



State of Rhode Island  
 Department of Business Regulation  
 Division of Commercial Licensing  
 Auto Wrecking & Salvage Section  
 1511 Pontiac Ave, Bldg. 69-1  
 Cranston, RI 02920

**AUTO WRECKING & SALVAGE YARD APPLICATION**  
 Please type. **Incomplete applications will be returned.**

**TYPE OF APPLICATION**

New     Renewal     Transfer    **If Renewal or Transfer, License Number:**

**APPLICANT INFORMATION**

Name:	DOB:
Address:	
City, State, Zip:	
Email:	Phone:
Length of time applicant has been employed in auto wrecking and salvage business:	

**BUSINESS INFORMATION**

Type of Business:  
 Sole Proprietorship     Partnership     Corporation     LLC     Other

Name:	FEIN:
DBA (If applicable):	
Address:	
City, State, Zip:	
Email:	Phone:
List normal business days and normal hours of operation:	

**PARTNERS, MEMBERS, OFFICERS**  
**(ANYONE WITH 10% OF ANY CLASS STOCK, IF APPLICABLE)**

Name:	DOB:
Title:	
Address:	
City, State, Zip:	
Email:	Phone:
Name:	DOB:
Title:	
Address:	
City, State, Zip:	
Email:	Phone:
Name:	DOB:
Title:	
Address:	
City, State, Zip:	
Email:	Phone:
Name:	DOB:
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**AUTO WRECKING & SALVAGE YARD APPLICATION — CONTINUED**

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**DESIGNEE INFORMATION**

**(If a corporation or partnership, you must designate the name of ONE PRINCIPAL to whom such the license shall be issued)**

Name:	DOB:
Title:	
Address:	
City, State, Zip:	
Email:	Phone:

**EMPLOYEE LIST**

Name:	Address:
Name:	Address:
Name:	Address:
Name:	Address:
Name:	Address:

**APPLICATION QUESTIONS**

Have you, an employee, manager, partner, member, officer, stockholder ever been involved in any business which had an application for license/permit denied, or had a business license/permit refused, suspended or revoked or had any disciplinary action taken against a license in Rhode Island or any other state?  
**(If yes, please explain using a separate sheet.)**    **Yes**    **No**

Have you or are you a party to: (a) Discharged or undischarged bankruptcy (b) Presently involved in bankruptcy proceeding (c) A Corporation that is or was involved in a bankruptcy proceeding (d) Are there any unpaid judgment(s) outstanding against you?  
**(If yes, please explain using a separate sheet.)**    **Yes**    **No**

Have you, an employee, manager, partner, member, officer, stockholder ever been indicted of and/or convicted of, or ever been a party in any proceedings (civil, criminal or otherwise), of any criminal felony or misdemeanor involving dishonesty, breach of trust, embezzlement, obtaining money under false pretenses, bribery, larceny, extortion, conspiracy to defraud, fraud, false dealing, or any similar offense in Rhode Island or any other state?  
**(If yes, please explain using a separate sheet.)**    **Yes**    **No**

A Licensee's business shall be housed in a building on the premises containing not less than four hundred (400) square feet of ground level floor space, with an office where at all times business records relating to and pertinent to his or her or its operation of an Auto Wrecking Yard or Auto Salvage Yard shall be maintained. Do you have such a building?  
 **Yes**    **No**

Do you own or operate additional Branch locations?    **Yes**    **No**   **(If yes, how many?    )**  
**NOTE: An application and fee must be completed for each location**

Do you sell used auto parts?    **Yes**    **No**

Do you own and operate an auto shredder?    **Yes**    **No**   **IF YES:**    **Mobile**    **Stationary**

Do you own and operate an auto crusher?    **Yes**    **No**   **IF YES:**    **Mobile**    **Stationary**



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**PROPERTY INFORMATION**

Name of Property Owner:

Address:

City, State, Zip:

Email:

Phone:

Do you own or rent the property where business is located?

**Own**  **Rent**

**(If you rent, length of lease: )**

Are there any other businesses located on the property?

**Yes**  **No**

**If yes, provide name and business type:**

**INSURANCE AND DEPARTMENT OF ENVIRONMENTAL PROTECTION**

Name of Workers Compensation Insurance:

**Policy Number:**

**Policy Dates:**

NMVTIS (National Motor Vehicle Title Information System) ID Number:

Do You have a SWPPP (Storm Water Pollution Prevention Plan) with DEM?

**Yes**  **No**

RIPDES (Rhode Island Pollutant Discharge Elimination System) ID Number:

Do you participate in the ELVS (End of Life Vehicle Solutions) Mercury Recovery Program?

**Yes**  **No**

Do you have any outstanding issues or violations with the Department of Environmental Management?  **Yes**  **No**

Have you completed DEM's Environmental Results Program for Auto Salvage Yard Facilities?

**Yes**  **No**

**If no, see this link for information: <http://www.dem.ri.gov/programs/benviron/assist/asy/index.htm>**



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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**

OFFICE USE ONLY	
	Date
Date application received:	
Check #	Amount:
BCI(s) received:	
Bond received:	
Second-Hand Dealers License (or affidavit) received:	
Evidence of Zoning Approval received:	



**AUTO WRECKING AND SALVAGE YARD  
AFFIDAVIT OF COMPLIANCE TO RHODE ISLAND GENERAL LAW §42-14.2-8 (2) & (3)**

I, \_\_\_\_\_, of \_\_\_\_\_  
(Applicant name) (Name of Wrecking/Salvage Yard)

Located at: \_\_\_\_\_  
(street address, city, state, zip code)

The City/Town that my Wrecking/Salvage Yard is located in **does not** issue a Second Hand Dealer License under the provisions of Rhode Island General Law §5-21-1 *et seq.*

I affirm under penalty of perjury I comply with Rhode Island General Law §42-14.2-8 (2) & (3) and my Wrecking/Salvage Yard is: (attach any evidence you have that confirms below statements)

- More than one thousand feet (1,000') from the nearest edge of any highway on the interstate or primary system;
- More Than six hundred feet (600') from any other state highway;
- More than three hundred feet (300') from any park, bathing beach, playground, school, church or cemetery and not within view therefrom;
- Screened from view and enclosed by a properly maintained fence at least six feet (6') high except where a natural barrier provides appropriate screening;
- In size amounting to at least two (2) acres of land and shall be one continuous lot.
- Attached is a description of the land by a surveyor's survey plan, a city or town assessor's map, or an aerial cartographic chart reflecting the area.

=====

Signed under penalty of perjury:

X \_\_\_\_\_  
(Signature of Applicant) Date

Sworn to before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

X \_\_\_\_\_  
(Notary Public)

My Commission Expires: