



**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS**

**DEPARTMENT OF BUSINESS REGULATION  
DIVISION OF COMMERCIAL LICENSING  
and Racing and Athletics**

**John O. Pastore Center  
1511 Pontiac Ave, Building 69-1  
Cranston, RI 02920-0942**

**Telephone (401) 462-9506**

**FAX (401) 462-9645**

**TTY: 711**

**[www.dbr.ri.gov](http://www.dbr.ri.gov)**

**MOTOR VEHICLE GLASS INSTALLATION  
APPLICATION AND INSTRUCTIONS  
DECEMBER 31, 2009 - DECEMBER 31, 2012**

- 1). Complete the attached application and have it notarized. Attach separate sheets of paper if space provided on application is insufficient.
- 2). Attach a Certificate Of Insurance, issued by an insurance company authorized to transact business in this State, showing that the applicant has a policy insuring against liability for injury to persons and damage to property which may be caused by the operation of an automobile repair shop. Such policy must provide for indemnity in the sum of not less than twenty-five thousand (\$25,000) in the case of one (1) person injured and not less than fifty thousand (\$50,000) in the case of injury of two (2) or more persons injured in any one accident. The policy must provide for indemnity of not less than twenty-five thousand dollars (\$25,000) for damage to property. Said insurance policy shall be non-cancelable by either party except after five (5) days notice to the Department, said cancellation notice to be furnished by the insurance or surety company.
- 3). License fee of \$900.00 for 3 years, (\$300.00) per year.  
Check or Money Order payable to the Rhode Island General Treasurer.
- 4). **If this is a Drive in Shop, please provide the following:**
  - a. Fire Safety Compliance Check.
  - b. Zoning Compliance Letter.
  - c. EPA number from the Department of Environmental Management.
- 5). Attach a copy of Criminal History Report (CHR) for all owners and managers. This may be obtained through the Attorney General's Office located at: 150 South Main Street, Providence. Instructions found on page 5.
- 6). Tax Payer Affidavit. Form and instructions found on page 6.



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**APPLICATION FOR MOTOR VEHICLE GLASS INSTALLATION**  
**DECEMBER 31, 2009- DECEMBER 31, 2012**

<b>TYPE OF APPLICATION:</b> _____ <b>NEW</b> _____ <b>RENEWAL</b> _____ <b>TRANSFER</b>
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OWNER'S NAME: \_\_\_\_\_ D.O.B: \_\_\_\_\_

OWNER'S ADDRESS: \_\_\_\_\_ HOME PHONE #: \_\_\_\_\_

BUSINESS NAME: \_\_\_\_\_ BUSINESS PHONE# \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_ BUSINESS PHONE# \_\_\_\_\_

CITY/ZIP CODE: \_\_\_\_\_

IS THIS YOUR FIRST AUTO GLASS LICENSE: NO \_\_\_\_\_ YES \_\_\_\_\_

IF NO, LIST NAME OF FORMER BUSINESS AND LICENSE NUMBER:

\_\_\_\_\_

IS THIS A MOBILE GLASS SERVICE: NO \_\_\_\_\_ YES \_\_\_\_\_

DO YOU MAINTAIN A DRIVE IN SHOP: NO \_\_\_\_\_ YES \_\_\_\_\_

IF YES, PLEASE INDICATE SQUARE FOOTAGE OF SHOP: \_\_\_\_\_

DESCRIBE SECURED STORAGE AREA FOR DAMAGED VEHICLES:

\_\_\_\_\_

LIST YOUR **EPA HAZARDOUS WASTE GENERATORS PERMIT NUMBER** : \_\_\_\_\_  
 (ATTACH COPY OF PERMIT OR LETTER FROM DEM).

