

State of Rhode Island and Providence Plantations
DEPARTMENT OF BUSINESS REGULATION
Division of Commercial Licensing and Racing and Athletics
233 Richmond Street
Providence, RI 02903

NOTICE OF PROPOSED REGULATION
AND NOTICE OF PUBLIC HEARING

Notice is hereby given, in accordance with R.I. Gen. Laws §§ 42-14-17 and 42-35-3, that the Director of the Department of Business Regulation (“Department”) proposes to adopt the following Regulation:

Racing and Athletics Regulation 8 – License Applications

The Proposed Regulation establishes standards and procedures for the issuance of licenses to all employees, non-employees, concessionaires, vendors, greyhound owners, and kennel owners at any Dog Racing Track or Gaming Facility, as well as any other non-employees at any Dog Racing Track or Gaming Facility who have access to any area of the Dog Racing Track or Gaming Facility. Additional purposes of this Regulation include ensuring the safety, security, and integrity of Dog Racing Tracks and Gaming Facilities, and to generally assist the Department in carrying out the administration and enforcement of the terms and provisions of R.I. Gen. Laws §§ 41-4-1 *et seq.* so that the public interest may effectively be served.

Notice is also hereby given, in accordance with R.I. Gen. Laws § 42-35-2, that the Department of Business Regulation will hold a public hearing regarding **Racing and Athletics Regulation 8 – License Applications** beginning at **10:30 a.m. on January 23, 2007** in the Main Hearing Room of the Department of Business Regulation, 233 Richmond Street, Providence, Rhode Island 02903.

Copies of the Proposed Regulation are on file at the Department and copies may be obtained from the Legal Division, Department of Business Regulation, 233 Richmond Street, Providence, Rhode Island 02903 during normal working hours on regular business days or by mail upon request. The Proposed Regulation may also be obtained from the Department’s website www.dbr.state.ri.us.

In the development of the Proposed Regulation, consideration was given to overlapping approaches, overlap and duplication with other statutory and regulatory provisions, and economic impact on small business and cities and towns.

All interested persons may submit their views, data, or arguments regarding the Proposed Regulation, including information relating to alternative approaches, duplication, or overlap with other state rules or regulations and the economic impact of the Regulation on small business and/or cities and towns, orally at the public hearing or in writing, either by delivering the same in person or United States Mail with postage

pre-paid thereon to the Department of Business Regulation, 233 Richmond Street, Providence, Rhode Island 02903 to Joseph J. LoBianco, Esq., Hearing Officer or by e-mail to: jlobianco@dbr.state.ri.us

ALL SUBMISSIONS MUST BE RECEIVED NOT LATER THAN JANUARY 23, 2007 AT 10:30 A.M.

The hearing room is accessible to the handicapped. Individuals requesting interpreter services for the hearing impaired must notify the Office of Legal Counsel at (401) 222 5400 or TDD (401) 222 2999 not less than ninety-six (96) hours in advance of the hearing date.

A. Michael Marques
Director, Department of Business Regulation

State of Rhode Island and Providence Plantations
DEPARTMENT OF BUSINESS REGULATION
Division of Commercial Licensing and Racing & Athletics
233 Richmond Street
Providence, RI 02903

RACING & ATHLETICS REGULATION 8 – LICENSE APPLICATIONS

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Section 1 *Authority*

This Regulation is promulgated by the Department of Business Regulation (“Department”) in accordance with R.I.Gen.Laws §§ 41-4-1 *et seq.*, 42-14-17, and 42-35-3.

Section 2 *Purpose*

The purpose of this Regulation is to establish standards and procedures for the issuance of licenses to all employees, non-employees, concessionaires, vendors, greyhound owners, and kennel owners at any Dog Racing Track or Gaming Facility, as well as any other non-employees at any Dog Racing Track or Gaming Facility who have access to any area of the Dog Racing Track or Gaming Facility. Additional purposes of this Regulation include ensuring the safety, security, and integrity of Dog Racing Tracks and Gaming Facilities, and to generally assist the Department in carrying out the administration and enforcement of the terms and provisions of R.I.Gen.Laws §§ 41-4-1 *et seq.* so that the public interest may effectively be served.

