



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

**Division of Commercial Licensing  
Liquor Section**

**APPLICATION FOR SALES LICENSE**

Holders of Manufacturers’ and Wholesalers’ license shall file with the Department of Business Regulation (“DBR”) the name and addresses of all salespersons employed by them. No person shall solicit orders for alcoholic beverages without first receiving a sales license from DBR. Please submit the following with this application:

- The license fee of **\$50.00**, check or money order, made payable to the “RI General Treasurer”.
- A **Taxpayer Status Affidavit** (See attached).
- A **Criminal History Record (Initial applicants only)**. Please see attached instructions.
- A recent photograph of yourself (**Initial applicants only**).

**All licenses expire on December 1st of every year. A late fee of \$25 will be applied after this date.**

Select one:             **Initial Application**             **Renewal Application**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Social Security # \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Phone # \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_ Email Address: \_\_\_\_\_

Have you ever been refused a license in this or any other state as a Salesperson?    **Yes**     **No**

Have you ever been convicted of a criminal offense?             **Yes**     **No**

If you’ve answered “**Yes**” to either of the above questions, please attach a written explanation.

Applicant’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**STATEMENT OF EMPLOYER**

I, \_\_\_\_\_, attest that the above named individual is currently under my employ.

Employer Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Tax Payer Status Affidavit / Identity Verification

All persons applying or renewing any license, registration, permit or other authority (hereinafter 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 taxes owed to the state prior to receiving a license as mandated by state law (RIGL 5-76) 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 as appropriate. These numbers will be transmitted to the Division of Taxation to verify tax status prior to the issuance of a license. This declaration must be made prior to the issuance of a license.

### Licensee Declaration

- I hereby declare, under penalty of perjury, that 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 # \_\_\_\_\_)

\_\_\_\_\_  
Full Name (Please Print or Type)

\_\_\_\_\_  
Social Security Number (or FEIN for Business)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



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**CRIMINAL HISTORY RECORD SUBMISSION REQUIREMENTS**

**LIQUOR APPLICANTS**

A Criminal History Record (“CHR”) must be submitted to the Liquor Section of the Department of Business Regulation (“DBR”), Division of Commercial Licensing with each Liquor Application. Processing applications is contingent upon the complete disposition, or results of any charges delineated or resolved prior to application submission. See instructions below to learn how to obtain your CHR.

**INSTRUCTIONS**

**Applying in Person:** A Criminal History Record may be obtained by visiting the Bureau of Criminal Identification at the Rhode Island Department of Attorney General (“DAG”). To apply for a CHR in this manner, bring a picture-identification, showing your date of birth.

**Applying by Mail:** To apply by mail, send a notarized copy of a photo ID, showing your date of birth, and a signed/notarized letter, giving permission to the DAG to conduct a background investigation, along with a self-addressed stamped envelope.

**Mail to:** Department of the Attorney General  
4 Howard Avenue  
Cranston, Rhode Island, 02920

**Hours of operation are 8:30 a.m. to 4:30 p.m.**

The cost for a CHR, whether applying in person or by mail, is five dollars (\$5.00), and is payable by check or money order to the “BCI”. Please allow time for the DAG to process and generate your request. For further questions about this process, you may contact the DAG at the phone number below.

**If you reside in another state, supply a CHR from your home state, as well as one from Rhode Island.**