



## APPLICATION INSTRUCTIONS

1. **All questions must be answered.** Must be typed or printed using black or blue ink. If the application is not legible, it will not be accepted. Do not leave blank spaces. If a question does not apply to you please indicate "Does Not Apply" in the response section. If there is nothing to disclose in response to a particular question please state "None" in the response section.
2. All pages must be initialed, properly signed where indicated.
3. The following type of original documents will be acceptable to establish the identity of the applicant:
  - U.S. birth certificate issued by a state, county or municipal authority with an official seal.
  - Current and valid photo drivers license.
  - Current and valid US military identification card.
  - Current and valid U.S. passport or Certificate of Naturalization or current INS identification card.
  - Current and valid photo identification card issued by a federal, state or local government agency.
4. If the name on your application is different than on the identification provided then you must also provide a court ordered name change, marriage certificate or divorce decree to establish the reason for the different name.
5. A complete National BCI Check must be conducted before your license is issued. Please see instructions below:

### RI State Police (BCI)

- Located at the Gaming Facilities State Offices. Please see dates and times on the Department of Business Regulation's website at: [www.dbr.ri.gov](http://www.dbr.ri.gov).
- \$36.00 Check or Money Order (Only) payable to: "The State of Rhode Island".
- Applicant must bring positive ID
- OUT-OF STATE employees- please mail two (2) FBI fingerprint cards along with a \$36.00 check payable to "State of Rhode Island" to:

Department of Business Regulation  
Division of Gaming and Athletics Licensing  
Attn: Christina Tobiasz  
John O. Pastore Center  
1511 Pontiac Avenue, Bldg. 69-1  
Cranston, Rhode Island 02920

OR

### Rhode Island Department of Attorney General (BCI) (401) 274-4400

- Check or Money Order (Only) payable to: "B.C.I." in the amount of \$35.00
- Monday – Friday 8:30am-4: 30 pm
- Applicant must bring positive ID
- FBI results of the Live Scan will be forwarded to the Lottery Security Office

6. An original, completed, application will be reviewed by the Division of Gaming and Athletics Licensing ("Division"). Application fees are non-refundable and applications become the property of the Division. Paper application, along with a check or money order, no cash is accepted, payable to: "State of Rhode Island, General Treasurer", may be obtained from and submitted to either satellite office of the Division located at:

Twin River Casino Hotel  
100 Twin River Road  
Lincoln, Rhode Island 02865

OR

Tiverton Casino Hotel  
777 Tiverton Casino Boulevard  
Tiverton, RI 02878

Individual offices at each facility can be located by contacting any employee for directions upon arrival at the facility. **YOU SHOULD SUBMIT YOUR APPLICATION TO THE DEPARTMENT OF BUSINESS REGULATION AND NOT YOUR EMPLOYER IN ORDER TO PROTECT THE CONFIDENTIALITY OF THE INFORMATION IN YOUR APPLICATION.**

6. Once your application is approved and your identity verified by the State Office at Twin River Casino Hotel/ Tiverton Casino Hotel, you will be photographed.
7. Should you be unable to understand this form fully in English, it is your responsibility to acquire adequate means of translation.

Si usted no puede entender este formulario completamente en Ingles, es su responsabilidad de obtener los metodos necesarios de traduccion.

8. You must provide the Division with any change of address as all notices concerning your license are sent to the address you have provided on this form.
9. Failure to answer any question completely and truthfully will result in denial of your Non-Facility/Vendor Gaming Employee Application.
10. All written correspondence regarding this form shall be directed to the following:

Department of Business Regulation  
Division of Gaming and Athletics Licensing  
Attn: Christina Tobiasz  
John O. Pastore Center  
1511 Pontiac Avenue, Bldg. 69-1  
Cranston, Rhode Island 02920

<b>FOR OFFICE USE ONLY</b>		
Credential Number: _____	Date Submitted: _____	Fee: _____
Check/Money Order: _____	Date Entered: _____	Entered by: _____
DBR Approved Signature _____	Approval Date: _____	

### 1.) Personal Information

Last Name:		First Name:		Middle Name:	Social Security Number:
Maiden Name(s), Alias(es), Nickname(s), Other Name Change(s)- Legal or Otherwise			Driver's License Number:		State of Issuance:
Present Residence Address (Do Not Use Post Office Box #):					
City:		State:	Zip Code:	Country:	How long?:
Race:		Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth:		Place of Birth:
Eye Color:	Hair Color:	Weight:	Height:		
Please Describe Any and All Scars, Tattoos, or Distinguishing Marks and/or Characteristics:					
Telephone Number: ( )		Business Telephone Number: ( )		E-Mail Address:	
Are you a Citizen of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No			If Registered Alien, Provide Registration Number:		
If Naturalized, Provide Certificate Number: (Attach Certified Copy of Certificate)		Naturalization/Alien Expiration Date:		Place of Naturalization (City/State):	

### 2.) Past Residences

List all residences for the past ten (10) years:

ADDRESS No., Apt. #, City, State, Zip Code	Name, Address of Landlord or Mortgage Holder	Own/Rent	FROM (MO./YR.) -TO (MO./YR.)

