Form BAR Rev. 01/24	Division of Ta	of Rhode Island axation\Employe		For O	ffice Use (Only
STATE OF SLAN	One Capitol Hill, Providence RI 02908					
	https://uitax.ri.gov - Employer Tax				e:	
HOPE	BUSINESS APPLIC	0 1 9				
Section A: Nam	e, Mailing Address and Tax Id	entification Number				
Type of Entity:	Ocorporation	O General Partnership		oprietor	Olp/llp	
	OLLC - Corporation	O LLC - Partnership		Single Member		
Is the Entity a:	OIRS Code 501 (c)(3)	ONon-profit Organizat	ion OReligio	us Organization		
Name (Employer	r, Business, Corporation, or Owner):		RI Employer Reg	. # (if assigned):	Business T	elephone:
Business Name	if different from above:		FEIN or if Sole Pro	p. SSN # (required):	Sales Tax Per	mit #:(if assigned)
Mailing Address	- include street, apt./office #, city,	/town, state and zip (this sł	nould NOT be a 3rd	party address):	State + Date	of Incorporation:
	sland work location (include stread a PO Box #. If more than 1 location, p			t if this is an e's home address	Is any other licens	e or permit required:
Address:			City/Town:		State: RI	Zip:
If you do not hav	e a RI location, enter out-of-state l	ousiness location address:	City/Town:		State:	Zip:
Employer Email	l:		Name and Sales	Permit # of form	er owner, if a	pplicable.
Continu Di Cont		in Channe of Decoud Ke				
	tact Information for Person(s) ge of <i>Sales Tax Records</i> :	In Charge of Record Re	eping			
Name:		Email:			Phone:	
	ge of Payroll Records :					
					Phone:	
	ge of Unemployment Reco r				Dhana	
Name.		Email			Phone	
Section C: Nam	ne, Social Security Number, He	ome Address, and Title o	of <i>Owner</i> , each <i>Pa</i>	artner, or each (Corporate O	fficer
Name:		Title:				
Address:						
SSN:	Phone:		Email:			
Name:		Title:				
Address:						
SSN:	Phone:		Email:			
Name:		Title:				
Address:						
SSN:	Phone:		Email:			

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Section D:	Account Information			Sales peri	mit is renewab	le at fiscal year endir	ng June 30 th
		\bigcirc		•		B,C and D, complete se	ections listed below:
•	ployees <u>working</u> in RI?	OYes	ONO			Status Affidavit	
	hired to work ONLY in RI?	QYes	QNo			Status Affidavit	
Do you have R	•	OYes	QNo			Status Affidavi	
•	mployees in RI?	OYes	QNo			status Affidavit	
•	ployee Leasing Organization?	\sim	QNo			Status Affidavit	
Do you make s		QYes	QNo	F G and	Taxpayer Sta	atus Affidavit	
•	e multiple locations?	OYes	<u>O</u> No	F G and	Taxpayer Sta	atus Affidavit	
lf yes, would	you like to consolidate returns?	OYes	ONo			tions below next to the ite 2. Each location requires	
Will you be se	lling:	•	#	of Locations	Provide any	required, additional	info listed below
Beverages of	or Food	QYes	QNo				
Gasoline		QYes	QNo		Filing station	on license #	(Required)
Liquor		OYes	ΟNo				
Motor Vehicl	les	OYes	QNo		lf yes, MV D	Dealer license #	(Required)
Motor Vehicl	les leasing	QYes	QNo		lf yes, MV D	Dealer license #	(Required)
Prepaid wire	eless phone cards	QYes	QNo				
Rental of roo	om(s)/home(s)	QYes	QNo		Type of Rental	I: 🛛 Residential Dwell	ing □ Room Renta
Other		QYes	QNo		Product:		
-	obacco/Other Tobacco*	OYes	ONo		* A \$25.00 fee i	is due for each locatio	n, as well as each
# of locations selling ci	garettes + # of cigarette vending machines x \$2	25 = Total Ciga 25 = \$	arette Fee Du			ng machine. Each loca ne requires a separate	
Are you a Con food and/or b Date business	ating or Drinking Establishment venience Store, Mini-Market or Supe beverages may be consumed? will commence in this state? _ on for a temporary event? O	ermarket th OYes	at provide ONo	s chairs, table If Seasoi		, enter months ope	
Section E: Payr	oll Information ment Account will be set up wit	hin 00 da	vo of vou	ur liability da	to or octual fi	irot data of wagoo n	oid
	vithholding taxes you expect			-		yees working in RI:	
	n employees each month:		will be			f wages paid in RI:	
\$600 or more	0	We	eekly	Auto		r wages paid in rti.	
	ut less than \$600 Õ		nthly				
Less than \$50	0		arterly				
	941, used to report RI withholding, RI withholding per month or payme			gardless of			
			•	ontor the def	la of ogguliaiti	on nome address	and if known
	e business or its assets were a nent Registration number of th			enter the dat	le of acquisiti	on, name, address	and, il known,
Date of Acquisit	ion: RI Em	ployer Re	gistration	#:		FEIN #:	
Name of former	owner:						
Acquired Busine	ess Name:						
•	own, State and Zip:						
	loyees acquired from that busines	s, if anv:					
		o, ii uriy.					
If you are a sol	le owner or partnership that is i	ncorpora	ating, sta	te the name	and address	of the former busi	ness:
Data af C						FFIN #·	

