



**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**  
**Telephone No. (401) 462-9506**  
**TDD: 711 FAX: (401) 462-9645**  
**www.dbr.state.ri.us**

**LICENSE APPLICATION**  
**FOR SECOND**  
**\$5.00 FEE – YEAR \_\_\_\_\_**

The undersigned hereby applies for License as a Second:

**FULL LEGAL NAME:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_

**SOCIAL SECURITY #:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

**TELEPHONE:** \_\_\_\_\_

**BUSINESS OR OCCUPATION:** \_\_\_\_\_

**NAME OF EMPLOYER:** \_\_\_\_\_

**BUSINESS ADDRESS:** \_\_\_\_\_

**TELEPHONE:** \_\_\_\_\_

**DO YOU HAVE A POLICE RECORD?      YES \_\_\_\_\_      NO \_\_\_\_\_**

**IF YES TO ABOVE, FOR WHAT** \_\_\_\_\_

\_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_