



**State of Rhode Island  
DEPARTMENT OF BUSINESS REGULATION  
Securities Division  
1511 Pontiac Avenue, Bldg. 69-2  
Cranston, Rhode Island 02920**

**MANDATORY ADDENDUM TO LICENSE APPLICATION  
Tax Payer 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 taxed owed to the state prior to receiving a license as mandated by State law (RIGL § 5-76-2) 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 (for businesses) as appropriate. These numbers will be transmitted to the Division of Taxation to verify tax status prior to the issuance of a license.**

**PLEASE CHECK ONE BOX ONLY, EVEN IF YOU HAVE NEVER BEEN EMPLOYED IN RHODE ISLAND.**

**Licensee Declaration**

I hereby declare, under penalty of perjury, that:	
I do not have a tax liability in Rhode Island at this time.	
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/ Business License for which you are applying	
_____	_____
Full Name (Please Print or Type)	Social Security Number (or FEIN for Business)
_____	_____
Signature	Phone Number (including area code if not 401)
_____	_____
Date	Name of Business
<p><b>NOTE: This form must be completed, signed and attached electronically to your application in order for us to begin processing. Please call the Department with any questions.</b></p>	