STATE OF RHODE ISLAND

DEPARTMENT OF **BUSINESS REGULATION**

DIVISION OF GAMING AND ATHLETICS LICENSING

RHODE ISLAND SUPPLEMENTAL FORM

TO THE MULTI JURISDICTIONAL

PERSONAL HISTORY DISCLOSURE FORM

Rev 9/21

RHODE ISLAND SUPPLEMENTAL FORM

TO THE MULTI JURISDICTIONAL

PERSONAL HISTORY DISCLOSURE FORM

Position Applied For: _____

Check Location(s):

☐ **Bally's Twin River Lincoln Casino Resort**

☐ **Bally's Tiverton Casino & Hotel**

☐ **Bally's Corporate**

APPLICATION INSTRUCTIONS
FEE: $300.00

1. The application must be legible, or it will not be accepted.
2. All questions must be answered. 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.
3. If you need additional space to answer a question please refer to the space provided on page 8. Be sure to indicate the number of the question you are answering. Additional blank pages listing the question number and initialed are acceptable.
4. All pages of the application must be initialed, properly signed and notarized where indicated.
5. The following type of original documents will be acceptable to establish the identity of the applicant:
   A. U.S. birth certificate issued by a state, county or municipal authority with an official seal.
   B. Current and valid photo drivers license.
   C. Current and valid US military identification card.
   D. Current and valid U.S. passport or Certificate of Naturalization or current INS identification card.
   E. Current and valid photo identification card issued by a federal, state or local government agency.
6. If the name on your application is different than the name 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.
7. An original completed application must be presented to the Division of Gaming and Athletics Licensing ("Division). A check or money order in the amount of $300.00 payable to the "State of Rhode Island, General Treasurer" must accompany the application. **No cash is accepted. License will expire on December 31, 2029**.
8. Once your application is accepted and your identify verified you will be photographed, and subject to a complete background check before your license is issued.

Initials_____

Application fees are non-refundable and applications become the property of the Division. Applications may be obtained from and submitted in a sealed envelope to either satellite office of the Division.

9. 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.
10. A complete National BCI Check must be conducted before your license is issued.

RI State Police (BCI)

- Located either at the Bally's Twin River Lincoln Casino Resort/Bally's Tiverton Casino & Hotel State Office. Please see dates and times on the Department of Business Regulation's website at: www.dbr.ri.gov.
- Check or Money Order (Only) payable to: "The State of Rhode Island" in the amount of $45.00.
- PAYMENT - Employees of the Gaming Facility must visit the Gaming Facilities Human Resource Department prior to fingerprinting.
- Applicant must bring positive ID.
- Applicant must bring a signed Release Authorization Form indicating the specific statute.

From the Rhode Island Department of Attorney General (BCI)

IN-STATE/OUT-OF STATE Employees (BCI)

- Include below mentioned correspondence along with one (1) FBI fingerprint card along with a $45.00 Check or Money Order **payable to: "BCI"** mailed 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

- A signed and notarized release/disclaimer form.
- A completed fingerprint forms.
- The 'BCI Certification of Fingerprints' form completed by the agency that fingerprinted you onto fingerprint cards.
- Your fingerprint on a fingerprint card.
- A copy of a valid form of photo identification:
  - Valid state-issued driver's license
  - Valid state-issued identification card
  - Valid United States passport
- Check or money order for $45.00, payable to "BCI". Credit cards and cash are not accepted by mail.

Rhode Island Department of Attorney General In-Person Transactions (BCI)

- Credit/Debit Cards are the only form of payment accepted (fees apply):
  - Credit cards accepted include Visa, MasterCard, American Express, and Discover
  - A processing fee of 2% plus .50 will be charged per credit card transaction

Forms may be obtained on our website at:
Gaming and Athletics | Dept. of Business Regulation (ri.gov)

11. 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.

