



**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

WWW.DBR.STATE.RI.US

CHANGE OF LICENSE INFORMATION FORM

I, _____ hereby certify and affirm that I am currently a licensee
(PRINT NAME)

holding a License at (please circle one) Twin River or Newport Grand and my license number is: _____. The information on the following License Application has changed.

The following information should be changed to the licensing file:

Name Change:

Print Previous Name: _____

Print New Name: _____

Change of Address:

Street Address: _____

City/Town: _____

State and Zip Code: _____

Change in License:

Previous Employer/Department: _____

New Employer/Department: _____

Prior Position: _____

New Position: _____

Other Change Notification: _____

Licensee Signature: _____

Date: _____

NOTE: Once you have completed this form, drop it off at the DBR Office in Twin River / Newport Grand or mail it to the above address.