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: NEW FEES EFFECTIVE JANUARY 1, 2022

_____ Crustacean Dealer’s License       $300.00
_____ Finfish Dealer’s License          $300.00
_____ Shellfish Dealer’s License        $300.00
_____ Multi-purpose Dealer’s License    $450.00
_____ 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
________________________ day of ______________________
Notary Public __________________________________ My Commission expires __________________
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_________________