

STATE OF RHODE ISLAND
DIVISION OF TAXATION
ONE CAPITOL HILL
PROVIDENCE RI 02908-5812

CERTIFICATE OF GOOD STANDING APPLICATION FOR A LIQUOR LICENSE RENEWAL

TAXPAYER NAME		
DBA		
ADDRESS		
CITY, STATE, ZIP		
PHONE NUMBER:		EMAIL ADDRESS:

A CERTIFICATE OF GOOD STANDING IS REQUIRED FOR YOU TO RENEW YOUR LIQUOR LICENSE. SINCE THESE REQUESTS ARE PROCESSED ON A FIRST COME FIRST SERVED BASIS, FAILURE TO COMPLETE THE APPLICATION PROPERLY COULD RESULT IN DELAYS WHICH ARE UNNECESSARY.

>>NOTE: ANY OUTSTANDING TAXES MUST BE PAID BY CERTIFIED CHECK, MONEY ORDER OR CASH PRIOR TO ISSUANCE OF CERTIFICATE

PLEASE MAIL APPLICATION TO ADDRESS ABOVE OR E-MAIL TO TAX.COLLECTIONS@TAX.RI.GOV

COMPLETE ALL OF THE FOLLOWING:

APPLICATION DATE: _____ FEDERAL ID _____

BUSINESS TYPE: SOLE OWNER _____ CORPORATION _____ PARTNERSHIP _____ OTHER _____

DO YOU HAVE EMPLOYEES? YES _____ NO _____ FEDERAL ID #: _____

DO YOU LEASE EMPLOYEES? YES _____ NO _____ NAME OF COMPANY _____

SS NUMBER(S) OF OWNER / PARTNERS: _____

TELEPHONE NUMBER(S) : HOME _____ BUSINESS _____

PRINT NAME OF RESPONSIBLE PERSON _____

SIGNATURE OF RESPONSIBLE PERSON _____

OFFICE USE ONLY

SALES AND USE TAX DEL _____ A/R _____
(INCLUDING LOCAL MEAL/BEVERAGE)

WITHHOLDING TAX DEL _____ A/R _____

PERSONAL INCOME TAX _____ A/R _____

CORPORATE TAX DEL _____ A/R _____

LITTER _____ SALES RENEWAL _____ CIG _____ HOTEL _____ RET CK _____

DET: _____ REMARKS _____

REVENUE OFFICER _____ DATE _____

CLEARANCE AUTHORIZED BY: _____ DATE: _____