



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
DEPARTMENT OF BUSINESS REGULATION
DIVISION OF COMMERCIAL LICENSING
and Racing and Athletics

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

Telephone (401) 462-9506

FAX (401) 462-9645

TTY: 711

www.dbr.ri.gov

UPHOLSTERY SECTION

NOTICE OF RENEWAL

All Bedding and Upholstery Licenses expire on June 30, 2009.

The Commercial Licensing Division of the Department of Business Regulation has changed its procedure for renewing Bedding and Upholstery licenses in order to provide a more efficient license renewal process.

The online service will be available as of **April 30, 2009** and can be accessed 24 hours a day, 7 days per week by visiting <https://www.ri.gov/Licensing/http://www.dbr.state.ri.us/divisions/commlicensing/upholster.php> and follow directions for on-line renewal. If you are unable to utilize the on line service, paper renewal is also available at: <http://www.dbr.state.ri.us/divisions/commlicensing/upholster.php>

**YOU WILL *NOT* RECEIVE A RENEWAL APPLICATION.
THIS IS YOUR RENEWAL NOTICE.**

Please be sure that the Department has your correct business address for any future mailing. It is your responsibility to notify this office of any change of address.

If you have a technical question or problem renewing on line with RI.gov please call (401) 831-8099 x 260. If you have a licensing question or problem, please call the undersigned at (401) 462-9650. Visit our website regularly to access forms, and other important information.

Sincerely,
Kim Precious
Implementation Aide



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Application for Renewal of Bedding and Upholstery License beginning July 1, 2009 and ending June 30, 2012

ON-LINE RENEWAL AVAILABLE AT: <https://www.ri.gov/Licensing/> OR <http://www.dbr.state.ri.us/divisions/commlicensing/upholster.php>

Type of Business (Please Check)	Triennial License Fee
_____ Manufacturer of Bedding or Upholstered Furniture	\$525.00
_____ Supply Dealer – Filling Materials Only	\$525.00
_____ Repairer/Renovator – Bedding or Upholstery	\$150.00
_____ Second Hand Furniture or Second Hand Bedding Dealer	\$150.00
_____ Sterilization Permit	\$105.00

The undersigned certifies that all facts contained in the original application are the same

Please type or print below:

Name of Company _____ F.E.I.N. _____

Business Address _____

City/Town, State and Zip Code _____

Business Phone _____ Fax _____

Plant location if different from above _____

Upholstery Registry Number Used on your Law Label _____

Signature of Principal Officer/Licensee _____ Date _____

Name of Principal Officer/Licensee (printed) _____

Email: _____

Enclosed with this application is a check or money order drawn on a U.S. Bank in U.S. Dollars, payable to **State of Rhode Island General Treasurer**, in the amount of \$_____ for a three-year renewal.

Mail application with full payment to the **Upholstery Section**, to the address listed above.



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