

State of Rhode Island and Providence Plantations  
Department of Revenue  
Division of Taxation  
One Capitol Hill  
Providence, Rhode Island 02908-5812  
Telephone Number: 401-574-8829 #2

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**Certificate of Good Standing Application for a Liquor License Transfer**

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Taxpayer Name: \_\_\_\_\_  
DBA: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State,  
Zip Code: \_\_\_\_\_  
  
Location: \_\_\_\_\_

A certificate of good standing is required for you to transfer your liquor license. Since these requests are processed on a first come, first serve basis, failure to complete the application properly could result in delays, which are unnecessary. Please return this application promptly in the pre-addressed envelope provided.

**Note: Any outstanding taxes must be paid by Certified check, Money Order or Cash prior to issuance of Certificate**

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**Complete All of the Following:**

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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 \_\_\_\_\_  
Local Meal/Beverage Tax: \_\_\_\_\_ A/R \_\_\_\_\_  
  
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: \_\_\_\_\_