



**State of Rhode Island and Providence Plantations
DEPARTMENT OF BUSINESS REGULATION
1511 Pontiac Avenue, Bldg. 69-1
Cranston, Rhode Island 02920**

**Division of Commercial Licensing and
Racing and Athletics**

AUTO WRECKING, SALVAGE YARD & SALVAGE PROCESSORS

INSTRUCTIONS

1. Complete Application.
2. License Fee: Seven Hundred Fifty Dollars (\$750.00) Check or money order made payable to: Rhode Island General Treasurer. *** **Please note:** If you have a branch location OR own more than one auto wrecking/salvage business, separate application and fee must be filed for each location.
3. **The following items must be attached:**
 - Ten Thousand Dollar (\$10,000.00) Surety Bond
 - Proof of Zoning
 - Tax Payer Affidavit
 - Criminal History Report for all owners, partners, managers, and corporate officers
Include a CHR from your home state as well as from RI if you reside out of state
 - Second Hand Dealers License obtained under the licensing ordinances enacted pursuant to the provisions of Rhode Island General Law § 5-21 *et seq.*, from the City/Town Wrecking/Salvage Yard is located. (Or “Junk Shop” License in Providence.)

or

 - If your city/town does not have a Second Hand Dealers License per above, attach proof of Rhode Island General Law §42-14.2-8 (2) & (3):
 - More than one thousand feet (1,000’) from the nearest edge of any highway on the interstate or primary system;
 - More Than six hundred feet (600’) from any other state highway;
 - More than three hundred feet (300’) from any park, bathing beach, playground, school, church or cemetery and not within view therefrom;
 - Screened from view and enclosed by a properly maintained fence at least six feet (6’) high except where a natural barrier provides appropriate screening;
 - In size amounting to at least two (2) acres of land and shall be one continuous lot.
 - Attach a description of the land by a surveyor’s survey plan, a city or town assessor’s map, or an aerial cartographic chart reflecting the area.

You must notify the Department of any change to your current application. Licenses/ownership cannot be transferred without prior approval of the Department.



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AUTO WRECKING & SALVAGE YARD APPLICATION

Full Name of Applicant: _____ Social Security #: _____

Home Address: _____
Street City/Town State Zip Code

D.O.B.: _____ Home Telephone: _____ Email Address: _____

Business Name: _____ FEIN: _____

Business Address: _____
Street City State Zip Code

Business Telephone: _____ Date Business commenced : _____

Length of time applicant has been employed in auto wrecking and salvage business: _____

List normal business hours and days of operation: _____

Do you own or operate additional Branch locations? Yes _____ No _____

If yes, how many branches: _____ (Attach separate application and fee for each branch location)

Do you own or rent the property where business is located? _____ OWN _____ RENT

If you rent, how long is the lease for? _____

Name of property owner: _____ Phone No.: _____

Address of property owner: _____

Do you sell used auto parts? Yes _____ No _____

Is there any other business located on property? _____ Yes _____ No

If Yes, Name and type of business:

Do you own and operate an auto shredder? No _____ Yes _____ Mobile _____ Stationary _____

Do you own and operate an auto crusher? No _____ Yes _____ Mobile _____ Stationary _____

Name, address, and license number of all Auto Wrecking/Salvage Yard's you send your metal to for crushing/shredding, include any mobile crusher service used: (attach additional sheets if necessary)

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List name and home addresses of all paid and unpaid employees. (Use separate sheet if necessary):

Is business a: Sole Proprietor _____ Partnership _____
 Corporation _____ LLC _____ Other _____

Name, Address, Phone Number, and Date of Birth for all partners, members, and officers and stockholders with more than 10% of any class of stock, including their titles.
(Attach separate sheet if necessary)

| Name | Business Address | Residence | Position or Title |
|------|------------------|-----------|-------------------|
|------|------------------|-----------|-------------------|

| | | | |
|------|------------------|-----------|-------------------|
| Name | Business Address | Residence | Position or Title |
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| Name | Business Address | Residence | Position or Title |
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| | | | |
|------|------------------|-----------|-------------------|
| Name | Business Address | Residence | Position or Title |
|------|------------------|-----------|-------------------|

If business is a corporation or partnership, please designate the name of one principal active officer of the company to whom such the license shall be issued:

Name: _____

Have you, an employee, manager, partner, member, officer, stockholder ever been involved in any business which had an application for license/permit denied, or had a business license/permit refused, suspended or revoked or had any disciplinary action taken against a license in Rhode Island or any other state? If yes, please explain. (Use separate sheet if necessary)

Yes _____ No _____

Have you or are you a party to: (a) Discharged or undischarged bankruptcy (b) Presently involved in bankruptcy proceeding (c) A Corporation that is or was involved in a bankruptcy proceeding (d) Are there any unpaid judgment(s) outstanding against you? If yes, please explain. (Use separate sheet if necessary)

Yes _____ No _____

Page 3 – Auto Wrecking Application

Have you, an employee, manager, partner, member, officer, stockholder ever been indicted of and/or convicted of, or ever been a party in any proceedings (civil, criminal or otherwise), of any criminal felony or misdemeanor involving dishonesty, breach of trust, embezzlement, obtaining money under false pretenses, bribery, larceny, extortion, conspiracy to defraud, fraud, false dealing, or any similar offense in Rhode Island or any other state? If Yes, explain (use separate sheet if necessary) Yes _____ No _____

Name of Workers Compensation Insurance Company: _____

Policy Number: _____

Policy expiration date: _____

NMVTIS (National Motor Vehicle Title Information System) ID Number: _____

Do You have a SWPPP (Storm Water Pollution Prevention Plan) with DEM? ____ Yes ____ No

RIPDES (Rhode Island Pollutant Discharge Elimination System) ID Number: _____

Do you participate in the ELVS (End of Life Vehicle Solutions) Mercury Recovery Program? Yes _____ No _____

Do you have any outstanding issues or violations with the Department of Environmental Management? If yes, please explain: (use separate sheet if necessary) Yes _____ No _____

Have you completed DEM’s Environmental Results Program for Auto Salvage Yard Facilities? Yes _____ No _____

If no, see this link for information: <http://www.dem.ri.gov/programs/benviron/assist/asy/index.htm>

Place of Business A Licensee’s business shall be housed in a building on the premises containing not less than four hundred (400) square feet of ground level floor space, with an office where at all times business records relating to and pertinent to his or her or its operation of an Auto Wrecking Yard or Auto Salvage Yard shall be maintained.

