



**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
DEPARTMENT OF BUSINESS REGULATION
SECURITIES DIVISION
1511 PONTIAC AVENUE,
JOHN O. PASTORE COMPLEX BLDG 69-1
CRANSTON, RI 02920**

RHODE ISLAND FRANCHISE REGISTRATION APPLICATION

ENCLOSE CORRECT FEE WHEN APPLICATION IS INITIALLY FILED

APPLICATION FOR (Check only one):

_____	REGISTRATION OF AN OFFER AND SALE OF FRANCHISES	\$600.00
_____	REGISTRATION RENEWAL STATEMENT OR ANNUAL REPORT	\$300.00
	AMENDMENT NUMBER _____ TO APPLICATION	\$120.00
_____	POST-EFFECTIVE	FILED UNDER SECTION

FISCAL YEAR END: _____ **EIN#** _____

1. Name of Franchisor. (If applicant is a subfranchisor, the name of the subfranchisor.)

Name under which the Franchisor is doing or intends to do business.

2. Franchisor's principal business address.

Name and address of Franchisor's agent in the state of Rhode Island authorized to receive process.

3. Name, address and telephone number of subfranchisors, if any for this state.

4. Name, address, email address and telephone number of person to whom communications regarding this application should be directed.

5. Mandatory Addendum to License Application - Tax Payer Status Affidavit / Identity Verification. (ATTACHED)

SUPPLEMENTAL INFORMATION

1. Disclose:
 - A. The states in which this proposed registration application is effective.
 - B. The states in which this proposed registration application is or will be shortly on file.
 - C. The states that have refused to register this franchise offering.
 - D. The states that have revoked or suspended the right to offer franchises.
 - E. The states in which this proposed registration of these franchises has been withdrawn within the last five years, and the reasons for revocation or suspension.

2. Source of Funds for Establishing New Franchises

Disclose franchisor's total costs for performing its pre-opening obligations to provide goods or services in connection with establishing each franchise, including real estate, improvements, equipment, inventory, training and other items stated in the offering. State separately the sources of all required funds.

CONSENT TO SERVICE OF PROCESS

_____, (a corporation organized under the laws of the state of _____) (a partnership) (an individual) _____, irrevocably appoints the **Director of the Rhode Island Department of Business Regulation** and the successors in office, its attorney, in the state of _____ for service of notice, process or pleading in an action or proceeding against it arising out of or in connection with the sale of franchises, or a violation of the franchise law of Rhode Island, and consents that an action or proceeding against it may be commenced in a court of competent jurisdiction and proper venue within Rhode Island by service of process upon this officer with the same effect as if the undersigned was organized or created under the law of Rhode Island and had lawfully been served with process in Rhode Island. It is requested that a copy of any notice, process or pleading served this consent be mailed to:

Dated: _____, 20 ____.

By

(SEAL)

Title

By

Title

SALESMAN DISCLOSURE FORM

1. As required by Rhode Island statute, list the persons who will engage in the offer or sale of franchises in this state and for each person list the following information:

A. Name:

B. Business address and telephone number:

C. Home address and telephone number:

D. Present employer:

E. Present title:

F. Social Security number:

G. Birth date:

H. Employment or occupation during the past 5 years. For each such employment state the name of the employer, position held and beginning and ending dates for each such employment.

2. State whether the person identified in 1 above:

A. Has any administrative, civil or criminal action pending against him alleging a violation of any franchise law, business opportunity law, securities law, fraud, embezzlement, fraudulent conversion, restraint of trade, unfair or deceptive practices, misappropriation of property or any comparable allegations?

YES _____ NO

Has been convicted of a felony or pleaded nolo contendere to a felony charge?

Salesman Disclosure continued---

C. Has during the 10 year period immediately preceding the date of the offering circular:

(1) been convicted or a misdemeanor or pleaded nolo contendere to a misdemeanor charge or been held liable in a civil action by final judgment if such misdemeanor or civic action involved a violation of any franchise law, business opportunity law, securities law, fraud, embezzlement, fraudulent conversion, restraint of trade, unfair or deceptive practices, misappropriation or property or any comparable violation of law?

