

Rhode Island Department of Labor and Training **Division of Workforce Regulation & Safety/Mercantile Unit**

PO BOX 20157, Cranston RI 02920-0942

Phone: (401)-462-8580, Option-6 | Email: dlt.profregs@dlt.ri.gov

PETROLEUM DEALER LICENSE APPLICATION

Do you need this application in	a language other than English? Ye	es No	If yes, what language?		
Federal ID#:	Social Security #				
Enterprise Name:					
	(Name let	tered on vehicle)			
Company Name					
	(Complete if company ar	nd enterprise name	are different)		
Address:					
City/Town:		State:	Zip:	Telephone:	
Contact Person:			Co	ntact Telephone:	
Email:					
nsurance Agent:				Agent Phone:	
nsurance Company:					
Completed applications r	must be submitted on or before A	ugust 1st ea	ch vear ir	ocludina followina items:	
	e form of a check or money order	_	cii yeai	relating following items.	
•	MERCANTILE UNIT (Per RIGL § 47-8	•			
• •	ation of 2,000,000 liability which i		ution liabi	ility broad form coverage or	
Legible copy of vehicle re	gistration(s). (Per RIGL § 47-8-8(iii))			

NOTICE

Current annual meter test for every vehicle(s) used for delivery. (Per RIGL § 47-8-5(a))

- Any Petroleum delivery company that has one or more named enterprises delivering fuel in the State of Rhode Island that fails to submit a **completed** license application by August 1st 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.

LIC #_____

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.							
4.							
5.							
6.							
7.							
8.							
9							
10.							
11.							
12.							
13.							
14.							
15.							
16.							
17.							
18.							
19.							
20.							