Marine Dealer’s License

In order to obtain a new or renew a RI Marine Dealer’s License, the following information is required:

- Completed & signed application with the proper fee submitted (check or money order Payable to State of RI- DEM)
- For individual licensed dealers, please submit Social Security Number- see attached Taxation Certification – New Dealers Only
- Partnerships, Corporations or LLC Corporations, please submit FEIN- See attached Taxation Certificate- New Dealers Only
  - For Partnership or Corporation Dealers, please submit either “Partnership Agreement” or “Corporation Papers” (New Dealers Only) & Disclosure Form- Yearly Requirement.
  - LLC Corporation complete Certificate of Disclosure or Corporation of LLC (New Dealers & Renewals) & submit Certificate of Organization- New Dealers Only
- Mail or deliver application, fee, supporting documentation & Taxation Certificate to:
  State of RI DEM Office of Boat Registration & Licensing
  235 Promenade St. Room 360, Providence, RI 02908.
  Office hours ar2 M-F 8:30am until 3:30pm
- Additionally, you may renew on line at www.dem.ri.gov.
  All supporting documents must be mailed within 14 days to the DEM Office of Boat Registration and Licensing in order for license to remain valid.

Attention out of state dealers: According to the Commercial and Recreational Saltwater Fishing Licensing Regulations section (6.11) Dealer’s Licenses (6.11-1) General Requirements (d) Applicants for a dealer’s license must demonstrate that they or their registered agent maintain a fixed place of business in the State of Rhode Island at which transaction records will be maintained and made available for inspection during normal business hours.

Note: Please verify that all additional places of business and trucks are noted on the application forms. It will be helpful to include a telephone number and contact person when obtaining a license so we may contact you with any questions. Thank you for your cooperation.
STATE OF RHODE ISLAND APPLICATION FOR DEALERS LICENSE

New __________________ Renewal__________________

(Current License No)

Please Print:
____________________________________________________________
Company/Partnership/Individual
Address: _____________________________________________________
City: __________________________ State: RI     Zip Code: ____________
Date of Birth: ____________                    Phone #:_____________________
(Optional)
Hair Color: ______ Weight: _____ Eye Color: _______ Height: _______

______________________________________________________
Federal Identification/Social Security Number (See Taxpayer Certification Form)

Dealers:

_____ Lobster Dealer’s License         $200.00
_____ Finfish Dealer’s License          $200.00
_____ Shellfish Dealer’s License        $200.00
_____ Multi-purpose Dealer’s License    $300.00
_____ Duplicate License                 $  10.00

*Under penalty of law I certify that the foregoing statements are true.

Applicant’s Signature                                   Date

Notes: Checks/Money Orders payable to State of RI – DEM & mail or deliver to the address above
Taxpayer Certification

You are required to furnish your Social Security # or FEIN pursuant to Chapter 76 of Title 5 and Chapter 3 of Title 31 of the RI General Laws, as amended. Any person applying for any license or permit to conduct a business or occupation within Rhode Island or any person renewing a motor vehicle operators license or motor vehicle registration within Rhode Island must have filed all required state tax returns and paid all taxes due the state or must have entered into a written installment agreement to pay delinquent state taxes that is satisfactory to the Tax Administrator. Failure to provide the Department with your Social Security # or FEIN will result in you having to obtain a Letter of Good Standing from the RI Division of Taxation Collections Section One Capitol Hill Providence, RI 02908 PRIOR to the issuance or renewal of your license. If you have any questions regarding your tax status, please contact Taxation directly at (401) 222-6281.

*I hereby declare, under penalty of perjury, that I have filed all required state tax returns and have either paid all taxes due the state or have entered into a written installment agreement with the Rhode Island Division of Taxation.*

Social Security # or FEIN ________________________________

Commercial Lic # ________________________________

Applicant’s Signature ______________________________ Date ________________

Printed Name ________________________________

Please submit this Certification, Letter of Good Standing or Installment Agreement along with your marine license application to the

RI DEM Office of Boat Registration & Licensing
235 Promenade St. Room 360
Providence, RI 02908
CERTIFICATE OF DISCLOSURE OF PARTNERSHIP

1. Name of partnership (if any) ________________________________

2. Type of character of business ________________________________

3. Location of principal place of business ________________________________

4. Properties used by license agent & business covered by this license
   Locations ________________________________________________
   Name of resident agent(s) ____________________________________________
   Address __________________________________________________________
   Telephone number _________________________________________________

5. Name of Individuals having legal title to the property identified in item #4
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________

6. Name and place of residence of each partner, general and limited partners being respectively designated
   Name __________________________________________________________
   Address _________________________________________________________
   Type of Partner _________________________________________________
   Name __________________________________________________________
   Address _________________________________________________________
   Type of Partner _________________________________________________

I hereby under oath make affidavit in my capacity as a partner and state that this certificate of disclosure is complete, true and correct.

______________________________________   _____________________
Signature of Partner Filing Certificate    Date

State of RI county of _______________________Subscribed and sworn to before me on this
day of ________________________

Notary Public ____________________________________________ My Commission expires ___________
CERTIFICATE OF DISCLOSURE OF CORPORATION

I,______________________________________Secretary of__________________________________

(state full name of corporation) under oath make affidavit and say that the following officers and directors
of said_________________________________ Corporation having been duly elected and/or appointed there to
President_________________________________ Vice President_______________________________
Treasurer_______________________________    Secretary___________________________________
Dealer Name_________________________________________________________________________
State of in corporation________________________________________________________________
Principal place of business address _______________________________________________________
Telephone number______________________________

Other places of business covered by this license Name of Authorized RI agents
_____________________________________ __________________________________
_____________________________________ __________________________________

State Registration of vehicle(s) used to transport fishery product__________________________

Directors
Name__________________________________   Address_____________________________
Name__________________________________   Address_____________________________
Name__________________________________   Address_____________________________

Stockholders
Name__________________________________   Address_____________________________
Name__________________________________   Address_____________________________
Name__________________________________   Address_____________________________

_______________________________________(Secretary)    _______________(Date)

In witness whereof I have hereunto set my hand and seal of the said ____________________________
(hereunto duly authorized) this_________________day of_____________________, _______________
By________________________________________ its Secretary_______________________________

State of RI county of _______________________Subscribed and sworn to before me on this
Certificate of Disclosure of Corporation of LLC

1. Name of Dealer: ____________________________________________________
   Address: _________________________________________________________
   Telephone Number:_________________________________________________

2. State Of Organization:_______________________________________________

3. Principal Place Of Business:__________________________________________
   Address:__________________________________________________________
   Telephone Number:_________________________________________________

4. State Registration of Vehicle(s) used to transport fishery products:___________
   Members:
   ___________________________________________________________________
   ___________________________________________________________________
   ___________________________________________________________________

Rhode Island Authorized Agent (for Non-Resident Dealers only):
   ___________________________________________________________________
   ___________________________________________________________________
   ___________________________________________________________________

I hereby under oath make affidavit in my capacity as Manager or Managing Member and state that this certificate of disclosure is complete, true and correct.

_____________________________________              ______________________________
Manager or Managing Member                                          Date

In witness whereof I have hereunto set my hand and seal of the said ____________________,
(Hereunto duly authorized) this______________________ day of ____________________, __________
By____________________________________its Manager or Managing Member_______________
State of Rhode Island County of___________________________________________________
Subscribed and sworn before me on this ________________ day of_____________________

____________________________________________
Notary Public   My commission expires______________
As a Seafood Dealer, do you have the correct DEM and DOH licenses? Which licenses should I have if I want to....

Buy and Sell
All types of Seafood (shellfish, finfish, lobsters and crabs)

Some examples:
1) If Selling to Restaurants, Markets, or Wholesale, etc., or
2) If you are the Owner of a Restaurant or Market and buying seafood for your own establishment.

You will need a
RI DEM Finfish Dealer’s License
(to buy finfish from commercial fishermen “primary purchase”)
Fee: $200/year

Buy and Sell
Finfish (ONLY)

You will also need a
RI DOH Food Processor Wholesale License
1) To sell whole or filleted/processed, etc. to restaurants, markets, wholesale, etc., or
2) If you are the Owner of a Restaurant or Market and buying finfish for your own establishment.

You will need a facility, HACCP Plan, Operational Plan, training, contact RI DOH for details.
Fee: $500/year

Buy and Sell
Lobsters and Crabs (ONLY)

You will need a
RI DEM Lobster Dealer’s License
(to buy lobsters and crabs from commercial fishermen “primary purchase”)
Fee: $260/year

Buy and Sell
Shellfish (ONLY)

You will need a
RI DOH Shellfish Dealer’s License
(to buy wild or cultured shellfish from commercial harvesters “primary purchase”)
Fee: $290/year

Note: Before you obtain this DEM license, first consider contacting RI DOH to make sure you can meet the DOH Shellfish Business License requirements.

If Selling Shellfish:

You will also need a
RI DOH Shellfish Business License
(AKA - DOH Shellfish Dealer License)
You will need a facility or an aquaculture lease, HACCP Plan, Operational Plan, training, etc. contact RI DOH for details.
Fee: $320 per year

To Sell Shellfish at Retail:
Depending on where you are selling, you will need either either a:

RI DOH Market Cash Register License
(License Fee: Varies by number of cash registers)

RI DOH Food Service License
(AKA Restaurant)
(License Fee: Based on seat capacity fee ranges from $160 to $420)

RI DOH Retail Food Peddler License
(AKA at Farmer’s Markets)
(License Fee: $100/year)

You would also need a
RI DOH Food Processor Wholesale License
(to sell lobster or crabs processed/cooked, packaged, etc. to restaurants, markets, wholesale, etc.)
Fee: $500/year

To sell shellfish at Retail:
Depending on where you are selling, you will need either either a:

RI DOH Market Cash Register License
(License Fee: Varies by number of cash registers)

RI DOH Food Service License
(AKA Restaurant)
(License Fee: Based on seat capacity fee ranges from $160 to $420)

RI DOH Retail Food Peddler License
(AKA at Farmer’s Markets)
(License Fee: $100/year)

To sell shellfish out-of-state:
You MUST be on the Interstate Certified Shellfish Shipper list (CSSL) – contact RI DOH for details.

Only Licensed Dealers Can Purchase From Licensed Fishers

Important: This flow chart assumes all seafood, whether finfish, crustacean or shellfish is to be purchased from licensed commercial fishers. By law only licensed DEM Dealers can purchase seafood from properly licensed commercial fishers. It is unlawful for anyone who does not possess a DEM Dealers license to purchase seafood directly from commercial fishers. Additionally, only licensed DOH wholesalers and licensed DOH shellfish dealers can sell anything that has been obtained from commercial fishers.

Violators will be prosecuted, therefore make certain you and all the parties to the transaction have the proper licenses.

Contact Information: For RI DEM License Types, please call the DEM, Division of Boat Registration & Licensing at Tel: (401) 222-6647.

For RI DOH license types, call the RI DOH, Center for Food Protection at Tel: (401) 222-2749.

11/28/2014