**State of Rhode Island**  
**Division of Taxation**  
One Capitol Hill  
STE 36  
Providence, RI 02908-5829  
WWW.TAX.RI.GOV

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**BUSINESS APPLICATION and REGISTRATION**

**Fees and Instructions:**

<table>
<thead>
<tr>
<th>Item</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you have employees working in RI?</td>
<td>None</td>
<td>A B C D E</td>
</tr>
<tr>
<td>Do you have RI Withholding?</td>
<td>None</td>
<td>A B C E</td>
</tr>
<tr>
<td>Do you lease employees in RI?</td>
<td>None</td>
<td>A B C D E</td>
</tr>
<tr>
<td>Do you make sales at retail?</td>
<td>$10.00</td>
<td>A B E</td>
</tr>
<tr>
<td>Sales Tax liability greater than $200 per mo.?</td>
<td>None</td>
<td>If unknown, check NO.</td>
</tr>
</tbody>
</table>

**Will you be selling:**

- Gasoline- Fee is for filling station license.  
- Beverages or food- Fee is for litter permit. (Renewable on December 31st)  
- Liquor- License from city or town is required.  
- Cigarettes- Each cigarette vending machine requires a separate license and fee.  
- Motor Vehicles- If yes, MV Dealer license # (required).  
- Motor Vehicles leasing- If yes, MV Lease license # (required).  
- Rental of rooms- # of rooms (3 or more rooms requires the filing of a monthly hotel tax return).  
- Other- Product?  

**Total Fees enclosed**

**Date business will commence in this state?** Seasonal operation? Is application for a temporary event?  

**The following codes can be found on INSTRUCTION SHEET 1.**

**Location Code #**  
**Business Code #**

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### Section A: Type or Print Name, Mailing Address and Tax Identification Number

**TYPE OF ENTITY:**

- SOLE OWNER  
- PARTNERSHIP  
- CORPORATION  
- OTHER 

**LIMITED LIABILITY COMPANIES:**

- LLC-SOLE PROPRIETOR  
- LLC-PARTNERSHIP  
- LLC-CORPORATION

**Name (Employer, Business, Corporation or Owner):**

**Business name (if different from above):**

**Mailing Address No and Street or P.O BOX (include apt. office or unit#, if any):**

**Actual Rhode Island Location No. and Street (include apt. office or unit #, if any):** CANNOT ACCEPT PO BOX #

**City or Town**  
**State**  
**Zip Code**  
**Sales Tax Permit # (if assigned)**

**Is any other license or permit required?**

**Name & Sales Permit # of former owner (if not applicable write N/A)**

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**Provide a name, address and telephone number of person(s) in charge of Sales and Payroll Records.**

**Name**  
**Street**  
**City**  
**State**  
**Zip Code**  
**Telephone number**

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**Section B: Type or Print Name, Social Security Number, Home Address, Title of Owner, each Partner, or each Corporate Officer**

**Name**  
**Social Security #**  
**Title**  
**Telephone Number**

**Street Address**

**City or Town**  
**State**  
**Zip Code**

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**Name**  
**Social Security #**  
**Title**  
**Telephone Number**

**Street Address**

**City or Town**  
**State**  
**Zip Code**

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Form BAR  
### Section C: Payroll Information

Amount of RI withholding taxes you expect to withhold from employees each month:

- $24,000 or more: [ ] Daily
- $600 or more but less than $24,000: [ ] Quarter-Monthly
- $50 or more but less than $600: [ ] Monthly
- Less than $50.00: [ ] Quarterly

<table>
<thead>
<tr>
<th>Number of employees</th>
<th>First date wages paid in RI</th>
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<tbody>
<tr>
<td>___________</td>
<td>________________</td>
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</tbody>
</table>

Filing Status will be:

- Non-Profit
- Religious
- IRS Code 501-C-3

If any part of the business or its assets were acquired, please enter the date of acquisition, name, address and, if known, RI Employment Registration number of the former owner.

