



**STATE OF RHODE ISLAND  
DIVISION OF TAXATION  
ONE CAPITOL HILL  
PROVIDENCE, RI 02908**

**RETAIL SALES PERMIT RENEWAL APPLICATION**

**DUE ON OR BEFORE JANUARY 31, 2009**

Please forward renewal fee of **\$10.00** as soon as possible to be guaranteed a new permit when you receive your July sales tax booklet.

Annual sales tax renewal fee: \$10.00

For Fiscal year      **BEGINNING: JULY 1, 2009**  
                                 **ENDING:      JUNE 30, 2010**

**PERMIT NUMBER**

Permit Number

**REQUIRED**

**NAME AND ADDRESS**

Name

Address (Number and street, including apartment number or rural route)

City, Town or Post Office

State

Zip Code

Daytime Telephone Number

(     )

Check here if this is a new address.

**SIGNATURE**

Authorized Signature

Date

**INSTRUCTIONS**

Do **NOT** mail with tax return.

Submit a separate form for each individual permit held.

Mail this form and remittance to:

RI Division of Taxation  
One Capitol Hill  
Providence, RI 02908