

Rhode Island Department of Labor & Training

Division of Workforce Regulation & Safety/MercantileUnit

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PETROLEUM DEALER LICENSE APPLICATION

LIC.#

Do you need this application in a language other than English?	OYes ONo If yes, what language?					
Federal ID#: Social Securi	ederal ID#: Social Security # nterprise Name: (Name lettered on vehicle)					
Company Name:(Complete if company and enterprise name are different)						
Address:						
City/Town: State:	Zip: Telephone:					
Contact Person:	tact Person: Contact Telephone:					
Email:						
Insurance Agent:	Agent Telephone:					
Insurance Company:	Policy Expiration:					
Completed applications must be submitted on or before August 1 st each year including following items: Payment of \$120.00 in the form of a check or money order only. Make payable to: RIDLT/ MERCANTILE UNIT (Per RIGL § 47-8-8(a)(1)) Proof of insurance certification of 2,000,000 liability which includes pollution liability broad form coverage or certificate of self-insurance. (Per RIGL § 47-8-8(ii)) Legible copy of vehicle registration(s). (Per RIGL § 47-8-8(iii)) Current annual meter test for every vehicle(s) used for delivery. (Per RIGL § 47-8-5(a))						

NOTICE

- Any Petroleum delivery company that has one or more named enterprises delivering fuel in the State of Rhode Island that fails to submit a <u>completed</u> license application by **August 1**st each year will be subject to a \$600.00 reapplication fee. (Per RIGL § 47-8-8(a)(1))
- License(s) will be suspended if the required insurance is canceled

List All Registered and Unregistered Delivery Vehicles including any in for Service

	Make of Vehicle	Year	Model	Registration Plate Number and State	Expiration Date of Registration	Vehicle Number	Check if in for service
1.							
2.							
3.							
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