



RHODE ISLAND

DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

235 Promenade Street, Providence, RI 02908-5767

TDD 401-222-4462

Office of Boat Registration & Licensing
3rd 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 or money order Payable to State of RI- DEM)
- 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” (**New Dealers Only**) & Disclosure Form- Yearly Requirement.
LLC Corporation complete Certificate of Disclosure or Corporation of LLC (**New Dealers & Renewals**) & submit Certificate of Organization- **New Dealers Only**
- 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.
Office hours ar2 M-F 8:30am until 3:30pm
- Additionally, you may renew on line at www.dem.ri.gov.
All supporting documents must be mailed within 14 days to the DEM Office of Boat Registration and Licensing in order for license to remain valid.

Attention out of state dealers: According to the Commercial and Recreational Saltwater Fishing Licensing Regulations section (6.11) Dealer's Licenses (6.11-1) General Requirements (d) Applicants for a dealer's license 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.



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

Applicant ID # _____ (Office use only) Tin # _____ (Office use only)

STATE OF RHODE ISLAND APPLICATION FOR DEALERS LICENSE

New _____ Renewal _____
 (Current License No)

Please Print:

 Company/Partnership/Individual

Address: _____

City: _____ State: RI Zip Code: _____

Date of Birth: _____ Phone #: _____
 (Optional)

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
_____ Duplicate License	\$ 10.00

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

 Applicant's Signature Date

Notes: Checks/Money Orders payable to State of RI – DEM & mail or deliver to the address above



RHODE ISLAND

DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

235 Promenade Street, Providence, RI 02908-5767

TDD 401-222-4462

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

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



RHODE ISLAND

DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

235 Promenade Street, Providence, RI 02908-5767

TDD 401-222-4462

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 RI county of _____ Subscribed and sworn to before me on this
_____ day of _____

Notary Public _____ My Commission expires _____



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 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 RI 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 of Vehicle(s) used to transport fishery products: _____

Members:

Rhode Island Authorized Agent (for Non-Resident Dealers only):

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 Rhode Island County of _____

Subscribed and sworn before me on this _____ day of _____

 Notary Public My commission expires _____

