



Rhode Island

Department of Environmental Management

Office of Boat Registration and Licensing

235 Promenade Street, Providence, Rhode Island 02908-5767

Third Floor, Room 360

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 (new applicants only) 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
- Renew online at www.rio.ri.gov, convenience fees apply

All Non-Resident Dealers (new and renewal applicants) must complete information relating to RI Authorized Agent on one of the three attached forms: Partnership, Corporation or LLC. The name, address & telephone number of RI Authorized Agent must be listed. If renewing online, you will be required to upload the document to the file.

Note: Please verify that all additional places of business and vehicles 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	\$300.00
_____ Finfish Dealer’s License	\$300.00
_____ Shellfish Dealer’s License	\$300.00
_____ Multi-purpose Dealer’s License	\$450.00

*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



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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 RI Authorized Agent _____

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 Incorporation _____

Principal place of business address _____

Telephone number _____

Other places of business covered by this license including: Name, Address, Telephone Number of RI
Authorized Agent –

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** _____



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CERTIFICATE OF DISCLOSURE 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:

Name, Address, Telephone Number of RI Authorized Agent:

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 _____