### 3.) Motor Vehicle Data

a.) List all current motor vehicle drivers' licenses issued to you by this state or any other jurisdiction.

Date Issued	License Number	Type of License	Jurisdiction Issuing License	Expiration Date of License

### 4.) Employment Information

a.) List the last three (3) jobs beginning with the applicant's current employment and work backwards. List the applicant's work history, including all periods of unemployment, military service, and self-employment, including any work performed or services provided as an independent contractor.

Name of Employer:	Telephone Number of Employer:	Employment Period: From-To (MO./YR.)	
Address of Employer:	City:	County:	State: Zip Code:
Position Held:	Name of Supervisor:	Reason for Leaving:	
Description of Duties:			

Name of Employer:	Telephone Number of Employer:	Employment Period: From-To (MO./YR.)	
Address of Employer:	City:	County:	State: Zip Code:
Position Held:	Name of Supervisor:	Reason for Leaving:	
Description of Duties:			

Name of Employer:	Telephone Number of Employer:	Employment Period: From-To (MO./YR.)	
Address of Employer:	City:	County:	State: Zip Code:
Position Held:	Name of Supervisor:	Reason for Leaving:	
Description of Duties:			

### 5.) Licensing Information

<b>a.) Has the applicant ever applied for a casino or gaming/gambling related license, permit or certification in any jurisdiction? If YES, provide details.</b>				<input type="checkbox"/> YES <input type="checkbox"/> NO	
Name of Licensing Authority:		License Number (If License Issued):		Date of Application:	
Address of Licensing Authority:			City:	County:	State: Zip Code:
If application denied, withdrawn, otherwise not approved, or conditionally approved, give detailed reasons why.					

Name of Licensing Authority:		License Number (If License Issued):		Date of Application:	
Address of Licensing Authority:			City:	County:	State: Zip Code:
If application denied, withdrawn, otherwise not approved, or conditionally approved, give detailed reasons why.					

Name of Licensing Authority:		License Number (If License Issued):		Date of Application:	
Address of Licensing Authority:			City:	County:	State: Zip Code:
If application denied, withdrawn, otherwise not approved, or conditionally approved, give detailed reasons why.					

<p><b>b.) Has the license, permit, certification, or other determination identified in the previous question ever been subject to any regulatory action including, but not limited to, non-renewal, suspension, revocation, investigation, penalty, fine, or any condition in any jurisdiction? If YES, provide details.</b></p>	<p>[ ] YES [ ] NO</p>
--	---------------------------

Name of Licensing Authority:

Details of Regulatory Action:

Name of Licensing Authority:

Details of Regulatory Action:

## 6.) Marital Information

<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Legally Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed				
Current Spouse's Full Name (Include Maiden Name):		Social Security Number:		Date of Birth:
Current Spouse's Residence Address:	City:	State:	Country:	Zip Code:
Current Spouse's Drivers License Number:	State Issued:	Date of Marriage:	Place of Marriage (City/State):	
Current Spouse's Occupation:		Name of Current Spouse's Employer:		
Former Spouse's Full Name (Include Maiden Name):	Date of Birth:	How Long Were You Married?		

**a.) Has the applicant's spouse and/or family member(s) ever applied for a casino or gaming/gambling related license, permit or certification in any jurisdiction?  YES  NO If YES, please complete the following:**

- I. Relationship: \_\_\_\_\_
- II. Type of license applied for: \_\_\_\_\_
- III. Date Application was filed: \_\_\_\_\_
- IV. Disposition (Granted, Pending, Denied) \_\_\_\_\_
- V. If issued provide location/license number: \_\_\_\_\_
  
- VI. Relationship: \_\_\_\_\_
- VII. Type of license applied for: \_\_\_\_\_
- VIII. Date Application was filed: \_\_\_\_\_
- IX. Disposition (Granted, Pending, Denied) \_\_\_\_\_
- X. If issued provide location/license number: \_\_\_\_\_

**7.) CIVIL, CRIMINAL AND INVESTIGATORY PROCEEDINGS**  
**CONFIDENTIAL**

The next question asks about any arrests, charges or offenses you may have committed. Prior to answering the question, carefully review the definitions and instructions which follow:

For purposes of this question, the words:

**“Arrest”** includes any detaining, holding or taking into custody by any police or other law enforcement authorities to answer for the alleged performance of any “offense”.