<table>
<thead>
<tr>
<th>Date of Acquisition</th>
<th>RI Employment Registration #</th>
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<tr>
<td>month day year</td>
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</table>

Name of former owner: [ ]

Trade Name: [ ]

Street Address: [ ]

City: [ ]

State: [ ]

Zip Code: [ ]

If any employees were acquired from that business, please enter the number of employees acquired: [ ]

If you are a sole owner or partnership that is incorporating, state the name and address of the former business.

Name: [ ]

Address: [ ]

### Section D: Industry Description

D-1: Detailed information about your business is required in order to assign the correct industrial classification. In the space below describe your most important business activities, goods, products or services in Rhode Island as though you were telling a prospective employee what you do. Please provide the approximate percentage of sales or revenues resulting from each product or service. The total of percentages should equal 100%. If you have any questions regarding this section, please refer to Instruction Sheet 2 or call the Rhode Island Department of Labor & Training's Labor Market Information unit at (401) 462-8760 for assistance.

<table>
<thead>
<tr>
<th>Percentage</th>
<th>%</th>
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D-2 Establishment Locations: If you operate your business at more than one location in Rhode Island, please list the street address, city and zip code for each RI location and the approximate employment for each location. If the business activities of any establishment differ from the above, please tell us the products or services of differing location.

<table>
<thead>
<tr>
<th>Street</th>
<th>Town</th>
<th>Zip Code</th>
<th>Employees</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>

### Section E: Certification and Signature (Must be signed)

The undersigned certifies that the information given on this form is true and correct to the best of his or her knowledge and belief.

Date: [ ]

Signature(s) of Applicant(s): [ ]

Print Name and Title: [ ]
Taxpayer Status Affidavit / Identity Verification

All persons applying or renewing any license, registration, permit or other authority (herein after called “licensee”) to conduct a business or occupation in the state of Rhode Island are required to file all applicable tax returns and pay all taxes owed to the state prior to receiving a license as mandated by state law (RIGL 5-76) except as noted below.

In order to verify that the state is not owed taxes, licensees are required to provide their Social Security Number, or Federal Tax Identification Number as appropriate. These numbers will be checked by the Division of Taxation to verify tax status prior to the issuance of a license. This declaration must be made prior to the issuance of a license.

Licensee Declaration

I hereby declare, under penalty of perjury;

☐ I have filed all required state tax returns and have paid all taxes owed.

☐ I have entered a written installment agreement to pay delinquent taxes that is satisfactory to the Tax Administrator.

☐ I am currently pursuing administrative review of taxes owed to the state.

☐ I am in federal bankruptcy. (Case # ___________________________)

☐ I am in state receivership. (Case # ___________________________)

☐ I have been discharged from Bankruptcy. (Case # __________________)

Type of Permit(s)/License(s) for which you are applying

___________________________       ____________________________

Full Name (Please Print or Type)  Social Security Number (or FEIN if appropriate)

__________________________________  ______________________________________

Signature  Phone Number (including area code if not 401)

__________________________________

Date

This completed Status Affidavit must be submitted with a Business Application Registration (Form BAR) or any other License/Permit application filed with the Division of Taxation.
NAME: __________________________________________________________________________ ID#______________________________

MAILING ADDRESS: ________________________________________________________________________________

LOCATION ADDRESS: ______________________________________________________________________________________
(If different from mailing address)

Please complete the following if you make sales of food and/or beverages:

RIGL 44-18-18.1(2) states, "Eating and/or drinking establishments" mean and include restaurants, bars, taverns, lounges, cafeterias, lunch counters, drive-ins, roadside ice cream and refreshment stands, fish and chip places, fried chicken places, pizzerias, food and drink concessions, or similar facilities in amusement parks, bowling alleys, clubs, caterers, drive-in theatres, industrial plants, race tracks, shore resorts or other locations, lunch carts, mobile canteens and other similar vehicles, and other like places of business which furnish or provide facilities for immediate consumption of food at tables, chairs or counters or from trays, plates, cups or other tableware or in parking facilities provided primarily for the use of patrons in consuming products purchased at the location. Ordinarily, eating establishments do not mean and include food stores and supermarkets…

1. a) Based on the above definition, is your business an eating and/or drinking establishment?