Section 3 *Definitions*

As used in this Regulation:

- A. “Act” shall mean R.I.Gen.Laws § 41-4-1 *et seq.*
- B. “Applicant” shall mean a Person filing an application or a renewal application for a license.
- C. “Application” shall mean any of the applications referenced in Appendices A through P, unless otherwise specified.
- D. “Concessionaire” shall mean any Person operating a concession at any Dog Racing Track or Gaming Facility.
- E. “Department” shall mean Department of Business Regulation.
- F. “Director” shall mean the Director of the Department.
- G. “Dog Racing Track” shall mean any building, enclosure, or premises at which dog racing is conducted.
- H. “Gaming Facility” shall mean any building, enclosure, or premises at which pari-mutuel, simulcast, or slot operations are conducted.
- I. “Key Employee” shall mean any individual employed at a Dog Racing Track or Gaming Facility in a supervisory capacity, any individual empowered to make decisions concerning the operation of a Dog Racing

Track or Gaming Facility, and any individual with an ownership interest in a Dog Racing Track or Gaming Facility. This includes all individuals involved in the management of the Dog Racing Track or Gaming Facility.

- J. "License" shall mean that license issued by the Department to any Person employed at a Dog Racing Track or Gaming Facility, or any Person engaged in concessionaire or vendor operations at a Dog Racing Track or Gaming Facility.
- K. "Licensee" shall mean a Person holding a License.
- L. "Non-employee" shall mean any individual employed by a licensed vendor or kennel, rather than by the Dog Racing Track or Gaming Facility, or any individual employed by a construction contractor with access to any area of a Dog Racing Track or Gaming Facility.
- M. "Occupational Employee" shall mean any individual employed by a Dog Racing Track or Gaming Facility, other than management personnel and those involved pari-mutuel, simulcast, or slot operations. This category of employee includes individuals, not otherwise designated herein, who perform a service function at the Racing Track or Gaming Facility.
- N. "Operations Employee" shall mean any individual, other than management, employed by a Dog Racing Track or Gaming Facility to handle money used in the pari-mutuel, simulcast, or slot operations at the facility and/or any individual deemed by the Department to perform functions relating to the safety, security, and/or integrity of the gaming and/or racing activities.
- O. "Person" shall mean any individual, partnership, corporation, limited liability company, sole proprietorship, or any other legal entity, however formed.
- P. "Vendor" shall mean any Person engaged in a vending operation at any Dog Racing Track or Gaming Facility.

Section 4 Licenses

- A. License Required - No Person shall engage in any business operation or other activity which requires presence at any Dog Racing Track or Gaming Facility (other than patrons of the Dog Racing Track or Gaming Facility), and no Person shall be employed at any Dog Racing Track or Gaming Facility, without first obtaining a License from the Department.
- B. Types of license issued pursuant to this regulation:

1. Operations Employee License – All individuals employed in the simulcast operation of the facility are required to hold an Operations Employee License. An application form for an Operations Employee License is contained herein at Appendix A.
2. Vendor License – All Persons operating a concession or vending operation at a Dog Racing Track or Gaming Facility are required to hold a Vendor License. Application forms for Vendor Licenses are contained herein at Appendices B and C.
3. Occupational/Employee License (Employees) – All individuals employed by a Dog Racing Track or Gaming Facility are required to hold an Occupational/Employee License for Employees. Application forms for Occupational/Employee Licenses for Employees are contained herein at Appendices D, E, H and I.
4. Occupational/Employee License (Non-Employees) – All individuals working on the premises of (but not employed by) a Dog Racing Track or Gaming Facility are required to hold an Occupational/Employee License for Non-Employees. Application forms for Occupational/Employee Licenses for Non-Employees are contained herein at Appendices F, G, J and K.
5. Greyhound Owner's License – All Persons owning or co-owning a dog kenneled at any Dog Racing track are required to hold a Greyhound Owner's License. An application form for a Greyhound Owner's License is contained herein at Appendix L.
6. Lincoln Park Kennel Name Registration – All Persons operating a kennel at Lincoln Park are required to register the name of the kennel with the Department. An application form for a Lincoln Park Kennel Name Registration is contained herein at Appendix M.
7. Lincoln Park Assumed Name Registration Application – All persons operating a kennel at Lincoln Park under an assumed name are required to register the assumed name with the Department. An application form for a Lincoln Park Assumed Name Registration is contained herein at Appendix N.
8. Key Personnel License – All individuals employed in a supervisory capacity, or who are empowered to make decisions concerning the operation of the facility, are required to hold a Key Personnel License. Application forms for a Key Personnel License, which consists of two forms (the Multi Jurisdictional Personal History Disclosure Form and the Rhode Island Supplemental Form to Multi Jurisdictional Personal History Disclosure Form), are contained herein at Appendices O and P.

Section 5 **Application for License**

Every Person seeking a License shall file a written Application with the Director on the appropriate form contained herein. The term of each License shall be for one (1) calendar year before a renewal Application is required. Renewal Applications shall be filed with the Department no later than December 1 of the year prior to the licensing year.

Section 6 **Clarification of License Renewal Process for Licensees Seeking 2007 Licenses**

A. Lincoln Park

1. In order facilitate collection of fees, all licensees working at Lincoln Park are required to complete the attached Appendix E electronically via access the Department's website at www.dbr.state.ri.us.
2. All Key Employees at Lincoln Park are also required to complete the attached Appendices O and P applications.
3. All Operations Employees at Lincoln Park are also required to complete the attached Appendix A.

B. Newport Grand

1. All Key Employees at Newport Grand are required to complete the attached Appendices O and P applications.
2. All Operations Employees at Newport Grand are required to complete the attached Appendix A application.
3. All Occupational Employees (service employees) at Newport Grand are required to complete the attached Appendix I application.

Section 7 **Confidentiality of Application Information**

All personal financial information received by the Department from said Applicants shall be deemed not public under the terms and provisions of R.I. Gen. Laws § 38-2-1 *et seq.* and will not be disclosed unless the Rhode Island Superior Court orders said disclosure after consideration of all issues in each context.

Section 8 **Severability**

If any provision of this Regulation or the Application thereof to any person or circumstances is held invalid or unconstitutional, the invalidity or unconstitutionality

effect without the invalid or unconstitutional provision or Application, and to this end the provisions of this Regulation are severable.

Section 9 *Effective Date*

This Regulation and the amendments thereto shall be effective as indicated below.

EFFECTIVE DATE: December 12, 2006

STATE OF RHODE ISLAND

DEPARTMENT OF



BUSINESS REGULATION

DIVISION OF COMMERCIAL LICENSING AND RACING AND ATHLETICS

OPERATIONS EMPLOYEE APPLICATION

Position Applied For: _____

APPLICATION INSTRUCTIONS

1. The application must be typed or printed in block lettering using either blue or black ink. If the application is not legible, it will not be accepted.
2. All questions must be answered. 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.
3. If you need additional space to answer a question please refer to the blank page provided on page 17. Be sure to indicate the number of the question you are answering.
4. All pages of the application must be initialed, properly signed and notarized where indicated.
5. The following type of original documents will be acceptable to establish the identify of the applicant:
 - A. U.S. birth certificate issued by a state, county or municipal authority with an official seal.
 - B. Current and valid photo drivers license.
 - C. Current and valid US military identification card.
 - D. Current and valid U.S. passport or Certificate of Naturalization or current INS identification card.
 - E. Current and valid photo identification card issued by a federal, state or local government agency.
6. If the name on your application is different than the name 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.
7. A completed application must be presented to the Division of Commercial Licensing (the "Division") and Racing and Athletics and shall consist of an original and a photocopy.

The photocopy must be clear or the application will not be accepted. A check or money order in the amount of \$10.00 payable to the "State of Rhode Island, General Treasurer" must accompany the application. No cash is accepted.

