



State of Rhode Island  
DEPARTMENT OF BUSINESS REGULATION  
Securities Division  
Franchise Section  
1511 Pontiac Avenue, Bldg. 69-2  
Cranston, Rhode Island 02920

**FILINGS MUST BE SUBMITTED ON USB FLASH  
DRIVE OR CD-ROM.**

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**FRANCHISE APPLICATION**

APPLICATION FOR (CHECK ONLY ONE) :

<input type="checkbox"/> INITIAL REGISTRATION OF AN OFFER & SALE OF FRANCHISES	<b>\$600.00</b>
<input type="checkbox"/> RENEWAL APPLICATION	<b>\$300.00</b>
<input type="checkbox"/> POST EFFECTIVE AMENDMENT	<b>\$120.00</b>

*Checks are payable to: General Treasurer of RI*

**FISCAL YEAR END:** \_\_\_\_\_ **EIN #:** \_\_\_\_\_

1. Full legal name of Franchisor:
2. Name of the franchise offering:
3. Franchisor's principal business address:
4. Name and address of Franchisor's agent in this State authorized to receive service of process:
5. The states in which this application is or will be shortly on file:



## **FRANCHISE APPLICATION CONTINUED**

6. Name, address, telephone and facsimile numbers, and email address of person to whom communications regarding this application should be directed:

### **Certification**

**I certify and swear under penalty of law that I have read and know the contents of this application, including the Franchise Disclosure Document with an issuance date of \_\_\_\_\_ attached as an exhibit, and that all material facts stated in all those documents are accurate and those documents do not contain any material omissions. I further certify that I am duly authorized to make this certification on behalf of the Franchisor and that I do so upon my personal knowledge.**

**Signed at \_\_\_\_\_, \_\_\_\_\_, 20\_\_**

**Franchisor:**

\_\_\_\_\_

**By:** \_\_\_\_\_

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

**Title:** \_\_\_\_\_



# FRANCHISE APPLICATION CONTINUED

## FRANCHISOR’S COSTS AND SOURCE OF FUNDS

1. Disclose the Franchisor’s total costs for performing its pre-opening obligations to provide goods or services in connection with establishing each franchised business, including real estate, improvements, equipment, inventory, training and other items state in the offering:

<b>Category</b>	<b>Costs</b>
<b>Real Estate</b>	_____
<b>Improvements</b>	_____
<b>Equipment</b>	_____
<b>Inventory</b>	_____
<b>Training</b>	_____
<b>Other (describe)</b>	
_____	_____
_____	_____
_____	_____
_____	_____
<b>Total</b>	_____

2. State separately the sources of all required funds:



# **FRANCHISE APPLICATION CONTINUED**

## **FRANCHISE SELLER DISCLOSURE FORM**

1. List all who will solicit, offer or sell franchises for the Franchisor in this state:  
(additional forms available at <http://www.dbr.ri.gov/divisions/securities/forms.php> )

A. Name:

B. Business address and telephone number:

C. Present employer:

D. Present title:

E. Employment during the past five years. For each employment, state the name of the employer, position held, and beginning and ending dates:

2. State whether the person identified in 1 above:

A. Has an administrative, criminal or material civil action pending against that person alleging a violation of franchise, antitrust or securities law, or alleging fraud, unfair or deceptive practices, or any comparable allegations?

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

If you answered “yes”, please provide:

1. Name of the parties:

2. Forum, nature and current status of the pending action:

3. Case or proceeding identification number:

B. Had during the 10-year period immediately before the disclosure document’s issuance date been convicted of or pleaded nolo contendere to a felony charge; or been held liable in a civil action involving an alleged violation of a franchise, antitrust or securities law, or allegations of fraud, unfair or deceptive practices, or comparable allegations?

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

If you answered “yes”, please provide:

1. Name of the parties



## **FRANCHISE APPLICATION CONTINUED**

2. The forum:

3. Case or proceeding identification number:

C. Is subject to a currently effective injunction or restrictive order or decree resulting from a pending or concluded action brought by a public agency and relating to the franchise, or to a Federal, State or Canadian franchise, securities, antitrust, trade regulation or trade practice law.

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

If you answered “yes”, please provide:

1. Name of the person:

2. Public agency or court:

3. Case or proceeding identification number:



**FRANCHISE APPLICATION CONTINUED**

**CONSENT TO SERVICE OF PROCESS** (if applicable)

\_\_\_\_\_, a \_\_\_\_\_  
(Name of Franchisor) (form of entity)  
organized under the laws of \_\_\_\_\_ (the “Franchisor”),  
(state of formation)

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 laws 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 laws 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:

**Please mail or send a copy of any notice, process or pleading served under this consent to:**

\_\_\_\_\_  
(Name and Address)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated: \_\_\_\_\_, 20\_\_\_\_

Franchisor:

\_\_\_\_\_

By: \_\_\_\_\_

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

Title: \_\_\_\_\_



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**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 taxed 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 do not have a tax liability in Rhode Island at this time.	
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
<p><b>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.</b></p>	