   _______yes _________no

   b) This question is for food stores (convenience and mini-markets) and supermarkets only. Do you provide chairs, tables, or counter in an area of your store where prepared food and/or beverages may be consumed?

   _______yes _________no

   If you checked yes to either a or b, you are required to collect and report the local tax.

   Please continue and respond to line 2 and 3.

2. Go to the back side of this page to complete the next question regarding business and delivery location(s).

3. Please sign and return this questionnaire along with the Business Application and Registration form.

   NOTE: If the return envelope is a window envelope, be sure to fold this sheet correctly to ensure that the Division of Taxation address (on the back of this page) is properly displayed in the window portion of the envelope.

___________________________________  __________________________________
Name of Contact Person     Daytime Telephone Number

___________________________________
Signature

Any questions please contact the Excise Tax Department at (401)574-8955

Rev. 03/2010
Place a check mark next to the city or town where your eating and/or drinking establishment is located. Also, if applicable, check the other cities or towns in this state where you deliver meals and/or beverages.

<table>
<thead>
<tr>
<th>ID</th>
<th>City/Town</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>BARRINGTON</td>
</tr>
<tr>
<td>02</td>
<td>BRISTOL</td>
</tr>
<tr>
<td>03</td>
<td>BURRILLVILLE</td>
</tr>
<tr>
<td>04</td>
<td>CENTRAL FALLS</td>
</tr>
<tr>
<td>05</td>
<td>CHARLESTOWN</td>
</tr>
<tr>
<td>06</td>
<td>COVENTRY</td>
</tr>
<tr>
<td>07</td>
<td>CRANSTON</td>
</tr>
<tr>
<td>08</td>
<td>CUMBERLAND</td>
</tr>
<tr>
<td>09</td>
<td>EAST GREENWICH</td>
</tr>
<tr>
<td>10</td>
<td>EAST PROVIDENCE</td>
</tr>
<tr>
<td>11</td>
<td>EXETER</td>
</tr>
<tr>
<td>12</td>
<td>FOSTER</td>
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<tr>
<td>13</td>
<td>GLOCESTER</td>
</tr>
<tr>
<td>14</td>
<td>HOPKINTON</td>
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<tr>
<td>15</td>
<td>JAMESTOWN</td>
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<tr>
<td>16</td>
<td>JOHNSTON</td>
</tr>
<tr>
<td>17</td>
<td>LINCOLN</td>
</tr>
<tr>
<td>18</td>
<td>LITTLE COMPTON</td>
</tr>
<tr>
<td>19</td>
<td>MIDDLETOWN</td>
</tr>
<tr>
<td>20</td>
<td>NARRAGANSETT</td>
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<tr>
<td>21</td>
<td>NEWPORT</td>
</tr>
<tr>
<td>22</td>
<td>NEW SHOREHAM</td>
</tr>
<tr>
<td>23</td>
<td>NORTH KINGSTOWN</td>
</tr>
<tr>
<td>24</td>
<td>NORTH PROVIDENCE</td>
</tr>
<tr>
<td>25</td>
<td>NORTH SMITHFIELD</td>
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<tr>
<td>26</td>
<td>PAWTUCKET</td>
</tr>
<tr>
<td>27</td>
<td>PORTSMOUTH</td>
</tr>
<tr>
<td>28</td>
<td>PROVIDENCE</td>
</tr>
<tr>
<td>29</td>
<td>RICHMOND</td>
</tr>
<tr>
<td>30</td>
<td>SCITUATE</td>
</tr>
<tr>
<td>31</td>
<td>SMITHFIELD</td>
</tr>
<tr>
<td>32</td>
<td>SOUTH KINGSTOWN</td>
</tr>
<tr>
<td>33</td>
<td>TIVERTON</td>
</tr>
<tr>
<td>34</td>
<td>WARREN</td>
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<tr>
<td>35</td>
<td>WARWICK</td>
</tr>
<tr>
<td>36</td>
<td>WESTERLY</td>
</tr>
<tr>
<td>37</td>
<td>WEST GREENWICH</td>
</tr>
<tr>
<td>38</td>
<td>WEST WARWICK</td>
</tr>
<tr>
<td>39</td>
<td>WOONSOCKET</td>
</tr>
</tbody>
</table>