8. Once your application is accepted and your identify verified you will be photographed, fingerprinted and subject to a complete background check before your license is issued. Application fees are non-refundable and applications become the property of the Division. Applications may be obtained from and submitted to either satellite office of the Division located at:

Lincoln Park
1600 Louisquisset Pike
Lincoln, Rhode Island 02865

OR

Newport Grand
150 Admiral Kalbsus Road
Newport, Rhode Island 02840

Individual offices at each facility can be located by contacting any employee for directions upon arrival at the facility.

9. 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.

10. You must provide the Division with any change of address as all notices concerning your license is send to the listed address on this form.
11. Failure to answer any question completely and truthfully will result in denial of your Service Employee Application.
12. All written correspondence regarding this form shall be directed to the following:

Department of Business Regulation
Division of Commercial Licensing and Racing and Athletics
233 Richmond Street
Providence, Rhode Island 02903

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

Name of Applicant: _____

Date of Birth: _____

Identifying Documents:

_____ 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: _____

Comments:

Authorized By: _____

Date: _____

IMPORTANT

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

THE DIVISION WILL
AFFIX A PHOTOGRAPH HERE.

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

Name: (Last) (First) (Middle)

Mailing Address: (Number & Street) (City) (State)

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

Home Telephone (Include Area Code) Business Telephone Cell phone

Date of Birth: (Mo) (Day) (Year) Maiden Name Alias or Nickname

Height (Ft – In) Weight (Lbs) Social Security #

CHECK THE APPROPRIATE BOX

HAIR COLOR:

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

EYE COLOR:

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

SEX:

- Male
- Female

RACE:

- Caucasian
- Black
- Hispanic
- Asian
- Native American

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

2. Are you a United States citizen?

Yes

No

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

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

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

B. Place of Birth: _____
City State Country

C. Port of Entry to the United States: _____

D. Name and address of sponsor upon your arrival:

5. 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: _____

6. 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)

7. Indicate your martial status: Single Married Legally separated Divorced

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

B. List all former spouses: _____

8. 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: _____

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: _____

9. 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: _____

10. 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: _____

CIVIL, CRIMINAL AND INVESTIGATORY PROCEEDINGS

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; or
- 5. The charges or offenses happened a long time ago.

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.

11. Have you ever been arrested or charged with any crime or offense in Rhode Island or any other jurisdiction? Yes No If yes complete the following page.

#	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 (Convicted, Acquitted, Dismissed, Pending, Pardoned Etc.)	Sentence
1.					
2.					
3.					
4.					
5.					
6.					

12. Have you ever been called to testify before, been the subject of an investigation, conducted by, or requested to take a polygraph Initials _____

exam by any governmental agency, court, committee, grand jury or investigatory (municipal, state, county, provincial, federal, national, etc.) other than in response to a traffic summons? If yes, complete the following chart:

Name and address of Court or agency	Nature of proceedings or investigations	Testimony Given? (Yes or No)	Date of Testimony	Approximate time period of investigation

13. In the past ten years, have you been a party to a lawsuit? (Include matrimonial matters, negligence matters, auto accident matters contract matters, debt matters, etc.) If yes, complete the following chart:

Date filed	Jurisdiction	Docket Number	Others parties to suit	Nature of suit	Disposition	Date of disposition

14. Have you ever had any financial liens or judgments filed against you? (Include federal tax liens, state tax liens, unemployment judgements, defaulted student loans, delinquent child support obligations, etc.). If yes, complete the following chart:

Date filed	Jurisdiction	Docket Number	Others parties to suit	Nature of suit	Disposition	Date of disposition

15. Do you possess a current motor vehicle operator license? Yes No
 If yes, list all current motor vehicle operators licenses issued to you by the State of Rhode Island or any other jurisdiction in the following chart:

Date last Issued	License number	Type of license	Jurisdiction issuing license	Expiration date of license

16. Within the past ten years, have you held an ownership interest in any business(es)? Yes No
 (Do not include publicly traded corporations in which you own stock.)
 If yes, beginning with the most recent and working backwards, provide the information with regard to all business(es) in which you have held an ownership interest.

From: (Mo/Yr)	To: (Mo/Yr)	Name(s) and Address(es) of business(es)	Current Status of business(es)	% interest Held by you	Names of other owner(s)

17. Have you personally ever been adjudicated bankrupt or filed a petition for any type of bankruptcy under any bankruptcy or insolvency law? If yes, attach a copy of the bankruptcy petition and discharge, if granted. Yes No
If yes, complete the following chart:

Date filed	Docket Number	Name and address of court	Names and address of Trustee

18. In the past twenty years or since the age of 18, whenever is less, has any business entity in which you held a 5% or greater ownership interest (other than ownership of stock in a publicly traded corporation) or in which you served as an officer or director been adjudicated bankrupt or filed a petition for any type of bankruptcy under any bankruptcy or insolvency law? Yes No If yes, complete the following chart:

Date filed	Docket Number	Name and address of court	Name and address of filing party	Name and address of Trustee

19. Have your wages, earnings, or other income been subject to garnishment, attachment, charging order, voluntary wage execution or the like during the past ten-year period? Yes No If yes, complete the following chart:

Date filed	Docket Number	Name and address of court	Nature of obligation	Amount of obligation	Name and address of holder of obligation

20. a) Do you have any bank accounts or safe deposit boxes in your name? Yes No
 b) Do you have access to the funds in any other bank accounts or safe deposit boxes? Yes No

If yes to either question, complete the following chart:

Name and Address	Name(s) in which account(s)	Type of accounts	Account no. or

of bank	or safe deposit box(es) held.	(Savings, Checking, Safe deposits, etc.)	safe deposit box no.

21. 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: _____

13. As indicated in the instruction on page 2 of this form, this page is to be used by you for any questions which require additional space to answer. The number of the question must be stated immediately prior to your answer. If additional pages are needed, photocopy this page or add paper of similar size and identify these pages with corresponding numbers and letters. **Be sure to include your initials at the bottom on any new page added.**

IDENTIFY ALL ANSWERS BY ORIGINAL QUESTION NUMBERS

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 within the grounds of a permit holder, of the premises which I occupy or control, and my personal property and effects, 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, Selective Service Boards, Employers, Educational Institutions, Banks, Financial and Other such 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 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.*:

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

APPENDIX B
STATE OF RHODE ISLAND

DEPARTMENT OF



BUSINESS REGULATION

**DIVISION OF COMMERCIAL LICENSING
AND RACING AND ATHLETICS**

233 Richmond Street, Suite 230
Providence, RI 02903

PHONE: (401) 222-6541

TDD: 711

FAX: (401) 222-6131

2007 VENDOR APPLICATION
January 1, 2007 to December 31, 2007
Annual Fee \$200.00

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:

Applicant will operate at the following: (Check one)

Lincoln Park

Newport Grand

Contact Person:

Date of Birth:

Social Security Number:

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

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 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

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, Selective Service Boards, Employers, Educational Institutions, Banks, Financial and Other such 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



STATE OF RHODE ISLAND
 DEPARTMENT OF BUSINESS REGULATION
 DIVISION OF COMMERCIAL LICENSING AND RACING AND ATHLETICS
 233 Richmond Street, Suite 230
 Providence, RI 02903



Phone: (401) 222-6541

TDD No.: 711

Fax: (401) 222-6131

2007 VENDOR RENEWAL APPLICATION
Annual Fee \$200.00
January 1, 2007 to December 31, 2007

INSTRUCTIONS AND INFORMATION

- 1 All 2007 Licenses will expire on December 31, 2007.
- 2 Application must be completed in ink, 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.

NOTE: Advise the Department of Business Regulation ("DBR") immediately in writing of any changes or corrections to the information listed below. Complete a change of License Status Form which is available on line at www.dbr.state.ri.us or at the DBR Office at Lincoln Park. Once form is completed drop it off with your check/moneyorder at the DBR Office at Lincoln Park or mail it to the address above. Failure to promptly notify the DBR of any changes in license status may result in denial or revocation of your license.

CONTACT PERSON:	Phone #: ()	Cell Phone #: ()
Vendor will operate at the following: (Check one or both) <input type="checkbox"/> Lincoln Park <input type="checkbox"/> Newport Grand		
Has the company changed status (Corporation, LLC, Partnership Agreement, Trust Agreement or other basic documentation of the business)? If so, please submit a copy of change.		
If the company has entered into any written or unwritten agreements with the facility, specify the duration by stating 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? <input type="checkbox"/> Yes or <input type="checkbox"/> No If yes, identify the contractor, subcontractors, etc and the nature of the agreement between the companies.		

