

RETAIL SALES PERMIT RENEWAL APPLICATION

foro

Due on or before February 1, 2020

NAME STREN ADDRESS Image: Citry, STATE & ZIP CODE Citry, STATE & ZIP CODE Image: Citry, STATE & ZIP CODE SIGNATURE OF OWNER, PARTNER OR AUTHORIZED AGENT Image: Citry, State & ZIP CODE SIGNATURE OF OWNER, PARTNER OR AUTHORIZED AGENT Image: Citry, State & ZIP CODE SIGNATURE OF OWNER, PARTNER OR AUTHORIZED AGENT Image: Citry, State & ZIP CODE Image: Citry, State & ZIP CODE Sales Tax Renewal Fee \$10.00			
CITY, STATE & ZIP CODE TAX YEAR JULY 1, 2020 - JUNE 30, 2021 SIGNATURE OF OWNER, PARTNER OR AUTHORIZED AGENT Sales Tax Renewal Fee \$10.00	NAME		STREN
SIGNATURE OF OWNER, PARTNER OR AUTHORIZED AGENT SIGNATURE OF OWNER, PARTNER OR AUTHORIZED AGENT Sales Tax Renewal Fee \$10.00	ADDRESS		
SIGNATURE OF OWNER, PARTNER OR AUTHORIZED AGENT Sales Tax Renewal Fee \$10.00	CITY, STATE & ZIP CODE		TAX YEAR
Sales Tax Renewal Fee \$10.00			JULY 1, 2020 - JUNE 30, 2021
	SIGNATURE OF OWNER, PARTNER OR AUTHORIZED AGENT		
TITLE			Sales Tax Renewal Fee \$10.00
	IIILE		
Please mail this form with remittance separately.			Please mail this form with remittance separately.
Date Date Date Do not mail with a return.		DATE	
TAXPAYER IDENTIFICATION NUMBER Mail this form and remittance payable to:	_		Mail this form and remittance payable to:
Rhode Island Division of Taxation		TAXPAYER IDENTIFICATION NUMBER	
One Capitol Hill			
Providence, RI 02908			Providence, RI 02908