



State of Rhode Island
DEPARTMENT OF BUSINESS REGULATION
1511 Pontiac Avenue, Bldg. 69-1
Cranston, Rhode Island 02920

Division of Gaming and Athletics
Licensing

**2021 LICENSE APPLICATION FOR
NON-FACILITY/VENDOR EMPLOYEES**

Check Location(s): ☐ Twin River Casino Hotel ☐ Tiverton Casino Hotel

Licenses will expire on December 31, 2023

☐ Vendor (Concessionaire) Employee (\$75.00) (CVE)

An employer may not require an employee to pay for the cost of obtaining an initial or renewal license or National Background Check that is required by the State, if doing so will decrease the amount of the statutorily required minimum wage. The Code of Federal Regulations (29 CFR Part §531) explains deductions that do not qualify under Section 3(m) of the Fair Labor Standard Act *(d) (1) The cost of furnishing "facilities" found by the Administrator to be primarily for the benefit or convenience of the employer will not be recognized as reasonable and may not therefore be included in computing wages.*

EMPLOYER/VENDOR NAME: _____

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 driver's 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.
- \$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 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, Rhode Island 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.**

7. 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.
8. 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.

9. 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.
10. Failure to answer any question completely and truthfully will result in denial of your Non-Facility/Vendor Gaming Employee Application.
11. All written correspondence regarding this form shall be directed to the following:

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

E-MAIL ADDRESS: _____

LAST NAME:		FIRST NAME:		MIDDLE NAME:		MAIDEN NAME:	
Current Residence Address:				Street	City	State	Zip Code
DATE OF BIRTH:		SOCIAL SECURITY #:		TELEPHONE #:		CELL PHONE #:	
HEIGHT:	WEIGHT:	HAIR:	EYES:	GENDER:		RACE:	
				<input type="checkbox"/> Female <input type="checkbox"/> Male			
<input type="checkbox"/> YES Are you a U.S. Citizen? <input type="checkbox"/> NO							
<i>** All Naturalized Citizens must provide their Certificate of Naturalization or U.S. Passport</i>							
Place of Birth: (State, Country)				Alien Registration Card No.:		Expiration Date:	
Type of Identification Required—Including at least one with a photograph: (Check Two): Other							
_____ Driver's License _____ Passport _____ Social Security Card _____ Other							

1.) 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:	Disposition of Arrest (Check All Applicable): <div style="display: flex; flex-wrap: wrap;"><div style="width: 50%;"><input type="checkbox"/> Charges Dismissed</div><div style="width: 50%;"><input type="checkbox"/> Charges Reduced</div><div style="width: 50%;"><input type="checkbox"/> Convicted</div><div style="width: 50%;"><input type="checkbox"/> Pending</div><div style="width: 50%;"><input type="checkbox"/> Acquitted</div><div style="width: 50%;"><input type="checkbox"/> Nolo Contendere</div><div style="width: 50%;"><input type="checkbox"/> Complaint or Summons Issued</div></div>	Has This Arrest Been Expunged? <input type="checkbox"/> Yes <input type="checkbox"/> No
	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:	Disposition of Arrest (Check All Applicable): <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? <input type="checkbox"/> Yes <input type="checkbox"/> No
	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:	Disposition of Arrest (Check All Applicable): <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? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Date of Disposition:	

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.):		

2.) LICENSING

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: _____

3.) 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:	

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:				

4.) 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: _____

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

ADDITIONAL SPACE:

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

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