



UPHOLSTERY AND STERILIZATION INSTRUCTIONS AND RENEWAL APPLICATION

Applicants are *strongly encouraged* to renew online at: <https://elicensing.ri.gov/>

Complete the application and return with the following required attachments.

Incomplete applications will be returned.

- **LICENSE FEE** — Check or Money Order in U.S. Dollars and drawn on a U.S. bank made payable to “Rhode Island General Treasurer”
 - Manufacturer -- \$630 ***Valid for three (3) years***
 - Supply Dealer -- \$630 ***Valid for three (3) years***
 - Second-Hand -- \$180 ***Valid for three (3) years***
 - Renovator/Repairer -- \$180 ***Valid for three (3) years***
 - Sterilization Permit -- \$42 ***Valid for one (1) year***

- **REQUIREMENTS**
 - Your State of Rhode Island License Number
 - Your Uniform Registry Number (URN)
 - **IF NO ADDRESS OR NAME CHANGE:**
 - **Must** provide your R.I. License number and URN
 - **IF YOU’VE HAD AN ADDRESS OR NAME CHANGE:**
 - **Must** include a copy of valid license reflecting change from the state you received your Uniform Registry Number (URN)
 - **Must** include a copy of new corresponding Law Label
 - **Must** fill out Business/Plant Information
 - **IF YOU’VE HAD A CHANGE IN REGISTRATION OR IMPORTER SERVICE:**
 - **Must** provide the R.I. License Number
 - **Must** provide the URN
 - **Must** fill out Registration/Importer Information



State of Rhode Island
DEPARTMENT OF BUSINESS REGULATION
Division of Commercial Licensing
1511 Pontiac Avenue, Bldg. 69-1
Cranston, Rhode Island 02920

UPHOLSTERY RENEWAL APPLICATION

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LICENSE TYPE (check all that apply)	
<input type="checkbox"/> Manufacturer <input type="checkbox"/> Supply Dealer <input type="checkbox"/> Renovator/Repairer <input type="checkbox"/> Second-Hand <input type="checkbox"/> Sterilizer Permit	
RHODE ISLAND LICENSE AND UNIFORM REGISTRY NUMBER INFORMATION	
State of Rhode Island License Number:	
Uniform Registry Number:	
BUSINESS/PLANT INFORMATION (to be completed ONLY if there is a change)	
Name:	FEIN:
DBA (If applicable):	
Address:	
City, State, Zip:	
Mailing Address (if different from above):	
Email:	Phone:
Type of product:	
List all materials used:	
REGISTRATION SERVICE/IMPORTER INFORMATION (to be completed ONLY if there is a change)	
Registration Service Name:	
Registration Service Address:	
Registration Service City, State, Zip:	
Registration Service Email:	Phone:
Will all correspondence be sent to the Registration Service?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is this a joint registry?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Importer Name:	
Importer Address:	
Importer City, State, Zip:	
Importer Email:	Phone:
Will all correspondence be sent to the Importer?	<input type="checkbox"/> Yes <input type="checkbox"/> No



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UPHOLSTERY RENEWAL APPLICATION — CONTINUED

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AFFIDAVIT(S) & SIGNATURE

Tax Payer Status Affidavit

Pursuant to R.I. Gen. Laws, Chapter 5-79, as amended, any person applying for or renewing any license, permit, or other authority to conduct a business or occupation within Rhode Island must have filed all required state tax returns and paid all taxes due to the state or must have entered into a written agreement to pay delinquent state taxes that is satisfactory to the Tax Administrator.

Have you filed all required Rhode Island State tax returns, and have you paid all taxes owed? Yes No

Affidavit of Application

I swear, under penalty of perjury that the information provided in connection with this application is true to the best of my knowledge, with the understanding that any omissions, inaccuracies or failure to make full disclosures may be deemed sufficient reason to deny licensure by the Rhode Island Department of Business Regulation.

Signature of Applicant

Date of Signature (MM/DD/YY)

OFFICE USE ONLY

		Date
Date application received:		
Check #	Amount:	
URN License received:		
Law Label received:		
Sterilization Materials received:		