**“Charge”** includes any indictment, complaint, information, summons, or other notice of the alleged commission of any “offense”.

**“Offense”** includes all felonies, crimes, misdemeanors, disorderly person offenses, driving while intoxicated/impaired motor vehicle offenses, violation of probation or any other court order. Juvenile offenses are not reportable.

a) Has the applicant ever been detained, issued a summons or citation, arrested, charged, indicted or forfeited bail for any criminal offense or violation for any reason whatsoever within the last ten (10) years? If YES, provide details below. All detentions, summonses and citations, arrests, charges, and indictments shall be included even if the final result was the dismissal of charges or expungement. Applicant shall include all DWI/DUI charges; however, minor traffic violations need not be included.  
 YES  NO

Date of Arrest:	Type of Charge or Offense:	Location of Offense (Include City, State):
Name of Arresting Law Enforcement Agency:		
Sentence Received:	<i>Disposition of Arrest (Check All Applicable):</i> <input type="checkbox"/> Charges Dismissed <input type="checkbox"/> Charges Reduced <input type="checkbox"/> Convicted <input type="checkbox"/> Pending <input type="checkbox"/> Acquitted <input type="checkbox"/> Nolo Contendere <input type="checkbox"/> Complaint or Summons Issued	
	Has This Arrest Been Expunged?	
Date of Disposition:		

Date of Arrest:	Type of Charge or Offense:	Location of Offense (Include City, State):
Name of Arresting Law Enforcement Agency:		
Sentence Received:	<b>Disposition of Arrest (Check All Applicable):</b> <input type="checkbox"/> Charges Dismissed <input type="checkbox"/> Charges Reduced <input type="checkbox"/> Convicted <input type="checkbox"/> Pending <input type="checkbox"/> Acquitted <input type="checkbox"/> Nolo Contendere <input type="checkbox"/> Complaint or Summons Issued	
	Date of Disposition:	Has This Arrest Been Expunged?
Date of Arrest:	Type of Charge or Offense:	Location of Offense (Include City, State):
Name of Arresting Law Enforcement Agency:		
Sentence Received:	<b>Disposition of Arrest (Check All Applicable):</b> <input type="checkbox"/> Charges Dismissed <input type="checkbox"/> Charges Reduced <input type="checkbox"/> Convicted <input type="checkbox"/> Pending <input type="checkbox"/> Acquitted <input type="checkbox"/> Nolo Contendere <input type="checkbox"/> Complaint or Summons Issued	
	Date of Disposition:	Has This Arrest Been Expunged?

**b.) Has the applicant ever been convicted of, or plead guilty or nolo contendere to, any charge or offense within the last 20 years? If YES, provide details below. Applicant shall include all DWI/DUI convictions; however, minor traffic convictions need not be included. Attach certified copies of documents relating to each matter to this application.**

**[ ] YES [ ] NO**

1.) Date of Offense:	Offense:	Location of Offense(City, State):
Sentence (Convicted, Afford Plea, Plea of Nolo Contendere, Acquitted, Dismissed, Pending, Etc.):		
2.) Date of Offense:	Offense:	Location of Offense(City, State):
Sentence (Convicted, Afford Plea, Plea of Nolo Contendere, Acquitted, Dismissed, Pending, Etc.):		

**c.) Has the applicant ever been questioned, subpoenaed or investigated by any governmental agency, law enforcement agency, state or federal grand jury, board, commission or committee in any jurisdiction? If YES, please explain below.  YES  NO**

**d.) Has the applicant had a lien or financial judgment filed against him/her in the past ten (10) years? (This includes child support orders or judgments and federal, state and local tax liens). If YES, please attach certified copies of documents relating to each matter to this application and reference as Attachment 7d.  YES  NO**

**e.) Is the applicant currently delinquent in the payment of any child support order or judgment? If YES, please provide details. Attach certified copies of documents relating to each matter to this application and reference as Attachment 7e.  YES  NO**

**f.) Is the applicant currently in default on the payment of any student loan? If YES, please attach a separate sheet(s) of paper providing details and reference as Attachment 7f.  YES  NO**

**g.) Is the applicant currently delinquent in the filing of any state or federal tax returns or the payment of any local, state or federal taxes, penalties and and/or interest, excluding items under formal appeal? If YES, please attach a separate sheet(s) of paper providing details and reference as Attachment 7g.  YES  NO**

**h.) Has the applicant ever filed a bankruptcy petition or had a petition for involuntary bankruptcy filed against the applicant? If YES, attach certified copies of documents relating to each matter to this application and reference as Attachment 7h.  YES  NO**

## 8.) REFERENCES

List the name, address and telephone number, including area code, of three references: (Do not list relatives as references).

