



**STATE OF RHODE ISLAND
DEPARTMENT OF BUSINESS REGULATION
DIVISION OF COMMERCIAL LICENSING AND RACING AND ATHLETICS
JOHN O. PASTORE CENTER
1511 PONTIAC AVENUE, BLDG. 69-1
CRANSTON, RHODE ISLAND 02920-0942**



Phone: (401) 462-9506

TDD No.: 711

Fax: (401) 462-9645

**ASSUMED NAME REGISTRATION APPLICATION
(January 1, 2009 - December 31, 2011)
THREE YEAR FEE \$150**

- INSTRUCTIONS AND INFORMATION**
- 1 All 2009 licenses expire on December 31, 2011.
 - 2 Application must be completed in ink and signed in the appropriate place.
 - 3 Applicant's background will be investigated by both the RI State Police and FBI.
 - 4 False or incomplete information on the application may result in license denial.
 - 5 Fees must be paid by check or money order when application is submitted.
- Make checks Payable to: State of RI General Treasurer
Note: CASH WILL NOT BE ACCEPTED.

Individual or Corporate Name:				
Home Address:	Street	City	State	Zip Code
Business Address:	Street	City	State	Zip Code
REGISTERED ASSUMED NAME:				
Contact Name:	Phone #: ()	Cell Phone #: ()		
Type of service to be performed within the licensed premises:				
If using assumed name, is entity registered with the Town of Lincoln, RI (RI Gen. Laws 6-1-1 est seq.) Please circle one: YES or NO				
Does Applicant have existing Contractual Agreement <i>Please circle one</i> YES or NO				
If yes, where? <i>(Please check the appropriate box(es))</i>				
<input type="checkbox"/> Twin River <input type="checkbox"/> Other If Other, where? _____				
If applicant is under contract with Twin River or another facility, please list the commencement of contract and the date of termination of each contract: (Attach a copy of your Contract(s))				
Name and Address of Principal Stockholders of Applicant: <i>(A separate sheet can be used, if needed)</i>				

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Is corporation closely held, or is stock offered?

List all principals in applicant corporation having any interest or business dealings in, other than the services mentioned above, with Twin River:

List any company, organization or individual that will work for you at this ASSUMED or supply your ASSUMED with materials within the licensed premises and if such is the property of the third party, please list the name; and if such agreement is in writing, please supply a copy of said agreement.

If any company listed in the aforementioned paragraphs as a third party supplier has a stock or ownership interest in your kennel, please list showing number of stock owned.

NOTE: APPLICANT MUST FURNISH A LIST OF ALL EMPLOYEES. EMPLOYEES MUST BE INDIVIDUALLY LICENSED. THE EMPLOYER MUST SUPPLY ALONG WITH THIS APPLICATION A CURRENT LIST OF EMPLOYEES WHICH REFLECTS ANY CHANGES PREVIOUSLY SUPPLIED.

SUBMITTED BY: _____

DATE SUBMITTED: _____

CORPORATION NAME: _____

AUTHORIZED OFFICERS: _____

FOR OFFICIAL USE ONLY:

TOTAL FEE:	CHECK/MONEY ORDER:	LICENSE NUMBER:	Approved DBR Signature:	Approval Date:
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