



State of Rhode Island and Providence Plantations
DEPARTMENT OF BUSINESS REGULATION
1511 Pontiac Avenue, Bldg. 69-1
Cranston, Rhode Island 02920

Division of Commercial Licensing and
Racing and Athletics

SERVICE EMPLOYEE APPLICATION

Position Applied For: _____

Check One: Twin River Newport Grand

APPLICATION INSTRUCTIONS

License will expire on December 31, 2016

1. **All questions must be answered** and must be typed or printed using black or blue ink. If the application is not legible, it will not be accepted. Do not leave blank spaces. If a question does not apply to you please indicate "Does Not Apply" in the response section. If there is nothing to disclose in response to a particular question please state "None" in the response section.
2. All pages must be initialed, properly signed and notarized where indicated.
3. The following type of original documents will be acceptable to establish the identity of the applicant:
 - U.S. birth certificate issued by a state, county or municipal authority with an official seal.
 - Current and valid photo drivers license.
 - Current and valid US military identification card.
 - Current and valid U.S. passport or Certificate of Naturalization or current INS identification card.
 - Current and valid photo identification card issued by a federal, state or local government agency.
4. If the name on your application is different than on the identification provided then you must also provide a court ordered name change, marriage certificate or divorce decree to establish the reason for the different name.

5. A complete National BCI Check must be conducted before your license is issued. Please see instructions below:

Rhode Island State Police HQ

- Check or Money Order (**Only**) **payable to:** “The State Of Rhode Island” for \$36.00
- Applicants must call (401) 444-1110 (RISP Criminal Identification Unit) to make appointment
- Applicant must bring positive ID
- Applicant must bring a signed Release Authorization Form indicating the specific statute- This form may be obtained on our website at www.dbr.ri.gov
- FBI results of the Live Scan will be turned over to the member of the State Police assigned to the Lottery

OR

Rhode Island Department of Attorney General (BCI) (401) 274-4400

- Check or Money Order (**Only**) **payable to:** “RI Department of Attorney General” in the amount of \$35.00
- Monday – Friday 8:30am-4: 30 pm
- Applicant must bring positive ID
- Applicant must bring a signed Release Authorization Form indicating the specific statute- This form may be obtained on our website at www.dbr.ri.gov
- FBI results of the Live Scan will be forwarded to the Lottery Security Office

6. An original, completed, application will be reviewed by the Division of Commercial Licensing and Racing and Athletics (“Division”). Application fees are non-refundable and applications become the property of the Division. Paper applications, along with a check or money order in the amount of \$75.00, No cash is accepted, payable to: “State of Rhode Island, General Treasurer”, may be obtained from and submitted, in a sealed envelope, to either satellite office of the Division located at:

Twin River
100 Twin River Road
Lincoln, Rhode Island 02865

OR

Newport Grand
150 Admiral Kalbfus Road
Newport, Rhode Island 02840

Individual offices at each facility can be located by contacting any employee for directions upon arrival at the facility. **YOU SHOULD SUBMIT YOUR APPLICATION TO THE DEPARTMENT OF BUSINESS REGULATION AND NOT YOUR EMPLOYER IN ORDER TO PROTECT THE CONFIDENTIALITY OF THE INFORMATION IN YOUR APPLICATION.**

Initials _____

7. Once your application is approved and your identity verified by the State Office at Twin River/Newport Grand, you will be photographed and fingerprinted.
8. Should you be unable to understand this form fully in English, it is your responsibility to acquire adequate means of translation.
Si usted no puede entender este formulario completamente en Ingles, es su responsabilidad de obtener los metodos necesarios de traduccion.
8. You must provide the Division with any change of address as all notices concerning your license are sent to the address you have provided on this form.
9. Failure to answer any question completely and truthfully will result in denial of your Service Employee Application.
10. All written correspondence regarding this form shall be directed to the following:

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

DO NOT WRITE ON THIS PAGE
THIS PAGE FOR OFFICIAL USE ONLY

Name of Applicant: _____

Date of Birth (**CONFIDENTIAL**): _____

Identifying Documents: (**CONFIDENTIAL**)

- _____ United States birth certificate issued by a state, county or municipal authority with an official seal.
- _____ Current and Valid photo drivers license.
State Issued: _____ Expiration Date: _____
- _____ Current and valid United States Military identification card.
- _____ Current and valid United States Passport
Expiration Date: _____
- _____ Certification of Naturalization.
- _____ Current INS identification card.
Specify Status _____ Expiration Date _____
- _____ Current and valid photo identification card issued by a federal, state or local government agency. (Ex. RI identification card, Division issued License, etc.)
Specify Type: _____

Authorized By: _____

Date: _____

IMPORTANT

FAILURE TO ANSWER ANY QUESTION ON THIS FORM COMPLETELY AND TRUTHFULLY WILL RESULT IN THE DENIAL OR REVOCATION OF YOUR LICENSE.

