



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

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2014 VENDOR APPLICATION

January 1, 2014 to December 31, 2016

Fee \$750.00

Application fee is non-refundable and application becomes the property of the Division

INSTRUCTIONS AND INFORMATION

1. **Application must be completed in ink and signed in all the appropriate places.**
2. Fees must be paid by check or money order when application is submitted.
NO CASH IS ACCEPTED. Make Checks Payable to: **State of R.I. General Treasurer.**
3. Applicant's background may be investigated by both the R.I. State Police and F.B.I.
4. False or incomplete information on this application may result in license denial.

The undersigned hereby applies for license to be issued to:

Individual or Corporation Name:			
D/B/A or Trade Name(s):			
Business Address:	City/Town:	State:	Zip Code:
E-mail Address:			
Applicant will operate at the following: (Circle one)		Twin River	Newport Grand
Contact Person:	Date of Birth:	Social Security Number: (Confidential)	Title:
Telephone (Area Code) Number		Fax (Area Code) Number	
Description of Business:			
Please submit a copy of any Certificate of Incorporation, charter, by-laws, partnership agreement, trust agreement or other basic documentation of the business, if any. Specify:			

Is Corporation closely held? If yes, list principal stockholders. Is Stock publicly traded? If stock publicly traded please indicate on what exchange and under what symbol.

Please provide either the Federal Identification Number (FIN) of the company or the Social Security number of the owner:

If the company has entered into any written or unwritten agreements with the facility, specify the duration of the beginning and ending dates of the agreement.

Beginning Date: _____ Ending Date: _____

Are there any other agreements, written or unwritten, with any contractors, subcontractors, etc? YES NO

If yes, identify the contractor, subcontractor, etc. and the nature of the agreement between the companies.

Is the company regulated by any other public agency in this state or any other jurisdiction? YES NO
If yes, identify the agency, its location and how it regulates your company (control of rates, required periodic reporting, etc).

During the last five years has the company had any license or certificate denied, suspended or revoked by any governmental or state agency in R.I. or in any other jurisdiction? YES NO If yes, complete the following:

Type of License or Certificate	Name/Location of Governmental Agency	Action Taken	Date	Reason
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Has the company filed for relief under any provision of the Federal Bankruptcy Act or under any state insolvency law in the last five-years? YES NO If yes, complete the following:

Court Name/Location	Name of Case	Relief Sought	Date Filed

Has any receiver, fiscal agent, trustee, reorganization trustee or similar officer been appointed in the last five years by a court for the business or property of the company? YES NO If yes, complete the following:

Name of Person Appointed	Date Appointed	Court	Reason

If the company has audited financial statements prepared, submit a copy of the most recently prepared statement and auditor's report. If the company does not have financial statements audited, submit a copy of the most recent unaudited financial statement.

Has the company been indicted, charged with or convicted of a criminal offense or been a party to or named as an unindicted co-conspirator in any criminal proceeding in this state or any other jurisdiction? YES NO If yes, complete the following:

Nature of Case	Name/Address of Court	Result of Case	Conviction Date

Please indicate, on the following page, all natural persons or entities in your company that correspond to the below items:

1. All persons who have signed or will sign any agreement with the facility or its agents.
2. All immediate supervisors or persons responsible for or in charge of the office of the company.
3. All officers of the company.
4. Any trustee of the company.
5. All partners; general, limited or otherwise.
6. The sole proprietor if the company is a sole proprietorship.
7. Each natural person or business entity that directly holds any beneficial or ownership interest of five percent or more of the enterprise.
8. All Board of directors/members of the company.

AFFIDAVIT

STATE _____;

COUNTY OF _____;

I, _____, hereby acknowledge
(Name)

that I am aware that the Division of Commercial Licensing and Racing and Athletics may deny a license to any applicant which supplied information to the Division of Commercial Licensing and Racing and Athletics which is untrue or misleading as to a material fact pertaining to the qualification criteria.

Further I, _____, hereby swear (or
(Name)

affirm) that the foregoing statements made by me on behalf of _____
(Name of Business)

_____ are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

(Signature)

(Type, Stamp or Print Name)

(Title or Position)

Subscribed and sworn to:

Before me this _____ day of _____ 20____

Notary: _____

My Commission Expires: _____

Affix Seal

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:

On Behalf of _____
Name of Company

I, _____ have
(Name of President, Officer, Partner or Sole Proprietor)

authorized the Rhode Island Department of Business Regulation, Division of Commercial Licensing and Racing and Athletics, to conduct a full investigation into background and activities of the company named above.

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 said company has an application pending before the Division or that said company is presently a licensee, required to be qualified under the provision of Rhode Island General Laws § 41-4-1 *et seq.*:

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

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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.

Licensee Declaration

- I hereby declare, under penalty of perjury, that I have filed all required state tax returns and have paid all taxes owed.
- I have entered a written installment agreement to pay delinquent taxes that is satisfactory to the Tax Administrator.
- I am currently pursuing administrative review of taxes owed to the state.
- I am in federal bankruptcy. (Case # _____)
- I am in state receivership. (Case # _____)
- 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