12. You must provide the Division with any change of address as all notices concerning your license will be sent to the listed address on this form.
13. Failure to answer any question completely and truthfully will result in denial of your Supplemental Form Employee Application.
14. 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

Initials_____

PLEASE PRINT OR TYPE THE ANSWERS TO THE FOLLOWING QUESTIONS IN THE SPACES PROVIDED:

E-MAIL ADDRESS: _____

1. Name: (Last) 2. (First) 3. (Middle)

4. Mailing Address: (Number & Street) (City) (State) (Zip Code)

NOTE: ANSWERS TO QUESTIONS #5 THROUGH TO INCLUDING #28 ARE CONFIDENTIAL

5. Home Address: (If different than mailing address)
(Number & Street) (City) (State)

6. Home Telephone (Include Area Code) 7. Business Telephone 8. Contact phone

9. Date of Birth: (Mo) (Day) (Year) 10. Maiden Name 11.Alias or Nickname

12. Height (Ft – In) 13. Weight (lbs) 14. Social Security # (Confidential)

CHECK THE APPROPRIATE BOX

15. HAIR COLOR:

- ☐ Black
- ☐ Brown
- ☐ Blond
- ☐ Red
- ☐ Gray
- ☐ White
- ☐ Bald

16. EYE COLOR:

- ☐ Black
- ☐ Brown
- ☐ Hazel
- ☐ Blue
- ☐ Gray
- ☐ Green

17. SEX:

- ☐ Male
- ☐ Female

18. Have you been known by any other name or names other than those listed above? If yes, list the additional names below:

_____

Initials_____

19. Are you a United States citizen? ☐ Yes ☐ No

20. If you are a naturalized citizen of the United States, attach a copy of your certificate of naturalization to this application.

21. If you are not a citizen of the United States, please indicate:

A. The country of which you are a citizen:_____

B. Place of Birth:_____
City State Country

C. Port of Entry to the United States:_____

D. Name and address of sponsor upon your arrival:

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22. If you are not a United States citizen, but you are a legally authorized permanent resident alien or authorized to be employed in the United States, please attach a copy of your INS identification card to this application. Also provide the number in the space below:

INS "A" number:_____

23. Give the name of your present spouse (Maiden name if applicable):

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24. Have you ever applied to the Division of Gaming and Athletics Licensing for any license in the past? ☐ Yes ☐ No If yes, complete the following:

A. Type of license applied for:_____

B. Date Application was filed:_____

C. Disposition (Granted, Pending, Denied)_____

D. If issued provide license number:_____

Initials_____

25. If applicable, the name of the holding company (ies) of the facility or licensee with which you have any positions:

_____

_____

26. Please identify if any of the below positions apply to you in connection with the above two questions.

- ☐ Owner
- ☐ Investor
- ☐ Officer
- ☐ Principal Employee
- ☐ Stockholder
- ☐ Director
- ☐ Partner
- ☐ Other (Specify)_____

27. Do you have any ownership interest or financial investment in any business applying for or currently licensed by the State of Rhode Island, Department of Business Regulation, Division of Gaming and Athletics Licensing?

Name of Business	Nature and amount of Interest/Investment	%Ownership in business	Gaming Agency
1.			
2.			
3.			
4.			
5.			

Initials_____

28. Have you ever applied in any other jurisdiction for a license to participate in a lawful gaming operation? (Including casino gaming, horse racing, dog racing, pari-mutuel operation, lottery, sports betting, etc.)? ☐ Yes ☐ No If yes, complete the following:

A. Type of license applied for:_____

B. Date Application was filed:_____

C. Disposition (Granted, Pending, Denied)_____

D. If issued provide license number:_____

E. Name of licensing agency:_____

F. Position sought or held:_____

G. Type of gaming operation:_____

As indicated in the instruction on page 2 of this form, this page is to be used by you for any questions which require additional space to answer. The number of the question must be stated immediately prior to your answer. If additional pages are needed, photocopy this page or add paper of similar size and identify these pages with corresponding numbers and letters. **Be sure to include your initials at the bottom on any new page added.**

IDENTIFY ALL ANSWERS BY ORIGINAL QUESTION NUMBERS

Initials_____

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

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 Bally's Twin River Lincoln Casino Resort or Bally's 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

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

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_____