PLEASE PRINT OR TYPE THE ANSWERS TO THE FOLLOWING QUESTIONS IN THE SPACES PROVIDED:

1. Name: (Last) _____ 2. (First) _____ 3. (Middle) _____

4. Mailing Address: (Number & Street) _____ (City) _____ (State) _____

E-MAIL ADDRESS: _____

NOTE: ANSWERS TO QUESTIONS #5 THROUGH TO INCLUDING #29 ARE CONFIDENTIAL

5. Home Address: (If different than mailing address)
(Number & Street) _____ (City) _____ (State) _____

6. Home Telephone (Include Area Code) _____ 7. Business Telephone _____ 8. Contact phone _____

9. Date of Birth: (Mo) (Day) (Year) _____ 10. Maiden Name _____ 11. Alias or
Nickname _____

12. Height (Ft – In) _____ 13. Weight (Lbs) _____ 14. Social Security #
(Confidential) _____

CHECK THE APPROPRIATE BOX

15. HAIR COLOR:

- Black
- Brown
- Blond
- Red
- Gray
- White
- Bald

16. EYE COLOR:

- Black
- Brown
- Hazel
- Blue
- Gray
- Green

17. SEX:

- Male
- Female

Initials _____

18. Have you been known by any other names or names other than those listed above? If yes, list the additional names below:

19. Are you a United States citizen? Yes No

20. If you are a naturalized citizen of the United States, attach a copy of your certificate of naturalization to this application.

21. If you are not a citizen of the United States, please indicate:

A. The country of which you are a citizen: _____

Place of Birth: _____
City State Country

B. Port of Entry to the United States: _____

C. Name and address of sponsor upon your arrival:

22. If you are not a United States citizen, but you are a legally authorized permanent resident alien or authorized to be employed in the United States, please attach a copy of your INS identification card to this application. Also provide the number in the space below:

INS "A" number: _____

23. Have you lived at your current address for less than one year? Yes No
If yes, list all of your residences during the past year **except** your current residence.

Dates		Address
From:	To:	(No., Street, Apt., City, State, Country & Zip Code)

Initials _____

24. Give the name of your present spouse (Maiden name if applicable):

25. List the last three jobs you have held beginning with the most recent and working backwards.

Job 1

A. Dates – From: (Mo/Yr) _____ To: (Mo/Yr) _____

B. Name, Mailing Address, phone number(s) of Employer(s).

C. Position held and description of duties: _____

D. Name of Supervisor: _____

E. Reason for
Leaving: _____

Job 2

Dates – From: (Mo/Yr) _____ To: (Mo/Yr) _____

E. Name, Mailing Address, phone number(s) of Employer(s).

F. Position held and description of duties: _____

G. Name of Supervisor: _____

E. Reason for
Leaving: _____

Initials _____

Job 3

A. Dates – From: (Mo/Yr) _____ To: (Mo/Yr) _____

B. Name, Mailing Address, phone number(s) of Employer(s).

C. Position held and description of duties: _____

D. Name of Supervisor: _____

E. Reason for Leaving: _____

26. Have you ever applied to the Division of Commercial Licensing and Racing and Athletics for any license in the past? Yes No If yes, complete the following:

A. Type of license applied for: _____

B. Date Application was filed: _____

C. Disposition (Granted, Pending, Denied) _____

D. If issued provide license number: _____

27. Have you ever applied in any other jurisdiction for a license to participate in a lawful gaming operation? (Including casino gaming, horse racing, dog racing, pari-mutuel operation, lottery, sports betting, etc.)? Yes No If yes, complete the following:

A. Type of license applied for: _____

B. Date Application was filed: _____

C. Disposition (Granted, Pending, Denied) _____

D. If issued provide license number: _____

E. Name of licensing agency: _____

F. Position sought or held: _____

G. Type of gaming operation: _____

Initials _____

CIVIL, CRIMINAL AND INVESTIGATORY PROCEEDINGS
CONFIDENTIAL

The next question asks about any arrests, charges or offenses you may have committed. Prior to answering the question, carefully review the definitions and instructions, which follow:

DEFINITIONS: For purposes of this question:

- A. "Arrest" includes any detaining, holding or taking into custody by any police or other law enforcement authorities to answer for the alleged performance of any "offense".
- B. "Charge" includes any indictment, complaint, information, summons, or other notice of the alleged commission of any "offense".
- C. "Offense" includes all felonies, crimes, misdemeanors, disorderly person offenses, driving while intoxicated/impaired motor vehicle offenses, violation of probation or any other court order. Juvenile offenses are not reportable.

INSTRUCTIONS:

- A. Answer "yes" and provide all information to the best of your ability EVEN IF:
 - 1. You did not commit the offense charged;
 - 2. The charges were dismissed or subsequently downgraded to a lesser charge;
 - 3. You were not convicted;
 - 4. You did not serve any time in jail.
- B. Answer "no" IF:
 - 1. You have never been arrested or charged with any crime or offense;
 - 2. Any records relating to a charge, an arrest or conviction have been expunged or otherwise officially sealed by a court or government agency.

Have you ever been arrested or charged with any crime or offense in Rhode Island or any other jurisdiction within the last 10 years?

#28A. If yes, complete the following:

Yes No

Nature of Charge or Arrest/Location where the incident Involved occurred	Date of Charge or Arrest	Name and Address of Law Enforcement Agency or Court	Disposition Sentence (Convicted, Acquitted, Dismissed, Pending, Etc.)
1.			
2.			
3.			
4.			
5.			