**PLEASE NOTE: MINIMUM VALUE- EVERY LICENSEE MUST MAINTAIN A SERVICE REPAIR SHOP AND/OR VEHICLES AND RELATED TOOLS AND EQUIPMENT COLLECTIVELY HAVING A MINIMUM VALUE OF \$5000.00. \***

\*APPROXIMATE COST OF SHOP/VEHICLES/TOOLS/EQUIPMENT: \_\_\_\_\_

TYPE OF EQUIPMENT USED: \_\_\_\_\_

DO YOU CURRENTLY HOLD A LICENSE FOR:

NEW VEHICLE DEALER: NO \_\_\_\_\_ YES \_\_\_\_\_ IF YES, LICENSE # \_\_\_\_\_

ADJUSTER/APPRaiser: NO \_\_\_\_\_ YES \_\_\_\_\_ IF YES, LICENSE # \_\_\_\_\_

**Page 2 - Motor Vehicle Glass Installation Application**

DO YOU CURRENTLY HOLD ANY OTHER AUTO BODY LICENSE? NO \_\_\_\_\_ YES \_\_\_\_\_

IF YES WHAT TYPE: \_\_\_\_\_ LICENSE NUMBER: \_\_\_\_\_

LIST NAMES AND ADDRESSES OF ALL PAID OR UNPAID EMPLOYEES OR AGENTS WORKING AT THE BUSINESS:

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IS BUSINESS A CORPORATION: NO \_\_\_\_\_ YES \_\_\_\_\_  
IF YES, LIST OFFICERS NAMES & ADDRESSES AND INCLUDE A COPY OF CORPORATE PAPERS.

PRESIDENT \_\_\_\_\_ D.O.B. \_\_\_\_\_

ADDRESS \_\_\_\_\_

VICE PRESIDENT \_\_\_\_\_ D.O.B. \_\_\_\_\_

ADDRESS \_\_\_\_\_

TREASURER \_\_\_\_\_ D.O.B. \_\_\_\_\_

ADDRESS \_\_\_\_\_

SECRETARY \_\_\_\_\_ D.O.B. \_\_\_\_\_

ADDRESS \_\_\_\_\_

LIST STOCKHOLDERS NAMES AND ADDRESSES:

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NUMBER OF SHARES OF STOCKS AUTHORIZED TO BE ISSUED:

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NUMBER OF SHARES OF STOCKS ISSUED AND THE AMOUNT TO EACH SHAREHOLDER:

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IS BUSINESS A PARTNERSHIP: NO \_\_\_\_\_ YES \_\_\_\_\_

IF YES, LIST NAMES AND ADDRESSES OF ALL PARTNERS:

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IS BUSINESS A LIMITED LIABILITY COMPANY: NO \_\_\_\_\_ YES \_\_\_\_\_

IF YES, PLEASE LIST NAMES AND ADDRESSES OF MEMBERS:

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**Page 3 - Motor Vehicle Glass Installation Application**

HAVE YOU, A PARTNER, MEMBER, OFFICER OR STOCKHOLDER EVER PLEAD NOLO CONTENDERE TO A MISDEMEANOR OR FELONY:

NO \_\_\_\_\_ YES \_\_\_\_\_

IF YES, PLEASE GIVE DETAILS: \_\_\_\_\_

HAVE YOU, A PARTNER, MEMBER, OFFICER OR STOCKHOLDER EVER BEEN A PARTY IN ANY PROCEEDINGS (CIVIL, CRIMINAL OR OTHERWISE) INVOLVING FRAUD, DECEIT OR MISREPRESENTATION:

NO \_\_\_\_\_ YES \_\_\_\_\_

IF YES, PLEASE EXPLAIN: \_\_\_\_\_

HAVE YOU, A PARTNER, MEMBER, OFFICER OR STOCKHOLDER EVER BEEN INVOLVED IN ANY MOTOR VEHICLE REPAIR BUSINESS WHICH HAD AN APPLICATION FOR A LICENSE DENIED OR HAD A LICENSE SUSPENDED, REVOKED OR SURRENDERED:

NO \_\_\_\_\_ YES \_\_\_\_\_

IF YES, PLEASE EXPLAIN: \_\_\_\_\_

**PLEASE TAKE NOTICE:** R. I. GENERAL LAWS § 5-38-11 "RESPONSIBILITY OF LICENSEE FOR ACTS OF AGENTS "IF A LICENSEE IS A FIRM OR CORPORATION IT IS SUFFICIENT CAUSE FOR SUSPENSION OR REVOCATION OF A LICENSE THAT ANY OFFICER, DIRECTOR, OR TRUSTEE OF THE FIRM OR CORPORATION OR ANY MEMBER, IN THE CASE OF A PARTNERSHIP, SHALL HAVE BEEN FOUND BY THE DEPARTMENT GUILTY OF ANY ACT OR OMISSION WHICH WOULD BE CAUSE FOR REFUSING, SUSPENDING OR REVOKING A LICENSE TO THAT PARTY AS AN INDIVIDUAL. EACH LICENSEE SHALL BE RESPONSIBLE FOR THE ACTS OF ANY SALESPERSONS OR ANY DRIVE-AWAY TOW-WAY OPERATOR ACTING AS THE AGENT FOR THE LICENSEE, AND FOR THE ACTS OF ANY SALESPERSON, ESTIMATOR, OR OTHER EMPLOYEE ACTING AS THE AGENT FOR THE LICENSEE."

HAVE YOU READ, AND DO YOU UNDERSTAND, THE PROVISIONS OF TITLE 5, CHAPTER 38, OF THE GENERAL LAWS OF RHODE ISLAND AND COMMERCIAL LICENSING REGULATION 5 PROMULGATED THERE UNDER PERTAINING TO AUTO GLASS INSTALLATION?

NO \_\_\_\_\_ YES \_\_\_\_\_

THE UNDERSIGNED HEREBY APPLIES FOR LICENSE PURSUANT TO THE PROVISIONS OF CHAPTER 5, TITLE 38, OF THE RHODE ISLAND GENERAL LAWS AND ALL REGULATIONS PROMULGATED THERE UNDER AND MAKES OATH THAT THE REPRESENTATIONS MADE IN THIS APPLICATION, INCLUDING ALL SUPPLEMENTARY STATEMENTS HERE TO ATTACHED ARE TRUE.

X \_\_\_\_\_  
SIGNATURE OF PRINCIPAL OWNER/OR AUTHORIZED SIGNATORY

PRINT NAME \_\_\_\_\_ DATE: \_\_\_\_\_

TITLE: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

SUBSCRIBED AND SWORN TO BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ A.D., \_\_\_\_\_

X \_\_\_\_\_ MY COMMISSION EXPIRES:  
NOTARY PUBLIC

# CRIMINAL HISTORY RECORD SUBMISSION REQUIREMENT

## INSTRUCTIONS

Submit with the application a Criminal History Record ("CHR") from the State of Rhode Island for all owners and managers. If you reside in another state, supply a CHR from your home state, as well as one from Rhode Island.

A Rhode Island CHR may be obtained by contacting the Bureau of Criminal Identification at the Rhode Island Department of Attorney General ("DAG"). One may contact the DAG in person by visiting 150 South Main Street, Providence, Rhode Island. To apply for a CHR in this manner one must bring a picture identification with the date of birth listed. Hours of operation are 8:30 A.M. to 4:30 P.M.

To apply for a CHR by mail one must send a notarized copy of a photo ID that has a date of birth listed, a signed and notarized letter giving permission to the AG to conduct a background investigation along with a self-addressed stamped envelope. The cost for a CHR, whether applying in person or by mail, is five dollars (\$5.00) and payable by check or money order to "BCI". Please allow for time for the DAG to process and generate your request. For further questions about this process please contact the DAG at (401) 274-4400.



## Tax Payer Status Affidavit / Identity Verification

All persons applying or renewing any license, registration, permit or other authority (hereinafter 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 and Federal Tax Identification Number as appropriate. These numbers will be transmitted to 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.

**Please return this affidavit along with your license application to: Rhode Island Department of Business Regulation, 1511 Pontiac Avenue, Cranston, RI 02920.**

### Licensee Declaration

- I hereby declare, under penalty of perjury, that 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 Professional License 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 \_\_\_\_\_

**Note:** If you do not sign this declaration your application cannot be processed. Please call the Department with any questions.