VENDOR RENEWAL APPLICATION --PAGE 2

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 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

AFFIDAVIT

STATE: _____

COUNTY OF: _____

I, _____ here by acknowledge that I am aware that the Division
(Print Full Name)

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

Further I, _____, hereby swear (or affirm) that the foregoing
(Print Full Name)

statements made by me on behalf of _____ are true. I am aware
(Print Full Name of Business)

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

Signature: _____

Type, Stamp or Print Full Name: _____

Title or Position: _____

Subscribed and sworn to:

Before me this _____ day of _____ 20 _____

Notary: _____ My Commision Expires: _____

AFFIX SEAL

FOR OFFICIAL USE ONLY:

TOTAL FEE:	CHECK/MONEY ORDER:	LICENSE NUMBER:	PROCESSED DATE:
Approved DBR Signature:	APPROVAL DATE:	DENIAL DATE:	



APPENDIX D
 STATE OF RHODE ISLAND
 DEPARTMENT OF BUSINESS REGULATION
 DIVISION OF COMMERCIAL LICENSING AND RACING AND ATHLETICS
 233 Richmond Street, Suite 230
 Providence, RI 02903
 WWW.DBR.STATE.RI.US



Phone: (401) 222-6541

TDD No.: 711

Fax: (401) 222-6131

**2007 LICENSE APPLICATION
 FOR OCCUPATIONAL LICENSSEE/EMPLOYEES
 LINCOLN PARK EMPLOYEES**

- INSTRUCTIONS AND INFORMATION**
- 1 All 2007 Licenses will expire on December 31, 2007.
 - 2 Complete application in ink, you and employer must sign spaces provided on back.
 - 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 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
 Note: CASH WILL NOT BE ACCEPTED.

LICENSE TYPE AND YEARLY FEE

LINCOLN PARK EMPLOYEE:

- Lead Person (\$10)
 Pari-Mutuel Employee (\$10)
 Security Personnel (\$10)
- Other Employee of Track Management (\$10)....Please check the appropriate department below:

- | | |
|---|--|
| _____ ADMISSIONS
_____ CATERING & FOOD SERVICES
_____ FIREFIGHTER
_____ GAMING ATTENDANTS & CUSTOMER SERVICE
_____ LABORERS (CLEANINGS--INSIDE) | _____ MAINTENANCE
_____ OFFICE
_____ PUBLICITY
_____ RACING (LIVE)
_____ VALET PARKING
_____ VALIDATION |
|---|--|

LAST NAME:		FIRST NAME:		MIDDLE NAME:		MAIDEN NAME:	
Current Residence Address:		Street		City		State Zip Code	
DATE OF BIRTH:		SOCIAL SECURITY #:		PHONE #:		Cell Phone #:	
				()		()	
HEIGHT:	WEIGHT:	HAIR:	EYES:	Are you a U.S. Citizen? <i>Please circle one</i> YES or NO			
Place of Birth: (State, Country)			Alien Registration Card No.:			Expiration Date:	
Type of Identification Required--Including at least one with a photograph (Check Two):							
Driver's License: _____		Passport: _____		Social Security Card: _____		Other (Please specify): _____	

LINCOLN PARK EMPLOYEE LICENSE APPLICATION--PAGE 2

Have you or your spouse ever been suspended or barred from participation in Racing or Gaming organization association, authority, commission in the United States or elsewhere? *Please circle one* YES or NO
 If you answered "YES", give details below (Separate sheet(s) can be used, if necessary).

Have you or your spouse ever been arrested, charged or convicted of any criminal offense (except Traffic Violations)?
Please circle one YES or NO
 If you answered "YES", give details below (Separate sheet(s) can be used, if necessary).

