Division of Commercial Licensing and Racing and Athletics

You can now apply online at:  https://elicensing.ri.gov/

Or submit the attached application along with:

- Licensing/Permit Fee
- Tax Affidavit – RI Residents Only
- Copy of valid license from the state you received your uniform registry number and Tag Sample

Manufacturer/Supply Dealer

- Sample of law tag Per R.I. Gen. Law §23-26-20 and copy of license from state issuing URN
- Must also apply for a Sterilizer Permit if materials used require sterilization

Sterilization Permit – per R.I. Gen. Laws §§ 23-26-7 & 23-26-7.1 - please supply:

- Supply sample of sterilization tag and copy of license from original state of issue on tag
- Name of Sterilization Method Used and Copy of the Sterilizing Product information
  - Product must be registered as a consumer and health benefit product and labeled for use on bedding and upholstered furniture by the EPA

Second Hand Bedding & Upholstered Furniture

- Must also apply for a Sterilizer Permit and copy of any other license required by law

Renovator/Repair – For direct repair for consumer or direct sale from licensee- if materials require sterilization you must also apply for a sterilization permit, if selling item for retail see manufacturer requirements

- Supply sample of Renovator/Repairer law tag – per §23-26-14

<table>
<thead>
<tr>
<th>Type of License</th>
<th>TRIENNIAL LICENSE FEE (beginning at issuance date)</th>
</tr>
</thead>
<tbody>
<tr>
<td>MANUFACTURER / SUPPLY DEALER</td>
<td>$630.00</td>
</tr>
<tr>
<td>RENOVATOR / REPAIRER / SECOND HAND</td>
<td>$180.00</td>
</tr>
</tbody>
</table>

Sterilizer Permit has a one (1) year licensing period – starting with the issuance date of your license.

<table>
<thead>
<tr>
<th>STERILIZER PERMIT</th>
<th>Original Permit Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$ 84.00</td>
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</tbody>
</table>

Check or money order should be made payable to the State of Rhode Island General Treasurer, in U.S. Dollars and drawn on an U.S. Bank. No foreign checks or currency accepted. NO CASH!

Statutory Licensing Law Title 23 Chapter 23-26 governing bedding and upholstered furniture, and all forms may be found on the Department website at:  http://www.dbr.ri.gov/divisions/commlicensing/upholster.php

Should you have any questions, please contact Kim Precious, Implementation Aide, at (401) 462-9650 or by email at:  kimberly.precious@dbr.ri.gov

Tel: 401-462-9506     Fax: 401-462-9645     TTY: 711     Web Site:  www.dbr.ri.gov
APPLICATION FOR A BEDDING AND UPHOLSTERED FURNITURE OR STERILIZATION PERMIT

NAME OF PLANT: ____________________________      S.S.N or F.E.I.N ____________

PLANT ADDRESS: ____________________________________________________________________________

MAILING ADDRESS
IF DIFFERENT FROM ABOVE: _______________________________________________________________________

BUSINESS TEL No.: _________________________________         EMAIL ADDRESS: _______________________________________

CONTACT NAME: ___________________________________________         BUSINESS FAX No.: _____________________________________

TYPE OF BUSINESS:  □ Sole Proprietor   □ Partnership   □ Corporation   □ LLC   □ Other (Type) ______________

IF REGISTRATION SERVICE or IMPORTER IS APPLYING ON BEHALF OF MANUFACTURER:

NAME OF SERVICE/IMPORTER: ________________________________________________________________________

ADDRESS: ___________________________________________________________________________________________________________

CONTACT NAME:  ___________________________________       EMAIL ADDRESS: _________________________________________

Tel. No.:________________________    F a x  N o . :  _____________________

WILL ALL CORRESPONDENCE BE SENT TO SERVICE/IMPORTER?           YES _______      NO _______

(IF NO, ALL CORRESPONDENCE WILL BE SENT TO BUSINESS ADDRESS OF LICENSEE)

REGISTRY NUMBER ON LAW TAG: _____________________________      (attach law tag and valid license)

□ I DON’T HAVE A REGISTRY NUMBER AND REQUEST ONE FROM RHODE ISLAND      (attach sample of law tag)

LICENSE TYPE APPLYING FOR:      TRIENNIAL LICENSE  (Expires three years from issuance date)      FEE

□ Manufacturer of Bedding/Upholstered Furniture … … … □ Supply Dealer-Filling Materials only ………   $630.00

□ Renovator/Repairer of Bedding/Upholstered Furniture …. □ Second Hand Bedding/Upholstered Furniture…   $180.00

□ Sterilizer Permit --EXPIRES ONE YEAR FROM DATE ISSUED--…………………………………………………………...  $ 84.00

PRINCIPAL MATERIALS USED: _____________________________________      TYPE OF PRODUCT: __________________________

IF MATERIALS USED REQUIRE STERILIZATION YOU MUST APPLY FOR A STERILIZATION PERMIT

Name of Method/Product used for Sterilization:

(ATTACH COPY OF PRODUCT INFORMATION)

I HEREBY CERTIFY UNDER PENALTY OF PERJURY THAT THE INFORMATION ON THIS APPLICATION IS TRUE AND ACCURATE.

X______________________________________________                ________________

SIGNED                                                                                    DATED

Tel: 401-462-9506      Fax: 401-462-9645      TTY: 711      Web Site: www.dbr.ri.gov

revised 12/13
Tax Payer Status Affidavit / Identity Verification
(Rhode Island Residents Only)

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 __________________________