



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
DEPARTMENT OF BUSINESS REGULATION  
DIVISION OF COMMERCIAL LICENSING  
and Racing and Athletics  
John O. Pastore Center Building 69-1  
1511 Pontiac Ave  
Cranston, RI 02920

Telephone (401) 462-9506  
FAX (401) 462-9645  
TTY: 711  
[www.dbr.ri.gov](http://www.dbr.ri.gov)

## AUTO WRECKING, SALVAGE YARD & SALVAGE PROCESSORS

### INSTRUCTIONS

1. Complete and notarize attached application. Each question must be fully and truthfully answered. Any material misrepresentation will be grounds for denial or subsequent revocation of license. Use additional sheets of paper if space provided for is not sufficient and reference each item by number as it appears on application.
2. License Fee: Seven Hundred Fifty Dollars (\$750.00) for three (3) year license period. Check or money order shall be made payable to the Rhode Island General Treasurer.
3. The following items must also be attached:
  - a). Proof of Ten Thousand Dollar (\$10,000.00) surety bond.
  - b). Proof of Zoning. Submit a document from the city or town where Auto Wrecking and Salvage Yard operates verifying adherence and compliance with the city or town zoning requirements.
  - c). Copy of local Second-Hand Dealers license where applicable. If the business is located in a city or town that does not issue licenses under the provision of R.I. Gen. Law §5-21-1 *et seq.*, the applicant must conform with the requirements of R.I. Gen Law §42-14.2-8 (2) and (3). If business intends to be licensed in accordance with subdivision (2), a description of the land shall be furnished to the Department by a surveyor's survey plan, a city or town assessors map, or an aerial cartographic chart reflecting the area.
  - d). Attach a copy of Criminal History Report. This may be obtained through the RI Attorney General's office located at 150 South Main Street, Providence, RI.
  - e). Tax payer Affidavit



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## AUTO WRECKING & SALVAGE YARD

July 1, 2009 - June 30, 2012

CHECK WHICH OF THE FOLLOWING APPLIES TO YOU:

- \_\_\_\_\_ Individual (Signatory must be individual)  
\_\_\_\_\_ Firm (Signatory must be owner)  
\_\_\_\_\_ Partnership (Signatory must be a general partner)  
\_\_\_\_\_ Corporation (Signatory must be a principal officer or majority stockholder)

<b>TYPE OF APPLICATION:</b> _____ <b>NEW</b> _____ <b>RENEWAL</b> _____ <b>TRANSFER</b>
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\_\_\_\_\_  
(1) Name of Applicant: Last    First    Middle    (2) Social Security#

\_\_\_\_\_  
(3) Home Address: # Street    City/Town    State    Zip Code

\_\_\_\_\_  
(4) Home Telephone    (5) U.S. Citizen    (6)(7) Date & Place of Birth

\_\_\_\_\_  
(8) Name and address of applicant's place of employment and length of time engaged in the employment.

\_\_\_\_\_  
(9) Business name under which applicant intends to operate (if different from Item 8)

\_\_\_\_\_  
(10) Principal office of auto wrecking and salvage yard (if different from Item 8)

\_\_\_\_\_  
Street    City/Town    State    Zip

\_\_\_\_\_  
(11) Business Telephone    (12) Date auto wrecking and salvage yard business commenced or will commence operations

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(13) Length of time applicant was employed in auto wrecking and salvage business

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(14) List normal business hours and days of operation

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(15) List all wrecking and salvage yard business branches or location other than principal office where business will operate in Rhode Island. (Use separate sheet if necessary)

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Branch	Street	City/Town	State	Zip	Telephone
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(16) Length of time branch in operation, and name utilized, if different, from home office.

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(17) Number of Employees

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(18) List name and home addresses of all paid and unpaid employees. (Use separate sheet if necessary)

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(19) Name and address of Worker's Compensation Insurance Company.

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(20) Name and address of insurance company supplying surety bond and expiration date.

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(21) Date/Place of Incorporation

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(22) Please provide the following information for all the officers of the corporation and stockholder with more than 10% of any class of stock. If partnership, or limited liability corporation, please provide the information for all partners or members. (Use separate sheet if necessary)

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Name	Business Address	Residence	Position or Title
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Name	Business Address	Residence	Position or Title
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Name	Business Address	Residence	Position or Title
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Name	Business Address	Residence	Position or Title
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(23) Is there any person or corporation whose name is not disclosed above whom has a financial interest in the applicant or whom otherwise exercises control or direction over the applicant? If yes, please list names and explain. (Use separate sheet if necessary)

Yes \_\_\_\_\_ No \_\_\_\_\_

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(24) If a corporation or partnership, please designate the name of one principal active officer or the company to whom such license shall be issued:

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

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(25) Has any individual, firm, partnership, corporation, or organization with which you are now or have been associated in any capacity had a business license, permit refused, suspended or revoked? If yes, please explain. (Use separate sheet if necessary)

Yes \_\_\_\_\_ No \_\_\_\_\_

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(26) Has the owner, partner, director, officer, member, or stockholder of the applicant or applicant's business ever had a license to operate as a business or operate as an agent of a business refused, suspended, or revoked? If yes, please explain. (Use separate sheet if necessary)

Yes \_\_\_\_\_ No \_\_\_\_\_

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(27) Will the applicant (or any partner, in the case of a partnership, or any officer or director, in the case of a corporation) be engaged, occupied or employed in any business, occupation or profession other than the business for which this application is requested? If yes, please explain. (Use separate sheet if necessary)

Yes \_\_\_\_\_ No \_\_\_\_\_

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(28) Have you knowledge of any individual associated with the applicant, either owner, partner, or principal corporate officer or stockholder of the applicant, or applicant's business, being indicated or convicted of any offense or placed on probation in items 19-22? If yes, please explain. (Use separate sheet if necessary)

Yes \_\_\_\_\_ No \_\_\_\_\_

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(29) Have you ever had a license application refused or a business license or permit to operate an auto wrecking and salvage yard business or to act as an agent of such business suspended or revoked in this or in any other state or lawful jurisdiction? If yes, please explain. (Use separate sheet if necessary)

Yes \_\_\_\_\_ No \_\_\_\_\_

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- (30) Have you ever been: (1) indicted for and/or convicted of any crime other than a minor traffic violation, or  
(2) been indicted for and/or convicted of any felony or misdemeanor, or  
(3) convicted of any crime of moral turpitude; or  
(4) misrepresenting products or services, or  
(5) misappropriating or unlawfully converting monies of others or  
(6) been placed on probation for any crime?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please give full particulars. (Use separate sheet if necessary)

- 
- (31) Have you or are you a party to:
- |  |           |          |
|--|-----------|----------|
| (a) Discharged or undischarged bankruptcy                            | Yes _____ | No _____ |
| (b) Presently involved in bankruptcy proceeding                      | Yes _____ | No _____ |
| (c) A Corporation that is or was involved in a bankruptcy proceeding | Yes _____ | No _____ |

If yes, please explain. (Use separate sheet if necessary)

- 
- (32) Are there any unpaid judgment(s) outstanding against you? If yes, please explain. (Use separate sheet if necessary)

Yes \_\_\_\_\_ No \_\_\_\_\_

- 
- (33) Have you read, and do you understand, the provisions of Title 42, Chapter 14.2 of the General Laws of Rhode Island and Commercial Licensing Regulation 6 promulgated there under pertaining to the auto wrecking and salvage yard business?

Yes \_\_\_\_\_ No \_\_\_\_\_

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The undersigned hereby apply/applies for license Pursuant to the provisions of Chapter 42, Title 14.2 of the Rhode Island General Laws and Commercial Licensing Regulation 6 promulgated there under and make(s) Oath and representations made in this application, Including all supplementary statements hereto Attached.

X \_\_\_\_\_  
**Signatory** (Individual, Owner,  
General Partner or Principal Officer)

X \_\_\_\_\_  
**Co-Signatory** (Authorized Individual  
if signatory is Non-resident or is not  
employed in Rhode Island)

=====

Subscribed and Sworn to at \_\_\_\_\_ on \_\_\_\_\_, A.D., 20 \_\_\_\_\_.