RHODE ISLAND DIVISION OF TAXATION
ONE CAPITOL HILL
PROVIDENCE, RI 02908
D-1: Please describe your RI worksite using the examples below as a guide. Use separate lines for each product or service and estimate the percentage of sales or work so we can count what you do most.

RETAIL TRADE: Describe the types of goods sold and the style of selling (for example: garden power tools 20% & plant nursery 80%; gift, novelty & souvenir shop; discount department store, warehouse club, mail order catalog, baked goods store, retail bakery, women's wear accessories, used car lot, vending machines, on-line auction…). 

WHOLESALE TRADE: Specify if you have inventory at the RI establishment, the type of goods and whether they are new or used. Indicate if you are a "manufacturers' representative" commission sales agent without inventory.

FINANCE & INSURANCE: be specific: e.g. securities market maker, venture capital, portfolio manager, mutual fund sales, mortgage banker, mortgage broker, independent insurance agent, casualty underwriter, reinsurance…. 

CONSTRUCTION: Prime contractors: specify the usual type of structures (e.g. apartment, industrial, store, hotel or office buildings; single-family houses, residential remodeling, bridges, roads, etc...) that you build. Subcontractors and tradesmen: tell us the trade or specialty and whether you work more at residential buildings or non-residential structures (e.g. residential plumbing, industrial HVAC, non-residential finish carpentry, non-res. precast concrete…). 

MANUFACTURING: specify the products produced, type of facility, and principal processes used. List the principal materials used and if bought from other companies, sent from other units of your business, or made at this site.

REAL ESTATE: be specific: (e.g., realtor (agent), land developer (subdivider), apartment managers, lessor of offices). If you rent out a building, what kind is it? Do you own the property, sublet it or manage it for others?

RESTAURANTS specify: full (table) service restaurant, limited (counter) service restaurant, donut shop, snack bar, banquet hall, cafeteria, food service contract operator, caterer, dinner theater, bar, or nightclub. 

TRANSPORTATION and/or WAREHOUSING: Specify the transportation mode (e.g. scheduled airline, courier service, LTL trucking, specialized trucking…) and area of service (e.g. overnight long-haul, coastal, deep seas,…). Related services: tell us what type (e.g. refrigerated warehouse, shipping agent, tour guides, sport-fishing charter…).

UTILITY or SANITATION SERVICE: specify separately each type of service (e.g. natural gas pipeline, gas distribution, hydroelectric generation, wholesale electricity reseller, water supply, recyclables sorting…)

COMMUNICATIONS: specify each type of service (e.g. local, long distance or data telephone service; radio network, cable TV service, leasing & reselling long distance telephone service, cell-phone carrier, etc…).

AGRICULTURAL, or FISHING... specify separately the types of crop grown, crop services, livestock raised, fish caught, horticultural specialty or forestry work. Examples: 40% apples & 60% dairy goats, shellfish aquaculture….

PRIVATE HOUSEHOLD employing a cook, nanny or other domestic worker: you may write "domestic help."

SERVICES Describe the services that your establishment offers. (e.g. residential property management, home health equipment rental, C.P.A. accountants, tax return preparation, payroll office, marketing consultant, environmental consultant, biotechnology r&d, portrait photography, veterinarian, employment placement agency, executive search, temporary help, printing broker, psychiatry, dentistry, massage therapy, assisted living home, nursing home, motel, bed & breakfast, transmission repair, auto body shop, nail salon, tanning salon, coin-operated dry cleaning…).

GOVERNMENT: Indicate Federal, State, Tribal or Local. Specify activities: legislative, judicial, school, etc….