



**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 Avenue Bldg. 69-1  
 Cranston, RI 02920

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APPLICATION FOR SALES LICENSE

Holders of Manufacturers' and Wholesalers' license shall file with the Department the name and addresses of all salespersons employed by them. No person shall solicit orders for alcoholic beverages without first receiving a sales license from the Department.

1. Remit with this application the license fee of \$50.00 payable to the "Rhode Island Division of Taxation".
2. Submission of taxpayer status affidavit (attached to application as Exhibit 1).
3. Submission of **CRIMINAL HISTORY RECORD** (instructions attached to application as Exhibit 2).
4. Attach a photograph of yourself to this application (**New applicants only**). Date of photo

**License expires on December 1.**

Name \_\_\_\_\_

Address \_\_\_\_\_

City/Town \_\_\_\_\_

Date of Birth \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Color of Eyes \_\_\_\_\_ Color of Hair \_\_\_\_\_ Phone# \_\_\_\_\_

Have you ever been refused a license by this or any other State as an agent or salesperson? If Yes, Explain \_\_\_\_\_

Have you ever been convicted of a crime? If yes, explain \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**STATEMENT OF EMPLOYER:**

I hereby certify that I have compared the above with the employee and that above are his/her signature and photograph.

Signed this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

By \_\_\_\_\_

Signature

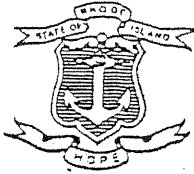
Official Capacity

NOTARY PUBLIC: Signed this \_\_\_\_\_ day of \_\_\_\_\_

Notary Public: \_\_\_\_\_ My Commission Expires: \_\_\_\_\_

EXHIBIT 1

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 completed 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.

## EXHIBIT 2

### CRIMINAL HISTORY RECORD SUBMISSION REQUIREMENT

Submit with the application a Criminal History Record ("CHR") from the State of Rhode Island for all Agents, Sales and Line Cleaners. 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 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 Rhode Island 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 DAG to conduct a background investigation, along with a self-addressed stamped envelope. The cost of 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 time for the DAG to process and generate your request. For further questions about this process, please contact the DAG at (401) 274-4400.