



State of Rhode Island  
**Division of Taxation\Employer Tax**

One Capitol Hill, Providence RI 02908  
<https://tax.ri.gov> - Taxation  
<https://uitax.ri.gov> - Employer Tax

**BUSINESS APPLICATION and REGISTRATION**

For Office Use Only
Permit # _____
Liability Date: _____

**Section A: Name, Mailing Address and Tax Identification Number**

Type of Entity:     Corporation                       General Partnership                       Sole Proprietor                       LP/LLP  
                           LLC - Corporation                       LLC - Partnership                       LLC - Single Member  
 Is the Entity a:     IRS Code 501 (c)(3)                       Non-profit Organization                       Religious Organization

Name (Employer, Business, Corporation, or Owner):	RI Employer Reg. # (if assigned):	Business Telephone:	
Business Name if different from above:	FEIN or if Sole Prop. SSN # (required):	Sales Tax Permit #:(if assigned)	
Mailing Address - include street, apt./office #, city/town, state and zip (this should NOT be a 3rd party address):			State + Date of Incorporation:
Actual <b>Rhode Island work location</b> (include street, apt/office #, city/town and zip) <b>CANNOT accept a PO Box #.</b> If more than 1 location, please complete Section F-2 of this form <input type="checkbox"/> <i>Check if this is an employee's home address</i>			Is any other license or permit required:
Address:	City/Town:	State: <b>RI</b>	Zip:
If you do not have a RI location, enter out-of-state business location address:	City/Town:	State:	Zip:
Employer Email:	Name and Sales Permit # of former owner, if applicable.		

**Section B: Contact Information for Person(s) in Charge of Record Keeping**

Person in charge of **Sales Tax Records:**

Name: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Person in charge of **Payroll Records:**

Name: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Person in charge of **Unemployment Records:**

Name: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**Section C: Name, Social Security Number, Home Address, and Title of Owner, each Partner, or each Corporate Officer**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

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

SSN: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

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

SSN: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

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

SSN: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Section D: Account Information**

Sales permit is renewable at fiscal year ending June 30<sup>th</sup>

If yes, in addition to Sections A,B,C and D, complete sections listed below:

- Do you have employees **working** in RI?  Yes  No E F G and Taxpayer Status Affidavit
- If yes, are they hired to work **ONLY** in RI?  Yes  No E F G and Taxpayer Status Affidavit
- Do you have RI Withholding?  Yes  No E F G and Taxpayer Status Affidavit
- Do you lease employees in RI?  Yes  No E F G and Taxpayer Status Affidavit
- Are you an Employee Leasing Organization?  Yes  No E F G and Taxpayer Status Affidavit
- Do you make sales at retail?  Yes  No F G and Taxpayer Status Affidavit
- Do you have multiple locations?  Yes  No F G and Taxpayer Status Affidavit
- If yes, would you like to consolidate returns?  Yes  No

If yes, enter the number of locations below next to the item(s) you will be selling and complete Section F-2. Each location requires a separate permit.

**Will you be selling:**

# of Locations Provide any required, additional info listed below

- Beverages or Food  Yes  No \_\_\_\_\_
- Gasoline  Yes  No \_\_\_\_\_ Filing station license # \_\_\_\_\_ (Required)
- Liquor  Yes  No \_\_\_\_\_
- Motor Vehicles  Yes  No \_\_\_\_\_ If yes, MV Dealer license # \_\_\_\_\_ (Required)
- Motor Vehicles leasing  Yes  No \_\_\_\_\_ If yes, MV Dealer license # \_\_\_\_\_ (Required)
- Prepaid wireless phone cards  Yes  No \_\_\_\_\_
- Rental of room(s)/home(s)  Yes  No \_\_\_\_\_ Type of Rental:  Residential Dwelling  Room Rental
- Other  Yes  No \_\_\_\_\_ Product: \_\_\_\_\_
- Cigarettes/Tobacco/Other Tobacco\*  Yes  No \_\_\_\_\_

\* A \$25.00 fee is due for each location, as well as each cigarette vending machine. Each location and cigarette vending machine requires a separate license and fee.

