



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

## INITIAL UPHOLSTERY AND STERILIZATION INSTRUCTIONS AND APPLICATION

Applicants are *strongly encouraged* to apply 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 -- \$84 *Valid for one (1) year*

- **UNIFORM REGISTRY NUMBER** Copy of valid license from the state you received your Uniform Registry Number (URN)

- **OTHER REQUIREMENTS**

**Manufacturer/Supply Dealer**

- Law label per R.I. Gen. Law § 23-26-20
  - *If materials require sterilization you must also apply for a sterilization permit*

**Second-Hand Bedding & Upholstered Furniture**

- Second-Hand law label per R.I. Gen. Laws § 23-26-17 and 23-26-20
  - *Must also apply for a Sterilization Permit*

**Renovator/Repair – Consumer or Direct Sale from Licensee**

- Renovator/Repairer law label per R.I. Gen. Law § 23-26-14
  - *If materials require sterilization you must also apply for a sterilization permit*

**Sterilization Permit: R.I. Gen. Laws §§ 23-26-7 & 23-26-7.1:**

- Sterilization label/tags and copy of Sterilization Permit from original state issuing permit
- Name of Sterilization Method Used and Copy of the Product information label
  - Product must be registered as a consumer and health benefit product and labeled for use on bedding and upholstered furniture by the EPA



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**INITIAL UPHOLSTERY APPLICATION**

Please type. **Incomplete applications will be returned.**

**LICENSE TYPE**  
(check all that apply)

Manufacturer  Supply Dealer  Renovator/Repairer  Second-Hand  Sterilizer Permit

**BUSINESS/PLANT INFORMATION**

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**  
(if applying on behalf of manufacturer)

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

**UNIFORM REGISTRY NUMBER INFORMATION**

Do you have an URN?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what is the URN on the Law Label?	
If no, are you requesting one from the State of Rhode Island?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**STERILIZATION PERMIT INFORMATION**

Are the materials used sterilized?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, method/product used for sterilization: <b>(Proof of sterilization materials and label must be attached)</b>	



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**INITIAL UPHOLSTERY APPLICATION — CONTINUED**  
 Please type. **Incomplete applications will be returned.**

**AFFIDAVIT(S) & SIGNATURE**

**Tax Payer Status Affidavit**

Pursuant to R.I. Gen. Laws, Chapter 5-76, 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
<b>Date application received:</b>	
<b>Check #</b>	<b>Amount:</b>
<b>URN License received:</b>	
<b>Law Label received:</b>	
<b>Sterilization Materials received:</b>	