Do you certify, under the pains and penalties of perjury, that all information you have provided in this application is true and accurate? You are advised that furnishing false information or omitting pertinent or material information in connection with this application is grounds for license revocation or denial of the license and may subject you to civil or criminal penalties. You are further advised that the Department reserves the right to independently verify, at any time, all information contained in this application and any supporting documentation. (Signatory must be applicant if individual, a general partner if a partnership, or officer of the corporation.)

X _____
Signatory (Individual, Owner, General Partner or Principal Officer)

X _____
Co-Signatory (Authorized Individual if signatory is Non-resident or is not employed in Rhode Island)

Tel: 401-462-9506

Fax: 401-462-9645

TTY: 711

Web Site: www.dbr.ri.gov



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



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General Treasurer of the state of Rhode Island

Bond Form

KNOW ALL MEN BY THESE PRESENTS:

That we _____

(hereinafter called the Principal), having an office at _____

in the State of Rhode Island, and _____ (thereinafter called the Surety), as

Surety, a corporation organized under the laws of the State of _____ and duly admitted to transact the
business of Surety Insurance in the State of Rhode, are held and firmly bound unto the General Treasurer of the
State of Rhode Island and Providence Plantations in the penal sum of _____,
to be paid to the General Treasurer of the State of Rhode Island and Providence Plantations, for the benefit of
any person referred to in the conditions of this bond for which payment, well and truly made, we bind ourselves,
our heirs, executors, successors and assigns, jointly and severally, firmly by these presents.

The conditions of this obligation are such, that ---

WHEREAS, The said Principal has applied to the Department of Business Regulation of the State of
Rhode Island and Providence Plantations for a license to act as a _____ in said State; in accordance
with Title _____, Chapter _____ of the General Laws, as amended.

NOW, THEREFORE, if said Principal shall account to any person from whom said Principal, or any
person acting in behalf of said Principal, shall hereafter obtain monies for the payment of services, negotiated,
placed, or effected by said Principal as a _____ under the provisions of Title _____, Chapter _____ of
the General Laws, as amended, or by any person acting in behalf of said Principal, then this obligation shall be
void; otherwise to remain in full force and effect.

The total aggregate liability under this bond is limited to the sum of _____.

This bond shall continue in force and effect unless, as to future acts or
omissions of the Principal, it is terminated or cancelled.

(1) By order of said Department; or

(2) By the Surety delivering thirty (30) days written notice to said Department
that the same will be cancelled.

Such cancellation or termination shall not affect any liability incurred or accrued
hereunder prior to the termination or cancellation of said bond by said Department or prior to the termination of
the thirty (30) day period for notice if terminated by Surety.

This bond shall take effect on and as of _____, 20_____.

Signed and sealed this _____ day of _____, 20_____.

Witness _____

(Principal)

Witness _____

AFFIDAVIT OF AUTO WRECKING AND SALVAGE YARD

I, _____, of _____
(Applicant name) (Name of Wrecking/Salvage Yard)

Located at _____
(street address, city, state, zip code)

Please check one:

_____ The City/Town that my Wrecking/Salvage Yard is located in **does** issue a Second Hand Dealer License under the provisions of Rhode Island General Law §5-21-1 *et seq.*

I affirm that I have complied with Rhode Island General Law §42-14.2-8 (1).

- Attached is a copy of my Second Hand Dealers License obtained under the licensing ordinances enacted pursuant to the provisions of Rhode Island General Law § 5-21 *et seq.*, from the City/Town where my Wrecking/Salvage Yard is located.

Or

_____ The City/Town that my Wrecking/Salvage Yard is located in **does not** issue a Second Hand Dealer License under the provisions of Rhode Island General Law §5-21-1 *et seq.*

I affirm that I comply with Rhode Island General Law §42-14.2-8 (2) & (3) and my Wrecking/Salvage Yard is:

- More than one thousand feet (1,000') from the nearest edge of any highway on the interstate or primary system;
- More Than six hundred feet (600') from any other state highway;
- More than three hundred feet (300') from any park, bathing beach, playground, school, church or cemetery and not within view therefrom;
- Screened from view and enclosed by a properly maintained fence at least six feet (6') high except where a natural barrier provides appropriate screening;
- In size amounting to at least two (2) acres of land and shall be one continuous lot.
- Attached is a description of the land by a surveyor's survey plan, a city or town assessor's map, or an aerial cartographic chart reflecting the area.

Signed under penalty of perjury:

X _____
(Signature of Applicant) Date

Sworn to before me on this _____ day of _____, 20_____.

X _____
(Notary Public)

My Commission Expires:

CRIMINAL HISTORY RECORD
SUBMISSION REQUIREMENT INSTRUCTIONS

Submit with the application a Criminal History Record (“CHR”) from the State of Rhode Island For all owners, partners, managers, and corporate officers. Include a CHR from the home state of any person who does not live in 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 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.