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

**Division of Gaming and Athletics**
**Licensing**

**PHONE: (401) 462-9525** **TDD: 711** **FAX: (401) 462-9645**

# 2027 VENDOR APPLICATION

January 1, 2027 to December 31, 2029

**Fee $750.00**

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.*

INSTRUCTIONS AND INFORMATION

1. **Application must be completed in ink and signed in all the appropriate places.**
2. Fees must be paid by check or money order when application is submitted. **NO CASH IS ACCEPTED.** Make Checks Payable to: **State of RI General Treasurer.**
3. Applicant's background may be investigated by the RI State Police and/or RI Lottery.
4. False or incomplete information on this application may result in license denial.
5. ***The proprietor must have a complete National BCI Check conducted before a license is issued.***

**EMAIL ADDRESS:**

| | | | |
|---|---|---|---|
| Individual or Corporation Name: | | | |
| D/B/A or Trade Name(s): | | | |
| Business Address: | City/Town: | State: | Zip Code: |
| Applicant will operate at the following: (Check Location(s)) ☐ **Bally's Twin River Lincoln Casino Resort** ☐ **Bally's Tiverton Casino & Hotel** | | | |
| Contact Person: Date of Birth: Social Security Number: (Confidential) Title: | | | |
| Telephone (Area Code) Number | Fax (Area Code) Number | | |
| Description of Business: | | | |
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***→*Submit a copy of the most recently prepared statement and auditor's report. If the company does not have financial statements audited, submit a copy of the most recent unaudited financial statement.***

**Specify what year: _____**

Please submit a copy of any Certificate of Incorporation, charter, by-laws, partnership agreement, trust agreement or other basic documentation of the business, if any. Specify:

Is Corporation closely held? If yes, list principal stockholders. Is Stock publicly traded? If stock publicly traded please indicate on what exchange and under what symbol.

Please provide either the Federal Identification Number (FIN) of the company or the Social Security number of the owner:

**→*If the company has entered into any written or unwritten agreements with the facility, please attach the agreement/contract and specify the duration of the beginning and ending dates of the agreement.**

Beginning Date:_____ Ending Date: _____

Are there any other agreements, written or unwritten, with any contractors, subcontractors, etc? YES☐ NO☐
If yes, identify the contractor, subcontractor, etc. and the nature of the agreement between the companies.

Is the company regulated by any other public agency in this state or any other jurisdiction? YES☐ NO☐
If yes, identify the agency, its location and how it regulates your company (control of rates, required periodic reporting, etc).

During the last five years has the company had any license or certificate denied, suspended or revoked by any governmental or state agency in R.I. or in any other jurisdiction? YES☐ NO☐ If yes, complete the following:

| Type of License or Certificate | Name/Location of Governmental Agency | Action Taken | Date | Reason |
|---|---|---|---|---|

Has the company filed for relief under any provision of the Federal Bankruptcy Act or under any state insolvency law in the last five-years? YES ☐ NO ☐
If yes, complete the following:

| Court Name/Location | Name of Case | Relief Sought | Date Filed |
|---|---|---|---|
| | | | |

Has any receiver, fiscal agent, trustee, reorganization trustee or similar officer been appointed in the last five years by a court for the business or property of the company? YES ☐ NO ☐
If yes, complete the following:

| Name of Person Appointed | Date Appointed | Court | Reason |
|---|---|---|---|
| | | | |

Has the company been indicted, charged with or convicted of a criminal offense or been a party to or named as an unindicted co-conspirator in any criminal proceeding in this state or any other jurisdiction? YES ☐ NO ☐ If yes, complete the following:

| Nature of Case | Name/Address of Court | Result of Case | Conviction Date |
|---|---|---|---|
| | | | |

→ ***If you are the sole proprietor or a partner of this company, a National Criminal Background Check Investigation (BCI) is required.**

→ **OUT-OF STATE** employees- please mail one (1) FBI fingerprint card along with a $45.00 Check or Money Order payable to "BCI" 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**

- The cost for a national background check is $45.00.
- For in-person transactions, credit/debit cards are the only form of payment accepted. (fees apply)
- A processing fee of 2% plus .50 will be charged per credit card transaction.
- Monday - Friday 8:30am to 4:30pm.
- Applicant must bring positive ID.
- FBI results of the Live Scan will be forwarded to the Rhode Island Lottery Security Office.

Please indicate all-natural persons or entities in your company that correspond to the items below:

1. All persons who have signed or will sign any agreement with the facility or its agents.

2. All immediate supervisors or persons responsible for or in charge of the office of the company.

3. All officers of the company.

4. Any trustee of the company.

5. All partners; general, limited or otherwise.

6. The sole proprietor if the company is a sole proprietorship.

7. Each natural person or business entity that directly holds any beneficial or ownership interest of five percent or more of the enterprise.

8. All Board of Directors/members of the company.

| Name | Date of Birth | Social Security# | Home Address | Title, Position or Association | % of Ownership |
|---|---|---|---|---|---|
| | | | | | |

The following Affidavit and Release must be completed by one of the following individuals attesting to the truth of the application and authorizing release of requested information:

1. Corporation – President or any officer authorized to affirm

2. Partnership – Each of the partners, or if a limited partnership then by the general partners.

3. Other business, organization, or association – The President or any officer authorized to affirm.

4. Sole Proprietorship – The natural person who is the sole proprietor.

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

**ADDITIONAL SPACE:**

# AFFIDAVIT

STATE_____:

COUNTY OF_____:

I,_____, hereby acknowledge
(Name)

that I am aware that the Division of Gaming and Athletics Licensing may deny a license to any applicant which supplied information to the Division of Gaming and Athletics Licensing which is untrue or misleading as to a material fact pertaining to the qualification criteria.

Further I,_____, hereby swear (or
(Name)

affirm) that the foregoing statements made by me on behalf of_____
(Name of Business)

_____are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

_____
(Signature)

_____
(Type, Stamp or Print Name)

_____
(Title or Position)

Subscribed and sworn to:

Before me this_____day of_____20_____

Notary:_____

My Commission Expires:_____

Affix Seal

# 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:
On Behalf of_____
Name of Company

I,_____have
(Name of President, Officer, Partner or Sole Proprietor)

authorized the Rhode Island Department of Business Regulation, Division of Gaming and Athletics Licensing, the Rhode Island Division of Lotteries, and/or the Rhode Island State Police to conduct a full investigation into background and activities of the company named above.

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 said company has an application pending before the Division or that said company is presently a licensee, required to be qualified under the provision of Rhode Island General Laws § 41-4-*1 et seq*.:

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

## 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.

### 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_____