### Reference #1

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Occupation/Former Occupation: \_\_\_\_\_

### Reference #2

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Occupation/Former Occupation: \_\_\_\_\_

### Reference #3

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Occupation/Former Occupation: \_\_\_\_\_

**RELEASE AUTHORIZATION**

To All Courts, Probation Departments, Employers, Banks, and other financial institutions, and All Governmental Agencies – Federal, State and Local, without exception, both foreign and domestic.

I, \_\_\_\_\_ have  
(PRINT NAME)

authorized the Rhode Island Department of Business Regulation, Division of Gaming and Athletics Licensing, the Rhode Island State Police, and/or the Rhode Island Division of Lotteries, pursuant to R.I. General Law §41-1-1, to conduct a full investigation into my background and activities.

Therefore, you are hereby authorized to release any and all information pertaining to me, documentary or otherwise, as requested by any employee or agent of the Division of Gaming and Athletics Licensing (“Division”), provided that he or she certifies to you that I have an application pending before the Division or that I am presently a licensee, registrant or to her person required to be qualified under the provision of Rhode Island General Laws § 41-4-1 *et seq*:

I understand that this Authorization is to investigate records relating to or referenced in this application or any licensed activity.

This authorization shall supersede and countermand any prior request or authorization to the contrary.

A photostatic copy of this authorization will be considered as effective and valid as the original.

DATED: \_\_\_\_\_ (Legal Signature) \_\_\_\_\_  
Signature of Applicant

Subscribed and sworn to before me this \_\_\_\_\_ day  
of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
State

**STATEMENT OF APPLICANT**

In accepting a license issued pursuant to Rhode Island General Laws § 41-4-1 *et seq.*, 42-61.3 *et. seq.*:

I agree to abide by all applicable statutes and regulations.

I understand that I am freely consenting to any warrantless search by any governmental agency within the grounds of Twin River Casino Hotel or Tiverton Casino Hotel (“the facility”), of the premises, which I occupy, or control, and my personal property and effects at the Facility, and to the seizure of any illegal item, which said search, may produce.

I hereby certify that I have read the foregoing application and affirm that every statement contained therein is true, complete and correct. I understand that if I misstate or omit any fact, I am subject to the penalties provided by law and by the above-mentioned rules and regulations and my application may be denied.

I hereby authorize the Rhode Island Department of Business Regulation, Division of Gaming and Athletics Licensing, Rhode Island Division of Lotteries and the gaming enforcement unit of the Rhode Island State Police to investigate any and all records relating to or referenced to in this application, including, but not limited to, any criminal conviction. I FULLY UNDERSTAND THE PRECEDING WAIVER.

DATED: \_\_\_\_\_ (Legal Signature) \_\_\_\_\_  
Signature of Applicant

Subscribed and sworn to before me this \_\_\_\_\_ day

of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
State

**STATEMENT OF TRUTH**

STATE OF \_\_\_\_\_:

NAME (Print) \_\_\_\_\_.

being duly sworn according to law deposes and says:

- 1. I am the applicant who is submitting this application form.
- 2. I personally supplied the information contained in this form.
- 3. I understand and read the English language or I have had an interpreter read, explain and record the answer to each and every question on this application form.
- 4. I swear (or affirm) that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

DATED: \_\_\_\_\_ (Legal Signature) \_\_\_\_\_  
Signature of Applicant

Subscribed and sworn to before me this \_\_\_\_\_ day  
of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
State

## Tax Payer Status Affidavit / Identity Verification

All persons applying or renewing any license, registration, permit or other authority (hereinafter 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 (RIGL 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 and Federal Tax Identification Number as appropriate. These numbers will be transmitted to 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.

Please complete this affidavit along with your license application.

1.

### Licensee Declaration

- I hereby declare, under penalty of perjury, that 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 Professional License for which you are applying

\_\_\_\_\_  
Full Name (Please Print or Type)

\_\_\_\_\_  
Social Security Number (or FEIN if appropriate)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date