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

Division of Gaming and Athletics
Licensing

2027 LICENSE APPLICATION

NON-FACILITY/VENDOR GAMING EMPLOYEES

Check Location(s): ☐ Bally's Twin River Lincoln Casino Resort
☐ Bally's Tiverton Casino & Hotel

☐ Vendor (Concessionaire) Employee ($75.00) ☐ Pari-Mutuel Totalizator Co. Employee ($150.00)

Licenses will expire on December 31, 2029

EMPLOYER NAME: _____

PRINT NAME: _____
First Middle Last Maiden

E-MAIL ADDRESS: _____

DATE OF BIRTH: _____

Have you ever been licensed for Rhode Island Gaming? ☐ YES ☐ NO

If yes, please explain: _____

Do you have a Driver's License? ☐ YES ☐ NO

State:_____ **Number:**_____ **Expiration Date:**_____

FOR OFFICIAL USE ONLY

Case #:_____ Upgrade?_____ Yes_____ No_____

Date Reviewed:_____ Previous Case #:_____

Initials: _____

Comments: _____

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 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.
- 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)

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:

Bally's Twin River Lincoln Casino Resort
100 Twin River Road
Lincoln, Rhode Island 02865

OR

Bally's 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.**

7. Once your application is approved and your identity verified by the State Office at Bally's Twin River Lincoln Casino Resort/Bally's 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
Attn: Christina Tobiasz
John O. Pastore Center
1511 Pontiac Avenue, Bldg. 69-1
Cranston, Rhode Island 02920

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

1.) Personal Information

First Name:	Middle Name:	Last 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: ☐ M ☐ 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? ☐ Yes ☐ 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:**			**(MO./YR.)**
Address of Employer:	**City:**	**County:**	**State:**	**Zip Code:**
Position Held:	**Name of Supervisor:**			
Description of Duties:				

Name of Employer:	**Telephone Number of Employer:**			**(MO./YR.)**
Address of Employer:	**City:**	**County:**	**State:**	**Zip Code:**
Position Held:	**Name of Supervisor:**			
Description of Duties:				

Name of Employer:	**Telephone Number of Employer:**			**(MO./YR.)**
Address of Employer:	**City:**	**County:**	**State:**	**Zip Code:**
Position Held:	**Name of Supervisor:**			
Description of Duties:				

5.) Licensing Information

a.) Has the applicant ever applied for a casino or gaming/gambling related license, permit or certification in any jurisdiction? If YES, provide details. ☐ YES ☐ NO

Name of Licensing Authority:	License Number (If License Issued):	Date of Application:

Address of Licensing Authority:	City:	County:	State:	Zip Code:

If application was 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 was 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 was denied, withdrawn, otherwise not approved, or conditionally approved, give detailed reasons why.

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.

☐ **YES**

☐ **NO**

Name of Licensing Authority:

Details of Regulatory Action:

Name of Licensing Authority:

Details of Regulatory Action:

6.) Marital Information

☐ Single	☐ Married	☐ Legally Separated	☐ Divorced	☐ 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 Driver's 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 compete 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:	***Disposition of Arrest (Check All Applicable):*** ☐ Charges Dismissed ☐ Charges Reduced ☐ Convicted ☐ Pending ☐ Acquitted ☐ Nolo Contendere ☐ 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:	*Disposition of Arrest (Check All Applicable):*	Has This Arrest Been Expunged?
	☐ Charges Dismissed ☐ Charges Reduced ☐ Convicted ☐ Pending ☐ Acquitted ☐ Nolo Contendere ☐ Complaint or Summons Issued	
	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):*	Has This Arrest Been Expunged?
	☐ Charges Dismissed ☐ Charges Reduced ☐ Convicted ☐ Pending ☐ Acquitted ☐ Nolo Contendere ☐ Complaint or Summons Issued	
	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.):

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 (or affirmed) before me on this _____ day of _____,20___, by _____ who proved to me through satisfactory evidence of identification to be the person who appeared before me.

_____ _____
Printed Name of *Expiration Date of Authority*
Notary Public/Authorizing Official

_____ _____
Signature of *State/Region/Country*
Notary Public/Authorizing Official

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 (or affirmed) before me on this _____ day of _____,20___, by _____ who proved to me through satisfactory evidence of identification to be the person who appeared before me.

_____ _____

Printed Name of *Expiration Date of Authority*

Notary Public/Authorizing Official

_____ _____

Signature of *State/Region/Country*

Notary Public/Authorizing Official

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 (or affirmed) before me on this _____ day of _____,20___, by _____ who proved to me through satisfactory evidence of identification to be the person who appeared before me.

_____ _____
Printed Name of *Expiration Date of Authority*
Notary Public/Authorizing Official

_____ _____
Signature of *State/Region/Country*
Notary Public/Authorizing Official

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_____