



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 \$102.50 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](mailto: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: \$102.50 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. \_\_\_\_\_

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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



<b>CORPORATE NAME</b>	<b>ADDRESS</b>	<b>CITY</b>	<b>STATE</b>
<b>d/b/a Name:</b>	<b>PRESIDENT:</b>		
<b>OWNER:</b>	<b>VICE-PRESIDENT:</b>		
<b>PARTNER:</b>	<b>SECRETARY:</b>		
	<b>TREASURER:</b>		

ASSETS	AMOUNT
<b>CURRENT ASSETS</b>	
1. CASH ON HAND	\$ _____
2. CASH IN _____	\$ _____
NAME OF BANK	
3. CASH IN _____	\$ _____
NAME OF BANK	
<b>RECEIVABLES</b>	
4. ACCOUNTS \$ _____	\$ _____
<b>INVENTORIES (AT COST PLUS FREIGHT)</b>	
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. _____	\$ _____
<b>PREPAID EXPENSES</b>	
11. RENT AND INSURANCE	\$ _____
12. OTHER PREPAID EXPENSES	\$ _____
<b>FIXED ASSETS</b>	
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
<b>CURRENT LIABILITIES</b>	
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	\$ _____
<b>27. CUSTOMER DEPOSITS ON MOTOR VEHICLES TO BE DELIVERED.</b>	
(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.)	\$ _____
<b>MORTGAGES PAYABLE ON:</b>	
30. LAND AND BUILDINGS (AUTO BUSINESS)	\$ _____
31. AUTO MACHINERY, TOOLS AND EQUIPMENT	\$ _____
32. OFFICE FURNITURE AND FIXTURES	\$ _____
33. OTHER _____	\$ _____
34. JUDGEMENT OUTSTANDING	\$ _____
<b>RESERVES &amp; CONTINGENT LIABILITIES</b>	
35. LAND AND BUILDINGS (AUTO BUSINESS)	\$ _____
36. OTHER _____	\$ _____
37. _____	\$ _____
38. TOTAL LIABILITIES (LINES 21-35..INC)	\$ _____
<b>CAPITAL</b>	
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