



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

Division of Commercial Licensing

You can now apply on line at: <https://elicensing.ri.gov/>

Submit the attached application along with:

- Licensing/Permit Fee
- Tax Affidavit
- Copy of valid license from the state you received your Uniform Registry Number (URN)
- Copy of Law Label

Manufacturer/Supply Dealer:

- Law label per R.I. Gen. Law § 23-26-20
- Must also apply for a Sterilization Permit if materials used require sterilization

Sterilization Permit: R.I. Gen. Laws §§ 23-26-7 & 23-26-7.1:

- Sterilization label/tags and copy of Sterilization Permit from original state issuing permit
- Name of Sterilization Method Used and Copy of the Product information label
 - Product must be registered as a consumer and health benefit product and labeled for use on bedding and upholstered furniture by the EPA

Second Hand Bedding & Upholstered Furniture

- Second Hand law label per R.I. Gen. Laws § 23-26-17 and 23-26-20
- Must also apply for a Sterilization Permit

Renovator/Repair – For direct repair for consumer or direct sale from licensee

- Renovator/Repairer law label per R.I. Gen. Law § 23-26-14
- If materials require sterilization you must also apply for a sterilization permit

Type of License	TRIENNIAL LICENSE FEE
MANUFACTURER / SUPPLY DEALER	\$630.00
RENOVATOR / REPAIRER / SECOND HAND	\$180.00

STERILIZATION PERMIT (1) year licensing period: Original Fee \$84.00 (\$42.00 for each renewal)

Check or money order should be made payable to the State of Rhode Island General Treasurer, in U.S. Dollars and drawn on an U.S. Bank. No foreign checks or currency accepted. **NO CASH!**

Statutory Licensing Law Title 23 Chapter 23-26 governing bedding and upholstered furniture, and all forms may be found on the Department website at: <http://www.dbr.ri.gov/divisions/commlicensing/upholster.php>

Should you have any questions, please contact Kim Precious, Implementation Aide, at (401) 462-9650 or by email at: kimberly.precious@dbr.ri.gov



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APPLICATION FOR A BEDDING AND OR UPHOLSTERED FURNITURE LICENSE
OR STERILIZATION PERMIT

LICENSE TYPE APPLYING FOR: (Check all that apply)

- Manufacturer of Bedding/Upholstered Furniture
Renovator/Repairer of Bedding/Upholstered Furniture
Second Hand Bedding/Upholstered Furniture
Sterilizer Permit
Supply Dealer-Filling Materials

Business Type: Company Sole Proprietor Partnership Corporation LLC Other (Type) SSN or F.E.I.N:

Business/Plant NAME: Business/Plant LOCATION:

Mailing address if different than above:

CONTACT NAME: BUSINESS TEL No.:

All licenses will be sent by email, please type neatly: EMAIL ADDRESS:

IF REGISTRATION SERVICE or IMPORTER IS APPLYING ON BEHALF OF MANUFACTURER:

NAME OF REGISTRATION SERVICE/IMPORTER:

ADDRESS: STREET CITY STATE ZIP

CONTACT NAME: Tel. No.:

All licenses will be sent by email, please type neatly EMAIL ADDRESS:

WILL ALL CORRESPONDENCE BE SENT TO REGISTRATION SERVICE/IMPORTER? YES NO

UNIFORM REGISTRY NUMBER ON LAW LABEL:

I DO NOT HAVE A UNIFIORM REGISTRY NUMBER AND REQUEST ONE FROM THE STATE OF RI

TYPE OF PRODUCT/S:

LIST ALL MATERIALS USED:

Sterilization Permit information: Are materials used sterilized? NO YES

If Yes, Method/Product used for Sterilization:

You are advised that furnishing false information or omitting pertinent or material information in connection with this application is grounds for license revocation or denial of the license and may subject you to civil or criminal penalties.

I HEREBY CERTIFY UNDER PENALTY OF PERJURY THAT THE INFORMATION ON THIS APPLICATION IS TRUE AND ACCURATE.

X 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 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