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 SERVICE EMPLOYEE APPLICATION

Application Fee: $75.00
Licenses will expire on December 31, 2029

Check Location(s):

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

☐ **Bally's Tiverton Casino & Hotel**

POSITION APPLYING FOR: _____

APPLICATION INSTRUCTIONS

1. **All questions must be answered.** Answers 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 original forms of documentation 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.
- 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)

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, 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 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 Service 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

E-MAIL ADDRESS:_____

1.) PERSONAL INFORMATION

FIRST NAME:	**MIDDLE NAME:**	**LAST NAME:**	**MAIDEN NAME:**

Current Residence Address:	**Street**	**City**	**State**	**Zip Code**

DATE OF BIRTH:	**SOCIAL SECURITY #:**	**TELEPHONE #:**	**CELL PHONE #:**

HEIGHT:	**WEIGHT:**	**HAIR:**	**EYES:**	**GENDER:** ☐ **Female** ☐ **Male**	**RACE:**

Are you a U.S. Citizen? ☐ **YES** ☐ **NO** ***** All Naturalized Citizens must provide their Certificate of Naturalization or U.S. Passport***

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**

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

_____

_____

3.) If you are a naturalized citizen of the United States, did you attach a copy of your certificate of naturalization or U.S. passport to this application?

☐ **Yes** ☐ **No**

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

A. Port of Entry to the United States: _____

B. Name and address of sponsor upon your arrival:

_____

_____

_____

5.) 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: _____ **Expiration Date:** _____

6.) Have you lived at your current address for less than one year? ☐ **Yes** ☐ **No**
If yes, list all of your residences during the past year except your current residence.

Dates		Address
From:	To:	(No., Street, Apt., City, State, Country & Zip Code)

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

_____

8.) 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:				

9.) 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: _____

10.) 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: _____

11.) 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:		

INITIALS _____

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):* ☐ 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):* ☐ Charges Dismissed ☐ Charges Reduced ☐ Convicted ☐ Pending ☐ Acquitted ☐ Nolo Contendere ☐ Complaint or Summons Issued	Has This Arrest Been Expunged?
	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.):		

INITIALS _____

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

12.) 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:

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_____