



STATE OF RHODE ISLAND AND PROVIDENCE
PLANTATIONS

DEPARTMENT OF BUSINESS REGULATION
DIVISION OF COMMERCIAL LICENSING & RACING &
ATHLETICS

John O. Pastore Center
1511 Pontiac Avenue, Bldg, 69-1
Cranston, RI 02920-0942
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OCCUPATIONAL LICENSE
APPLICATION
\$10.00 FEE – YEAR _____

The undersigned hereby applies for a Occupational License:

POSITION BEING APPLIED FOR: _____

FULL LEGAL NAME: _____

DATE OF BIRTH: _____

SOCIAL SECURITY #: _____

ADDRESS: _____

TELEPHONE: _____

BUSINESS OR OCCUPATION: _____

DO YOU HAVE A POLICE RECORD? _____

IF YES TO ABOVE, FOR WHAT _____

BUSINESS OR OCCUPATION _____

ARE YOU A U.S. CITIZEN? _____ **IF FOREIGN BORN – PLACE OF**
BIRTH _____ **ALIEN CARD NUMBER** _____

I HEREBY AUTHORIZE THE R.I. RACING & ATHLETICS DIVISION TO
INVESTIGATE ANY AND ALL RECORDS CONCERNING MY
BACKGROUND, INCLUDING BUT NOT LIMITED TO ANY CRIMINAL
CONVICTIONS. I FULLY UNDERSTAND THE PRECEDING WAIVER.

SIGNATURE: _____ **DATE** _____