



RHODE ISLAND

DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

235 Promenade Street, Providence, RI 02908-5767

TDD 401-222-4462

Office of Boat Registration & Licensing  
3<sup>rd</sup> Floor, Room 360 (401) 222-6647

### **Marine Dealer's License**

In order to obtain a new or renew a RI Marine Dealer's License, the following information is required:

- Completed & signed application with the proper fee submitted (check/money order payable to State of RI- DEM, exact cash or credit payment, convenience fees apply)
- For individual licensed dealers, please submit Social Security Number- see attached Taxation Certification – **New Dealers Only**
- Partnerships, Corporations or LLC Corporations, please submit FEIN- See attached Taxation Certificate- **New Dealers Only**  
For Partnership or Corporation Dealers, please submit either "Partnership Agreement" or "Corporation Papers" & Disclosure Form- yearly requirement.  
LLC Corporation complete Certificate of Disclosure or Corporation of LLC & submit Certificate of Organization
- Mail or deliver application, fee, supporting documentation & Taxation Certificate to:  
**State of RI DEM Office of Boat Registration & Licensing**  
**235 Promenade St. Room 360, Providence, RI 02908-5767**  
**Office hours M-F 8:30am until 3:30pm**
- Additionally, you may renew online at [www.rio.ri.gov](http://www.rio.ri.gov)

**Attention out of state dealers:** According to the Commercial and Recreational Saltwater Fishing Licensing Regulations section (7.9) Finfish Dealer Licenses (B) Eligibility: Applicants must demonstrate that they or their registered agent maintain a fixed place of business in the State of Rhode Island at which transaction records will be maintained and made available for inspection during normal business hours.

**Note: Please verify that all additional places of business and trucks are noted on the application forms.**

**It will be helpful to include a telephone number and contact person when obtaining a license so we may contact you with any questions. Thank you for your cooperation.**



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Customer ID \_\_\_\_\_ (Office use only)

**APPLICATION FOR MARINE DEALER'S LICENSE**

New \_\_\_\_\_ Renewal \_\_\_\_\_ License #: \_\_\_\_\_

**Please Print:**

\_\_\_\_\_  
 Name of Partnership/Corporation/LLC or Individual

Name of Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Phone #: \_\_\_\_\_

Applicant's Hair Color: \_\_\_\_\_ Weight: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Height: \_\_\_\_\_

\_\_\_\_\_  
 Federal Identification/Social Security Number (See Taxpayer Certification Form)

**Dealers: NEW FEES EFFECTIVE JANUARY 1, 2022**

_____ Crustacean Dealer's License	<b>\$300.00</b>
_____ Finfish Dealer's License	<b>\$300.00</b>
_____ Shellfish Dealer's License	<b>\$300.00</b>
_____ Multi-purpose Dealer's License	<b>\$450.00</b>

\*Under penalty of law I certify that the foregoing statements are true.

\_\_\_\_\_  
 Applicant's Signature Date

Applicant's Driver's License #, State & Expiration Date: \_\_\_\_\_

E Mail Address: \_\_\_\_\_

Notes: Checks/Money Orders payable to State of RI – DEM, exact cash payment or credit payment (convenience fees apply) & mail or deliver to the address above



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**Taxpayer Certification**

You are required to furnish your Social Security # or FEIN pursuant to Chapter 76 of Title 5 and Chapter 3 of Title 31 of the RI General Laws, as amended. Any person applying for any license or permit to conduct a business or occupation within Rhode Island or any person renewing a motor vehicle operators license or motor vehicle registration within Rhode Island must have filed all required state tax returns and paid all taxes due the state or must have entered into a written installment agreement to pay delinquent state taxes that is satisfactory to the Tax Administrator. Failure to provide the Department with your Social Security # or FEIN will result in you having to obtain a Letter of Good Standing from the RI Division of Taxation Collections Section One Capitol Hill Providence, RI 02908 **PRIOR** to the issuance or renewal of your license. If you have any questions regarding your tax status, please contact Taxation directly at (401) 222-6281.

