTHER _____	\$
37. _____	\$
38.TOTAL LIABILITIES (LINES 21-35..INC)	\$
CAPITAL	
39. STOCK OUTSTANDING	\$
40.PROPRIETOR'S INVESTMENT	\$
41. PARTNERS' INVESTMENTS	\$
42. TOTAL (LINES 39-42..INC.	\$
(SHOULD EQUAL TO TOTAL ASSETS)	

STATE OF _____)SS.
COUNTY _____)

I _____, being first duly sworn on oath, depose and say that the foregoing statement submitted in behalf of
The above named applicant and the report of 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 this
Day _____
of _____ 20____

Signature of partner, owner or active officer

Notary Public

CPA Signature

License Number