



**STATE OF RHODE ISLAND  
DIVISION OF TAXATION  
ONE CAPITOL HILL  
PROVIDENCE, RI 02908**

**RETAIL SALES PERMIT RENEWAL APPLICATION  
FOR EFT FILERS ONLY**

**DUE ON OR BEFORE JANUARY 31, 2010**

ANNUAL SALES TAX RENEWAL FEE IS \$10.00 PER INDIVIDUAL PERMIT

FISCAL TAX YEAR: BEGINNING: JULY 1, 2010  
ENDING: JUNE 30, 2011

**RHODE IDENTIFICATION NUMBER**

RI Identification Number

**REQUIRED**

**NAME AND ADDRESS**

Name		
D/B/A		
Address (Number and street, including apartment number or rural route)		
City, Town or Post Office	State	Zip Code
Daytime Telephone Number ( )	<input type="checkbox"/> Check here if this is a new mailing address.	

**For consolidated filers only:**

**Last two digits of Rhode Island Identification Number: (back of form may be used or attach listing)**

\_\_\_\_\_

Number of permits x \$10.00 = \_\_\_\_\_  
Amount Due

**SIGNATURE**

Authorized Signature	Date
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Mail this form and remittance to: RI Division of Taxation  
One Capitol Hill  
Providence, RI 02908