YES _____ NO

(2) entered into or been named in any consent judgment, decree, order or assurance under any federal or state franchise, business opportunity, securities, anti-trust, monopoly, trade practice, or trade regulation?

YES _____ NO

(3) been subject to any order of any national securities association or national securities exchange (as defined in the Securities and Exchange Act of 1934) suspending or expelling such person from membership in such association or exchange?

YES _____ NO

D. With respect to each question above answered "YES" state:

- (1) the name of each person or entity involved;
- (2) the court, agency, association or exchange involved;
- (3) a summary of the allegations;
- (4) if applicable, the date of the conviction, judgement, decree, order or assurance; and
- (5) the penalty imposed, damages assessed and nature thereof, and terms and conditions of the judgment, decree, order or assurance.

CORPORATE ACKNOWLEDGMENT

STATE OF _____)
) ss.
COUNTY OF _____)

On this _____ day of _____, 20 _____, before me _____, the undersigned officer, personally appeared _____ and _____, known personally to me to be the _____ and _____, respectively, of the above-named corporation, and that they, as such officers, being authorized to do so, executed the foregoing instrument for the purposes therein contained, by signing the name of the corporation by themselves as such officers.

IN WITNESS WHEREOF I have hereunto set my hand and official seal.

(Notary Public)

(NOTARIAL SEAL)

My commission expires:

INDIVIDUAL OR PARTNERSHIP ACKNOWLEDGEMENT

STATE OF _____)
) ss.
COUNTY OF _____)

On this _____ day of _____, 20 _____, before me _____, the undersigned officer, personally appeared _____
(Name of Notary)

known personally to me to be the same person(s) whose names(s) is (are) signed to the foregoing instrument, and acknowledged the execution thereof for the uses and purposes therein set forth.

IN WITNESS WHEREOF I have hereunto set my hand and official seal.

(Notary Public)

(NOTARIAL SEAL)

My commission expires:

FOR YOUR INFORMATION

You may obtain instructions for preparing a Uniform Franchise Offering Circular and a Uniform Application by sending a request and a check for \$10 to NASAA to:

NORTH AMERICAN SECURITIES
ADMINISTRATORS ASSOCIATION, INC.
10 G STREET, N.E., SUITE 710
WASHINGTON, DC 20002

(202) 737-0900

(202) 783-3571 (facsimile)

Copies of the Franchise Investment Act, Title 19, Chapter 28.1 of the Rhode Island General Laws may be obtained for \$10 for up to 20 pages from:

COMMERCE CLEARING HOUSE
2700 LAKE COOK ROAD
RIVERWOOD, IL 60015
ATTN: MARY JO POPE
LEGISLATIVE DEPARTMENT

(847) 940-4600 EXT. 2336



State of Rhode Island and Providence Plantations
Department of Business Regulation
Securities Division
 1511 Pontiac Avenue
 John O. Pastore Complex – Building 69-1
 Cranston, RI 02920

TEL: (401) 462-9527
 FAX: (401) 462-9645
 TDD: 711
 www.dbr.state.ri.us

MANDATORY ADDENDUM TO LICENSE APPLICATION
Tax Payer Status Affidavit / Identity Verification

All persons applying or renewing any license, registration, permit or other authority (herein after 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 §5-76-2) 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 (for businesses) as appropriate. These numbers will be transmitted to the Division of Taxation to verify tax status prior to the issuance of a license.

PLEASE CHECK ONE BOX ONLY, EVEN IF YOU HAVE NEVER BEEN EMPLOYED IN RHODE ISLAND.

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/Business License for which you are applying

 Full Name (Please Print or Type)

 Social Security Number (or FEIN for Business)

 Signature

 Phone Number (including area code if not 401)

 Date

 Name of Business (If Applicable)

NOTE: This form must be completed, signed and attached electronically to your application in order for us to begin processing. Please call the Department with any questions.