# of locations selling cigarettes + # of cigarette vending machines x \$25 = Total Cigarette Fee Due and Enclosed  
 \_\_\_\_\_ + \_\_\_\_\_ x \$25 = \$ \_\_\_\_\_

# of Locations

- Are you an Artist, Writer or Composer?  Yes  No \_\_\_\_\_
- Are you a Class A Package and Liquor Store?  Yes  No \_\_\_\_\_
- Are you an Eating or Drinking Establishment?  Yes  No \_\_\_\_\_
- Are you a Convenience Store, Mini-Market or Supermarket that provides chairs, tables, or counter(s) in an area of your store where prepared food and/or beverages may be consumed?  Yes  No \_\_\_\_\_

Date business will commence in this state? \_\_\_\_\_ If Seasonal operation, enter months open: \_\_\_\_\_

Is this application for a temporary event?  Yes  No If yes, date(s) of temporary event? \_\_\_\_\_

**Section E: Payroll Information**

**Your Unemployment Account will be set up within 90 days of your liability date, or actual first date of wages paid.**

Amount of RI withholding taxes you expect to withhold from employees each month: \_\_\_\_\_ Payment Frequency will be \_\_\_\_\_ Number of employees working in RI: \_\_\_\_\_  
 Actual first date of wages paid in RI: \_\_\_\_\_

\$600 or more  Weekly  
 \$50 or more but less than \$600  Monthly  
 Less than \$50  Quarterly

Note: Form RI-941, used to report RI withholding, is filed quarterly regardless of the amount of RI withholding per month or payment frequency.

If any part of the business or its assets were acquired, please enter the date of acquisition, name, address and, if known, the RI Employment Registration number of the former owner.

Date of Acquisition:	RI Employer Registration #:	FEIN #:
Name of former owner:		
Acquired Business Name:		
Address, City/Town, State and Zip:		
Number of Employees acquired from that business, if any:		

If you are a sole owner or partnership that is incorporating, state the name and address of the former business:

Date of Ownership Change:	RI Employer Registration #:	FEIN #:
Business Name:		Business Address:

**Section F: Industry Description**

**F-1: Completion of this section is mandatory under Section 28-42-38.1(b) of the RI Employment Security Law, Chapters 42-44.** Detailed information about your business is essential so that we may accurately assign the correct North America Industrial Classification Code (NAICS code) to your company. In the space provided, describe your key business activities, products, or services, at this location (provide percentage breakout if necessary). If your business is based out of state but has an employee(s) working from home in Rhode Island, please describe the nature of the work that the employee(s) performs in RI. **Failure to comply with an accurate description may result in the delayed allocation of an UI account number.** For inquiries on the business description only, call (401) 462-8760.

Business description (Required): *Example 1.) We are an auto body shop and we also sell used cars. We expect 70% of our revenue to come from auto body and 30% from car sales. 2.) A national bank located in Chicago employing call center help working from home.*

**F-2: Establishment Locations:**

If you operate your business at more than one location in Rhode Island, please list the street address, city and zip code for each RI location and the approximate employment for each location. If the business activities of any establishment differ from the above, please tell us the main business activity of the differing location. In addition, please check the box of each tax type in the columns below that applies to each location.

RI Location Address Street Address, City/Town, Zip Code	# of Employees	Activity	Beverages or Food	Cigarette/ Tobacco/ Other Tobacco	Prepaid Wireless Phone Cards	Rental of Room(s)/ Home(s)	Sales Tax
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**F-3 NAICS Code Required:** Click the link below to assign the NAICS code that best fits your business activity in Rhode Island. Enter key words or phrases from the business description above within the '2022 NAICS Search' box.

<https://www.census.gov/naics/> NAICS Code: \_\_\_\_\_ (6 digits required)

For inquiries on the NAICS code, call the Division of Taxation's Registration Section at (401) 574-8938.

**Section G: Certification and Signature (must be signed)**

The undersigned certifies that the information given on this form is true and correct to the best of their knowledge and belief.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_


**BUSINESS APPLICATION and REGISTRATION**

State of Rhode Island  
 Division of Taxation  
 One Capitol Hill  
 Providence, RI 02908

**Taxpayer Status Affidavit / Identity Verification**

All persons applying or renewing any license, registration, permit or other authority (herein after 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 (R.I. Gen. Laws § 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, or Federal Tax Identification Number as appropriate. These numbers will be checked by 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.

**Licensee Declaration**

I hereby declare, under penalty of perjury;

- 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 Permit(s)/License(s) for which you are applying

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Phone: \_\_\_\_\_

Date: \_\_\_\_\_

This completed Status Affidavit must be submitted with a Business Application Registration (Form BAR) or any other License/Permit application filed with the Division of Taxation.