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

Division of Commercial Licensing and Racing and Athletics

2016 OCCUPATIONAL LICENSE APPLICATION - $10.00 FEE

BOXING:_____ **MMA:**_____

INSPECTORS:_____ **JUDGES:**_____ **REFEREES:**_____

TIMEKEEPERS:_____ **RESUSCIATORS:**_____

Name of Athlete Under Your Care:_____

Applicant's full name:_____
(First) (Middle Initial) (Last)

Address:_____
(Street) (City) (State) (Zip Code)

Date of Birth:_____ Telephone #:_____ Email:_____
(mm/dd/yy)

Height:_____ Weight:_____ Color Eyes:_____ Color Hair:_____ SSN#_____

Driver's License #:_____ State Issued:_____

Business/Occupation:_____

Name of Employer: _____

Employer's Address:_____

Are you a US Citizen?_____ If no, Alien Registration # & Exp date:_____

Have you ever been convicted of a crime other than a traffic violation:
Yes_____ NO_____

If yes, please explain:_____
_____
_____

I hereby swear, under the pains and penalties of perjury that the information provided above is true and accurate to the best of my knowledge.

_____
APPLICANT'S SIGNATURE DATE

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_____

Tel: 401-462-9506 Fax: 401-462-9645 TTY: 711 Web Site: www.dbr.ri.gov