***I hereby declare, under penalty of perjury, that I have filed all required state tax returns and have either paid all taxes due the state or have entered into a written installment agreement with the Rhode Island Division of Taxation.***

Social Security # or FEIN \_\_\_\_\_

Commercial Lic # \_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_

Please submit this Certification, Letter of Good Standing or Installment Agreement along with your marine license application to the

RI DEM Office of Boat Registration & Licensing  
 235 Promenade St. Room 360  
 Providence, RI 02908



**CERTIFICATE OF DISCLOSURE OF PARTNERSHIP**

1. Name of partnership (if any) \_\_\_\_\_
2. Type of character of business \_\_\_\_\_
3. Location of principal place of business \_\_\_\_\_
4. Properties used by license agent & business covered by this license  
 Locations \_\_\_\_\_  
 Name of resident agent(s) \_\_\_\_\_  
 Address \_\_\_\_\_  
 Telephone number \_\_\_\_\_
5. Name of Individuals having legal title to the property identified in item #4  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
6. Name and place of residence of each partner, general and limited partners being respectively designated  
 Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Type of Partner \_\_\_\_\_  
 Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Type of Partner \_\_\_\_\_

I hereby under oath make affidavit in my capacity as a partner and state that this certificate of disclosure is complete, true and correct.

\_\_\_\_\_  
 Signature of Partner Filing Certificate Date \_\_\_\_\_

State of \_\_\_\_\_ county of \_\_\_\_\_ Subscribed and sworn to before me on this  
 \_\_\_\_\_ day of \_\_\_\_\_

Notary Public \_\_\_\_\_ My Commission expires \_\_\_\_\_



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**CERTIFICATE OF DISCLOSURE OF CORPORATION**

I, \_\_\_\_\_ Secretary of \_\_\_\_\_  
(state full name of corporation) under oath make affidavit and say that the following officers and directors  
of said \_\_\_\_\_ Corporation having been duly elected and/or appointed there to  
President \_\_\_\_\_ Vice President \_\_\_\_\_  
Treasurer \_\_\_\_\_ Secretary \_\_\_\_\_

Dealer Name \_\_\_\_\_  
State of in corporation \_\_\_\_\_  
Principal place of business address \_\_\_\_\_  
Telephone number \_\_\_\_\_

Other places of business covered by this license Name of Authorized RI agents

\_\_\_\_\_  
\_\_\_\_\_

State Registration Plate # of vehicle(s) used to transport fishery product \_\_\_\_\_

**Directors**

Name \_\_\_\_\_ Address \_\_\_\_\_  
Name \_\_\_\_\_ Address \_\_\_\_\_  
Name \_\_\_\_\_ Address \_\_\_\_\_

**Stockholders**

Name \_\_\_\_\_ Address \_\_\_\_\_  
Name \_\_\_\_\_ Address \_\_\_\_\_  
Name \_\_\_\_\_ Address \_\_\_\_\_

\_\_\_\_\_(Secretary) \_\_\_\_\_(Date)

In witness whereof I have hereunto set my hand and seal of the said \_\_\_\_\_

(hereunto duly authorized) this \_\_\_\_\_ day of \_\_\_\_\_,

By \_\_\_\_\_ its Secretary \_\_\_\_\_

State of \_\_\_\_\_ County of \_\_\_\_\_ Subscribed and sworn to before me on this  
\_\_\_\_\_ day of \_\_\_\_\_

Notary Public \_\_\_\_\_ My Commission expires \_\_\_\_\_



**Certificate of Disclosure of Corporation of LLC**

1. Name of Dealer: \_\_\_\_\_  
 Address; \_\_\_\_\_  
 Telephone Number: \_\_\_\_\_
2. State of Organization: \_\_\_\_\_
3. Principal Place of Business: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Telephone Number: \_\_\_\_\_
4. State Registration Plate # of Vehicle(s) used to transport fishery products: \_\_\_\_\_

**Members, Name & Address:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**RI Authorized Agent (for Non-Resident Dealers only, Name, Address, Telephone #):**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I hereby under oath make affidavit in my capacity as Manager or Managing Member and state that this certificate of disclosure is complete, true and correct.

\_\_\_\_\_

**Manager or Managing Member**

**Date**

In witness whereof I have hereunto set my hand and seal of the said \_\_\_\_\_,

(Hereunto duly authorized) this \_\_\_\_\_ day of \_\_\_\_\_,

By \_\_\_\_\_ its Manager or Managing Member \_\_\_\_\_

State of \_\_\_\_\_, County of \_\_\_\_\_

Subscribed and sworn before me on this \_\_\_\_\_ day of \_\_\_\_\_

\_\_\_\_\_  
 Notary Public My commission expires \_\_\_\_\_