



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

2025

LEASE/RENTAL LICENSE RENEWAL INSTRUCTIONS

Please be advised that your license to Lease/Rent vehicles needs to be renewed by December 31, 2024

Each year this office requires updated information to support renewal of the Lease/Rental License as well as the yearly license fee.

These requirements are as follows:

- ☐ A completed Application for update of Rhode Island Lease/Rental License.
- ☐ Certificate of Good Standing issued by the Rhode Island Secretary of State (if you are a corporation). You may contact the Secretary of State by calling (401) 222-3040 or accessing their website www.sos.ri.gov. **If you are a chartered bank, you may provide a copy of your federal charter dated 2021 or later.**
- ☐ An updated Permit to Make Sales at Retail from the RI Division of Taxation that expires no earlier than **June 30, 2025** for your principal location. **It is important to note you do need a separate retail sales tax permit for each physical location where you conduct business within the state of Rhode Island.** Contact the Division of Taxation at tax.excise@tax.ri.gov for any additional information.
- ☐ A company check in the amount of **\$103.50** payable to the “RI Dealers’ License and Regulations Office”.

You must submit the required documentation either by mail or in-person to the RI Dealers’ License and Regulations Office, 600 New London Avenue, Cranston, RI 02920 no later than **December 1, 2024**.

This will allow sufficient time for this office to process the required documentation prior to December 31, 2024. Please make certain that all documents are completed in full and signed by the appropriate corporate officer, sole owner or partner. When completing the required forms, please do not cross out or use correction fluid to correct errors. **All signatures must be properly notarized prior to submission.**

FAILURE TO SUBMIT A COMPLETED APPLICATION MAY RESULT IN THE SUSPENSION OF YOUR REGISTRATIONS AND REGISTRATION RENEWAL PRIVILEGES UNTIL A COMPLETE APPLICATION IS FILED AND A REINSTATEMENT FEE IS PAID. UNTIL THAT TIME YOU MAY BE UNABLE TO REGISTER VEHICLES IN THE STATE OF RI.

Additionally, failure to submit a complete renewal application may result in a required appearance before the RI Motor Vehicle Dealers’ License and Hearing Board at which point additional penalties may be assessed.

Please note that incomplete or illegible forms will not be processed. Also, the intentional submission of any false or fraudulent information may lead to the appropriate sanctions up to and including the potential suspension or revocation of your RI Lease/Rental License and possible criminal prosecution.

IMPORTANT NOTICE

In response to several instances in which this office encountered difficulty in reaching a company representative, all businesses are now required to designate a **“primary contact”** for the company. This individual should be available during normal business hours to provide any information or assistance required by this office.

For those businesses with a physical presence in the State of Rhode Island, this office requests that the primary contact reside in the State. Contact information must include the name of the individual, position within the company, mailing address, along with a primary telephone number, fax number, and email address. The appropriate form has been included for your convenience.

RULES AND REGULATIONS

Rules and Regulations regarding Motor Vehicle Leasing Licenses pursuant to Rhode Island General Laws Chapter § 31-5-33 can be obtained at the RI Secretary of State’s website: www.sos.ri.gov.



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OFFICIAL USE ONLY:

Recv'd: _____

Check# _____

Issued: _____

RI LEASE/RENTAL LICENSE RENEWAL APPLICATION

2025
LICENSE YEAR

JANUARY 1, 2025 THRU DECEMBER 31, 2025
RENEWAL FEE **\$103.50**

Hereby make application for renewal of **Rhode Island Lease/Rental License #** _____, in compliance with Section §31-5-33 of the Rhode Island General Laws.

Corporate Name: _____

D\B\A: _____

Business Address: _____

Mailing Address: _____
(Lease License Renewals)

Mailing Address: _____
(Titles, Vehicle Registrations, etc.)

Telephone: _____ Fax Number: _____

Email Address: _____ Federal Tax Number: _____

Names, titles, and addresses of all newly added corporate officers, owners, or partners.

Name	Title	Residential Address
_____	_____	_____
_____	_____	_____
_____	_____	_____

****Each new person added above must submit a Rhode Island criminal history report issued by the Attorney General's Office, Bureau of Criminal Identification (BCI), 4 Howard Avenue, Cranston, RI 02920, (401) 274-4400. In addition, the person is also required to submit a criminal history report from the appropriate state agency from the state in which they reside.**

Names of any corporate officers, owners, or partners removed from these records.

List the address of each additional location where business is conducted and include a tax permit for each RI location.

LIC#	Street Address	City	State	Zip Code
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Have any corporate officers, owners, or partners been found guilty of a crime since issuance of the last leasing license? Yes_____ No_____

If yes, give the name of that person and the particulars of the crime:

I do solemnly swear that the statements contained in the foregoing application are true and correct and that no changes have occurred since the initial application was filed and that I, as proprietor, as a member of the partnership, or as an officer of the corporation, have authority to sign this application and to make the statements contained herein. False statements may be punishable by a fine, imprisonment, or both.

Company Name

By: _____
Owner, partner, or officer of Corporation

Print Name: _____

Subscribed and sworn to before me in _____

On the_____ day of _____, 20_____.

(SEAL)

Print name of Notary Public

Signature of Notary Public

Address of Notary Public

My Commission expires_____, 20_____.



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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: _____