Have you ever been convicted of any crime or offense in Rhode Island or any other jurisdiction in the last twenty (20) years?

28B. If yes, complete the following:

Yes **No**

#	Nature of Charge or Offense/Location where the incident Involved occurred	Date of Charge or offense	Name and Address of Law Enforcement Agency or Court	Disposition Sentence (Convicted, Afford Plea, Plea of Nolo Contendere, Acquitted, Dismissed, Pending, Etc.)
1.				
2.				
3.				
4.				
5.				

29. List the name, address and telephone number, including area code, of three references: (Do not list relatives as references).

Reference #1

Name: _____

Address: _____

Telephone: _____

Reference #2

Name: _____

Address: _____

Telephone: _____

Reference #3

Name: _____

Address: _____

Telephone: _____

STATEMENT OF TRUTH

STATE OF _____:

NAME (Print) _____

being duly sworn according to law deposes and says:

1. I am the applicant who is submitting this application form.
2. I personally supplied the information contained in this form.
3. I understand and read the English language or I have had an interpreter read, explain and record the answer to each and every question on this application form.
4. I swear (or affirm) that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

DATED: _____ (Legal Signature) _____
Signature of Applicant

Subscribed and sworn to before me this _____ day
of _____, 20_____.

Notary Public

State

STATEMENT OF APPLICANT

In accepting a license issued pursuant to Rhode Island General Laws § 41-4-1 *et seq.*:

I agree to abide by all applicable statutes and regulations.

I understand that I am freely consenting to any warrantless search by any governmental agency within the grounds of Twin River or Newport Grand ("the facility"), of the premises, which I occupy, or control, and my personal property and effects at the Facility, and to the seizure of any illegal item, which said search, may produce.

I hereby certify that I have read the foregoing application and affirm that every statement contained therein is true, complete and correct. I understand that if I misstate or omit any fact, I am subject to the penalties provided by law and by the above-mentioned rules and regulations and my application may be denied.

I hereby authorize the Rhode Island Department of Business Regulation, Division of Commercial Licensing and Racing and Athletics to investigate any and all records concerning my background, including, but not limited to, any criminal conviction. I FULLY UNDERSTAND THE PRECEDING WAIVER.

DATED: _____ (Legal Signature) _____
Signature of Applicant

Subscribed and sworn to before me this _____ day
of _____, 20_____.

Notary Public

State

RELEASE AUTHORIZATION

To All Courts, Probation Departments, Employers, Banks, and other financial institutions, and All Governmental Agencies – Federal, State and Local, without exception, both foreign and domestic.

I, _____ have
(PRINT NAME)

authorized the Rhode Island Department of Business Regulation, Division of Commercial Licensing and Racing and Athletics, pursuant to R.I. General Law §41-1-1, to conduct a full investigation into my background and activities.

Therefore, you are hereby authorized to release any and all information pertaining to me, documentary or otherwise, as requested by any employee or agent of the Division of Commercial Licensing and Racing and Athletics (“Division”), provided that he or she certifies to you that I have an application pending before the Division or that I am presently a licensee, registrant or to her person required to be qualified under the provision of Rhode Island General Laws § 41-4-1 *et seq*:

I understand that this Authorization is to investigate records relating to or referenced in this application or any licensed activity.

This authorization shall supersede and countermand any prior request or authorization to the contrary.

A photostatic copy of this authorization will be considered as effective and valid as the original.

DATED: _____ (Legal Signature) _____
Signature of Applicant

Subscribed and sworn to before me this _____ day
of _____, 20_____.

Notary Public

State



Tax Payer Status Affidavit / Identity Verification

All persons applying or renewing any license, registration, permit or other authority (hereinafter called "licensee") to conduct a business or occupation in the state of Rhode Island are required to file all applicable tax returns and pay all taxes owed to the state prior to receiving a license as mandated by state law (RIGL 5-76) except as noted below.

In order to verify that the state is not owed taxes, licensees are required to provide their Social Security Number and Federal Tax Identification Number as appropriate. These numbers will be transmitted to the Division of Taxation to verify tax status prior to the issuance of a license. This declaration must be made prior to the issuance of a license.

Please complete this affidavit along with your license application.

<u>Licensee Declaration</u>	
<input type="checkbox"/>	I hereby declare, under penalty of perjury, that I have filed all required state tax returns and have paid all taxes owed.
<input type="checkbox"/>	I have entered a written installment agreement to pay delinquent taxes that is satisfactory to the Tax Administrator.
<input type="checkbox"/>	I am currently pursuing administrative review of taxes owed to the state.
<input type="checkbox"/>	I am in federal bankruptcy. (Case # _____)
<input type="checkbox"/>	I am in state receivership. (Case # _____)
<input type="checkbox"/>	I have been discharged from Bankruptcy. (Case # _____)
_____ Type of Professional License for which you are applying	
_____ Full Name (Please Print or Type)	_____ Social Security Number (or FEIN if appropriate)
_____ Signature	
_____ Date	
15 of 15	