Date of Ownership Change:	RI Employer Registration #:	FEIN #:
Business Name:	Business Address:	

Section F: Industry Description

F-1: Completion of this section is mandatory under Section 28-42-38.1(b) of the RI Employment Security Law, Chapters 42-44. Detailed information about your business is essential so that we may accurately assign the correct North America Industrial Classification Code (NAICS code) to your company. In the space provided, describe your key business activities, products, or services, at this location (provide percentage breakout if necessary). If your business is based out of state but has an employee(s) working from home in Rhode Island, please describe the nature of the work that the employee(s) performs in RI. Failure to comply with an accurate description may result in the delayed allocation of an UI account number. For inquiries on the business description only, call (401) 462-8760.

Business description (Required): Example 1.) We are an auto body shop and we also sell used cars. We expect 70% of our revenue to come from auto body and 30% from car sales. 2.) A national bank located in Chicago employing call center help working from home.

F-2: Establishment Locations:

If you operate your business at more than one location in Rhode Island, please list the street address, city and zip code for each RI location and the approximate employment for each location. If the business activities of any establishment differ from the above, please tell us the main business activity of the differing location. In addition, please check the box of each tax type in the columns below that applies to each location.

RI Location Address Street Address, City/Town, Zip Code	# of Employees	Activity	Beverages or Food	Cigarette/ Tobacco/ Other Tobacco	Prepaid Wireless Phone Cards	Rental of Room(s)/ Home(s)	Sales Tax

F-3 NAICS Code Required: Click the link below to assign the NAICS code that best fits your business activity in Rhode Island. Enter key words or phrases from the business description above within the '2022 NAICS Search' box.

<u>https://www.census.gov/naics/</u>	NAICS Code:	(6 digits required)
For inquiries on the NAICS code, call the Division of	Taxation's Registration Section at	(401) 574-8938.

Section G: Certification and Signature (must be signed)

The undersigned certifies that the information given on this form is true and correct to the best of their knowledge and belief.

Signature:	Date:
Print Name:	Title:
Telephone:	Email:



BUSINESS APPLICATION and REGISTRATION

State of Rhode Island Division of Taxation One Capitol Hill Providence, RI 02908

Taxpayer 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 taxes owed to the state prior to receiving a license as mandated by state law (R.I. Gen. Laws § 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, or Federal Tax Identification Number as appropriate. These numbers will be checked by 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.

Licensee Declaration				
I hereby declare, under penalty of perjury;				
 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 Permit(s)/License(s) for which you are applying				
Name: Social Security Number:				
Signature: Phone:				
Date: This completed Status Affidavit must be submitted with a Business Application Registration (Form BAR) or any other License/Permit application filed with the Division of Taxation.				