



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 02920-9506



Phone (401) 462-9506

TDD 711

Fax (401) 462-9645

Greyhound Owner's License--Original Application
Three year license: January 1, 2009 to December 31, 2011
Fee: \$450.00 (Note: Fee will not be prorated)

TYPE OF OWNER (please check one):

_____ Owner _____ Part Owner

INSTRUCTIONS AND INFORMATION

- 1 Application must be completed, signed by owner and notarized.
- 2 Applicant's background will be investigated by both the RI State Police and FBI.
- 3 New Applicants shall include a **completed Finger Print Card**.
- 4 False or incomplete information on the application may result in license denial.
- 5 Include a copy of your **Photo Identification Card**.
- 6 Fees must be paid by check or money order when application is submitted.
Make checks Payable to: State of RI General Treasurer
- 7 All personally identifiable information (including home address and social security number) is confidential unless a court orders otherwise.
Note: CASH WILL NOT BE ACCEPTED.

To the DEPARTMENT OF BUSINESS REGULATION: Application is hereby made by the undersigned for a permit to enter and run Greyhounds at Race Meetings under the jurisdiction of the Division of Racing & Athletics from January 1, 2009 to December 31, 2011 Pursuant to RI Gen Laws 41-4-1 et. Seq.

LAST NAME:		FIRST NAME:		MIDDLE NAME:		MAIDEN NAME:		Married or Single?	
Current Residence Address:						PHONE #: ()			
						CELL PHONE #: ()			
DATE OF BIRTH:	SOCIAL SECURITY #:	HEIGHT:	WEIGHT:	HAIR:	EYES:				
Present Business Name and Address:				Type of Business:		Your Position:		Dates Employed: (From/To)	

List the dog(s) in training owned (wholly or in part) or to be raced by you at Lincoln Park:

Dog's Name	Percentage of Ownership

Where were the dogs last kenneled? _____

Where will the dogs be kenneled at Twin River? _____

Please provide the name of the trainer: _____

List additional dogs on separate sheet.

Give name, address and particulars if any other person (s) have an interest with you in any manner in the racing of these dogs: _____

Have you ever owned or raced Greyhounds, either individually or with others?

Please circle one YES or NO

Explain: _____

Please provide name and address of persons mentioned in above answer:

Name: _____ Address: _____

Name: _____ Address: _____

Have you ever been arrested, charged or convicted of any criminal offense (except Traffic Violations)?

Please circle one YES or NO

If Yes, provide details (Place, date, crime charged & disposition). (A separate sheet can be used, if necessary) _____

Have you ever been employed in any capacity at a race track?

Please circle one YES or NO

If Yes, Explain: _____

Have there ever been adverse rulings against you by any racing authority?

Please circle one YES or NO

If Yes, Explain: _____

Have you ever been denied a license by any gaming authority?

Please circle one YES or NO

If Yes, Explain: _____

Please provide the name, address and phone numbers of three persons whom have known you for 10 years.

Name	Address (Street, City, State, Zip)	Telephone # (Area Code)
		()
		()
		()

I, _____ being duly sworn that I am the applicant named on the front; that I have read the foregoing application and know the contents thereof; that the same is true of my knowledge, and is made for the purpose of applying to the Department of Business Regulation, Division of Commercial Licensing and Racing and Athletics to issue a license to me in my name to run dogs at race meetings under the jurisdiction of the Division of Commercial Licensing and Racing and Athletics during the season of January 1, 2009 to December 31, 2011. I hereby agree to abide by all the rules and regulations of the Department of Business Regulation, Division Commercial Licensing and Racing and Athletics and to accept the decision the racing officials as final or any matter relating to a race that certifies that the foregoing statements are true.

MUST BE NOTARIZED:

Sworn to before me this _____ day of _____, 20_____.

Signature of Applicant

Notary Public

My Commision Expiration Date

Affix Seal

OFFICE USE ONLY:

LICENSE NUMBER:	TOTAL FEE:	CHECK/MONEY ORDER #:	BCI DATE:
DATABASE RESULT:	BACKGROUND CHECK RESULT:	Approved DBR Signature:	Approval Date: