



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

**Division of Gaming and
Athletics Licensing**

2022 LICENSE OCCUPATIONAL APPLICATION - FEE: \$10.00

BOXING: _____ MMA: _____

INSPECTOR: _____ JUDGE: _____ REFEREE: _____

TIMEKEEPER: _____ RESUSCITATOR: _____

FIRST AID INSTRUCTOR: _____ NURSE PRACTITIONER: _____

(PLEASE PRINT)

Name: First _____ Middle Initial: _____ Last: _____

Address _____ City _____ State _____

COUNTRY _____ Zip Code _____ Telephone (including area code) _____

Email Address _____ @ _____ Driver's Lic #: _____ State: _____

Weight: _____ lbs. Height _____ Feet _____ Inches Color Hair _____ Color Eyes _____

Social Security Number: _____ - _____ - _____ . **YOUR SSN WILL NOT BE GIVEN OUT – OFFICE USE ONLY!**

Age _____ Date of Birth (month-day-year) _____ / _____ / _____ Citizen of: _____

Place of Birth: Country: _____ City: _____ State: _____ Race: _____

Have you ever been convicted of a misdemeanor or felony? Yes [] No []

If "Yes", give details:

Have you ever been disciplined by the Gaming & Athletics Licensing, State of RI or by any other Athletic Commission for any cause whatsoever? Yes [] No []

If "Yes", give details:

I hereby declare, under penalty of perjury, that I have read the foregoing application for a OCCUPATIONAL license, and all the answers to the questions have been completed by me and that all the answers given are my own, that all the answers are true of my knowledge, that this license expires on December 31st of the year issued (unless otherwise limited by the Commission). Further, I understand and agree that any misrepresentation of a material fact on this application shall constitute grounds for revocation of this license.

Applicant's Signature _____

Date _____



Tax Payer Status Affidavit / Identity Verification

All persons applying or renewing any license, registration, permit or other authority (hereinafter called "license") 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 (RILL 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 transferred 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 the below affidavit along with you license application.

<u>Licensee Declaration</u> <u>(Please check below - any that apply)</u>	
<input type="checkbox"/>	I hereby declare, under penalty of perjury, that I have filed all required state tax returns and have paid all taxes due.
<input type="checkbox"/>	I have entered a written installment agreement to pay delinquent taxes that is satisfactory to the Tax Administrator.
<input type="checkbox"/>	I am currently pursuing administrative review of taxes owed to the state.
<input type="checkbox"/>	I am in Federal Bankruptcy. (Case #: _____)
<input type="checkbox"/>	I am in State Receivership. (Case #: _____)
<input type="checkbox"/>	I have been discharged from Bankruptcy. (Case #: _____)

Type of Professional License for which you are applying for.	
_____	_____
Full Name (Please Print or Type)	Social Security Number
_____	_____
Signature	Date