X \_\_\_\_\_  
Notary Public

My Commission expires on:



## 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 and 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.

Please return this affidavit along with your license application to: Rhode Island Department of Business Regulation, 1511 Pontiac Avenue, Cranston, RI 02920.

### 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 # \_\_\_\_\_)

\_\_\_\_\_  
Type of Professional License for which you are applying

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

\_\_\_\_\_  
Social Security Number (or FEIN if appropriate)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Phone Number (including area code if not 401)

\_\_\_\_\_  
Date



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General Treasurer of the state of Rhode Island

**Bond Form**

KNOW ALL MEN BY THESE PRESENTS:

That we \_\_\_\_\_  
 (hereinafter called the Principal), having an office at \_\_\_\_\_  
 in the State of Rhode Island, and \_\_\_\_\_ (thereinafter called  
 the Surety), as Surety, a corporation organized under the laws of the State of \_\_\_\_\_  
 and duly admitted to transact the business of Surety Insurance in the State of Rhode, are  
 held and firmly bound unto the General Treasurer of the State of Rhode Island and Providence Plantations  
 in the penal sum of \_\_\_\_\_, to be paid to the General  
 Treasurer of the State of Rhode Island and Providence Plantations, for the benefit of any person referred  
 to in the conditions of this bond for which payment, well and truly made, we bind ourselves, our heirs,  
 executors, successors and assigns, jointly and severally, firmly by these presents.

The conditions of this obligation are such, that ---

WHEREAS, The said Principal has applied to the Department of Business Regulation of the State  
 of Rhode Island and Providence Plantations for a license to act as a \_\_\_\_\_ in said State; in  
 accordance with Title \_\_\_\_\_, Chapter \_\_\_\_\_ of the General Laws, as amended.

NOW, THEREFORE, if said Principal shall account to any person from whom said Principal, or  
 any person acting in behalf of said Principal, shall hereafter obtain monies for the payment of services,  
 negotiated, placed, or effected by said Principal as a \_\_\_\_\_ under the provisions of Title \_\_\_\_\_,  
 Chapter \_\_\_\_\_ of the General Laws, as amended, or by any person acting in behalf of said Principal, then  
 this obligation shall be void; otherwise to remain in full force and effect.

The total aggregate liability under this bond is limited to the sum of \_\_\_\_\_.

This bond shall continue in force and effect unless, as to future acts or  
 omissions of the Principal, it is terminated or cancelled.

(1) By order of said Department; or

(2) By the Surety delivering thirty (30) days written notice to said Department  
 that the same will be cancelled.

Such cancellation or termination shall not affect any liability incurred or accrued  
 hereunder prior to the termination or cancellation of said bond by said Department or prior to the  
 termination of the thirty (30) day period for notice if terminated by Surety.

This bond shall take effect on and as of \_\_\_\_\_, 20\_\_\_\_.

Signed and sealed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Witness \_\_\_\_\_

(Principal)

Witness \_\_\_\_\_

# **CRIMINAL HISTORY RECORD SUBMISSION REQUIREMENT**

## **INSTRUCTIONS**

Submit with the application a Criminal History Record ("CHR") from the State of Rhode Island. A CHR may be obtained by contacting the Bureau of Criminal Identification at the Rhode Island Department of Attorney General ("DAG"). One may contact the DAG in person by visiting 150 South Main Street, Providence, Rhode Island. To apply for a CHR in this manner one must bring picture identification with the date of birth listed. Hours of operation are 8:30 A.M. to 4:30 P.M.

To apply for a CHR by mail one must send a notarized copy of a photo ID that has a date of birth listed, a signed and notarized letter giving permission to the AG to conduct a background investigation along with a self-addressed stamped envelope. The cost for a CHR, whether applying in person or by mail, is five dollars (\$5.00) and payable by check or money order to "BCI". Please allow for time for the DAG to process and generate your request. For further questions about this process please contact the DAG at (401) 274-4400.