



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

**FILINGS MUST BE SUBMITTED ON USB FLASH DRIVE OR CD-ROM.
WE NO LONGER ACCEPT PAPER FILINGS**

**E-LICENSING IS NOW AVAILABLE. APPLY ONLINE TODAY AT
[HTTPS://ELICENSING.RI.GOV](https://elicensing.ri.gov)**

You can check the status of your application by logging into <https://elicensing.ri.gov> with your personal user ID and Password. If you do not have your personal user ID and password, please contact the Division at 401-462-9527.

PROFESSIONAL SOLICITOR APPLICATION

Annual Expiration: JUNE 30th _____ **RENEWAL APPLICATION**

_____ **INITIAL APPLICATION**

1. Name: _____
2. Date of Birth: _____
3. Social Security Number: _____
4. Address: _____

5. Name, Address, E-Mail address and phone number of employing fundraiser:

6. Contact Supervisor and mailing address:

7. Has any license or registration been denied, cancelled or revoked, or has any action been taken against you in connections with solicitation of funds for charitable purposes? Yes ___ No ___
8. Have you ever been convicted of a crime involving the misuse or theft of money? Yes ___ No ___
9. Have you ever been convicted of a crime of dishonesty, theft, burglary, deception or fraud? Yes ___ No ___
10. Submission of Tax Payer Status Affidavit (attached to application as Exhibit 1)

I CERTIFY UNDER PENALTY OF PERJURY THAT I HAVE READ THIS APPLICATION AND KNOW THAT ALL STATEMENTS THERIN ARE TRUE.

(Signature)

(Date)

(Print Name)



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**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

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.