



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

INSTRUCTIONS FOR ANNEX APPLICATION

SUMMARY INSTRUCTION SHEET – ALL OF THE FOLLOWING DOCUMENTS MUST BE SUBMITTED:

To apply for an annex license, your proposed annex location must be within two (2) driven miles from your "main" location, and you must have the following completed:

1. Annex Application for Motor Vehicle Dealer's License, completed in full, signed and notarized.
2. Four (4) pictures of the outside of building from different angles and from lot display area (lot display area must be 2,400 sq.ft. minimum; no minimum requirement for building).
3. Copy of City/Town License (if the town/city requires one). If the city/town does not require a license, this office 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, or a copy of deed, whichever applies, signed and notarized.
5. \$50,000 surety bond under the annex location or a rider document on the present bond you would have on the main location, to amend that bond to include the annex location, stating the address of the annex.

NOTE: Corporate officers, partners or owners must remain the same as stated on the main location at the Dealers' License and Regulations Office.

Upon our receipt of the above, your application will be investigated and scheduled for a hearing before the Dealer's Hearing Board. If granted a license, the following document must be received in this office within thirty (30) days to finalize the application, and be issued a dealer's license.

6. Picture of the twenty-four square feet (24 sq. ft.) sign stating the exact dealership name with the word, "ANNEX."
7. **\$303.50 License Fee**
8. Business telephone number at the annex location.
9. You must contact the Rhode Island Division of Taxation to order forms, 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 the tax permit.
10. Fax a blank Bill of Sale form to the Dealers' License and Regulations Office (401) 462-5789, for approval.
11. After all requirements have been verified by an Investigator, a Licensing Aide will contact you to make an appointment to finalize.

ANNEX APPLICATION FOR MOTOR VEHICLE DEALER'S LICENSE



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OFFICIAL USE ONLY

License #: _____

Plate #: _____

Date Granted: _____

Date Issued: _____

Check #: _____

1. Date: _____

2. Corporate Name: _____

3. D/B/A Name: _____

Principal Business Location: _____

Business #: _____ Fax #: _____

Home #: _____ Cellular #: _____

4. Annex Location: _____

5. 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: _____

6. Type of Vehicles:

☐ Passenger Cars Only

☐ Trucks Only

☐ Passenger Cars & Trucks

☐ Motorcycles

☐ Tractor-trailers

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

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

9. Have you a dealer's contract or franchise? ☐ YES ☐ NO

10. Franchise or Contract:

Name	Address	Date

11. Floor Space: Sales _____ Service _____

Yard Space: Sales _____ Service _____

Value of Service Station Equipment: _____

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

Title	Name	Residence Address

13. Number of Salespersons Employed: _____

14. Business References and telephone #s:

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.

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____

Notary Public

Commission expires _____



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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____

Notary Public

Commission expires _____