



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

**Tele: (401) 462-9506
TDD: 711**

**Fax: (401) 462-9645
www.dbr.state.ri.us**

Dear Applicant,

Enclosed is an application to apply for a bedding and upholstery license in the State of Rhode Island. You may also find this instruction sheet along with the application on our web site @ www.dbr.state.ri.us
Please complete the application, submit the proper fees, and return them to the above address.

The Bedding and Upholstery license has a three- (3) year license period running from **July 1, 2009 to June 30, 2012**. If you are applying for a license in the middle of the licensing period, PLEASE NOTE THAT THE FEES ARE PRO-RATED YEARLY.

Type of License	July 1, 2009- June 30, 2012	July 1, 2010- June 30, 2012	July 1, 2011- June 30, 2012
MANUFACTURER/SUPPLY DEALER	\$630.00	\$420.00	\$210.00
RENOVATOR/REPAIR/SECOND HAND	\$180.00	\$120.00	\$ 60.00
STERILIZER	\$168.00	\$126.00	\$ 84.00

If you need a copy of the state statute governing bedding and upholstered furniture, please submit a check in the amount of two dollars (\$2.00). Or you can find them on the web @ <http://www.rilin.state.ri.us/Statutes/TITLE23/23-26/INDEX>HTM>.

All checks 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!**

Should you have any further questions, please do not hesitate to contact this office at the above number.

Sincerely,

Kim Precious
Licensing Aide



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APPLICATION FOR A BEDDING AND UPHOLSTERY LICENSE

(As required by Chapter 26, Title 23, of the Rhode Island General Law 1956, as amended)

NAME OF BUSINESS

APPLYING FOR LICENSE: F.E.I.N.#

BUSINESS

ADDRESS:

ADDRESS FOR PLANT

IF DIFFERENT FROM ABOVE:

BUSINESS TELEPHONE NUMBER:

FAX NUMBER:

EMAIL ADDRESS:

TYPE OF OWNERSHIP: CORPORATE INDIVIDUAL PARTNERSHIP ASSOCIATION

PRINCIPAL OFFICIAL IN CHARGE:

HEREBY APPLY FOR A LICENSE AS A: (Check all that apply) TRIENNIAL LICENSE FEE

- Manufacturer of Bedding and/or Upholstered Furniture \$630.00
Supply Dealer-Filling Materials only \$630.00
Renovator/Repairer of Bedding and/or Upholstered Furniture \$180.00
Second Hand Upholstered Furniture or Second Hand Bedding Dealer \$180.00
Sterilizer \$168.00

SUCH LICENSE IS TO BECOME EFFECTIVE ON:

PRINCIPAL MATERIALS USED OR HANDLED

I HAVE A UNIFORM REGISTRY NUMBER STATE ISSUED BY

I DON'T HAVE A UNIFORM REGISTRY NUMBER AND HEREBY REQUEST ONE FROM THE STATE OF RI.

I OPERATE A STERILIZATION PLANT IN, AND HAVE A PERMIT NUMBER

WHICH EXPIRES ON, AND IS LOCATED AT

I agree to forward in duplicate a specimen of the tag to be attached to articles of bedding, upholstered furniture or filling materials the approval of which must be obtained before any article can be manufactured, sold, or offered for sale in the State of Rhode Island.

X SIGNED

DATED



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