PRIOR EMPLOYMENT HISTORY FOR PAST THREE YEARS:

Name and Address of Employer:	Type of Business	Date Employed	
		FROM:	TO:

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)
		()
		()
		()

STATEMENT OF APPLICANT

In accepting a license issued pursuant to R.I. 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 within the grounds of a permit holder, of the premises which I occupy or control, and my personal property and effects, 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 Division of Commercial Licensing and Racing and Athletics to investigate any and all records concerning my background, including, but not limited to, any criminal convictions. ***I FULLY UNDERSTAND THE PRECEDING WAIVER.***

DATE OF APPLICATION: _____ **APPLICANT SIGNATURE:** _____
EMPLOYER/SUPERVISOR PRINT NAME: _____
EMPLOYER/SUPERVISOR SIGNATURE: _____

FOR OFFICIAL USE ONLY:

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

APPENDIX E

Welcome.

License Details License Search License Information Affidavit Payment Receipt

Lincoln Park Employees Renewal System

Note: Online submission of your renewal application does not result in automatic renewal of your license. The licensing authority must verify that you have met all conditions and requirements before your license is renewed.

Selected License Information

Agency: Department of Business Regulation
Board/Division: Division of Commercial Licensing and Racing and Athletics - Racing and Athletics Section
License Type: **Lincoln Park Employees**
Board/Division Contact: William DeLuca
233 Richmond St
Providence, RI 02903
Phone: (401)222-6541

Renewal Information

Renewal Cost: \$10.00 - Lead Person
\$10.00 - Pari-Mutuel Employee
\$10.00 - Security Personnel
\$10.00 - Employee of Track Management - Admissions
\$10.00 - Employee of Track Management - Catering & Food Service
\$10.00 - Employee of Track Management - Firefighter
\$10.00 - Employee of Track Management - Gaming Attendants & Customer Service
\$10.00 - Employee of Track Management - Laborers (Cleaners-Inside)
\$10.00 - Employee of Track Management - Maintenance (Building & Grounds)
\$10.00 - Employee of Track Management - Office
\$10.00 - Employee of Track Management - Publicity
\$10.00 - Employee of Track Management - Racing (Live)
\$10.00 - Employee of Track Management - Valet Parking
\$10.00 - Employee of Track Management - Validation

Convenience Fee: A convenience fee of \$1.00 will be applied to each transaction.

Renewal Term: This renewal period is for 01/01/2007 through 12/31/2007.

Renewal Period: Licenses must be renewed prior to the license expiration date. All licenses expire on 12/31/06.

Renewal Procedure: To renew online, enter your license information below, click "Begin" and complete the online renewal form.



* Required Fields

License Identification Information:

Lincoln Park Employees License Number*



Is This You?

[License Details](#) [License Search](#) [License Information](#) [Affidavit](#) [Payment Receipt](#)

Lincoln Park Employees Renewal System

Is This You?

Licensee Name:

Date of Birth:

Your Licenses:

Number

Type

Exp Date

Cost

NO

YES

License Information Entry and Validation

License Details License Search License Information Affidavit Payment Receipt

Lincoln Park Employees Renewal System

Please verify all prefilled information and fill in any necessary unfilled fields before proceeding.

* Required Field

Licensee Information:

License Type: Lincoln Park Employees

Licensee Name:

License Number:

Date of Birth:

Email Address:

Home Address Information:

Home Address:

City:

State:

Postal Code:

Phone Number:

[EDIT THIS ADDRESS](#)

Disciplinary Information:

Have you been arrested, charged, and/or convicted with any crime (other than traffic offenses) since the filing of your last application? *

Yes / No

Employment Change Information:

At any time in during the previous year did you change employment/terminate employment/vacate your employment at Lincoln Park? *

Yes / No



Affidavits and Declarations

License Details License Search License Information Affidavit Payment Receipt

Lincoln Park Employees Renewal System

* Required Field

Licensee Information:

License Type: Lincoln Park Employees
Licensee Name:
License Number:
Date of Birth:
Cost of Renewal:
Convenience Fees:
Total Renewal Cost:

Statement of Applicant:

In accepting a license pursuant to R.I. Gen. Laws §5-76-1 *et seq.*:

I agree to abide by all applicable statutes and regulations.

I understand that I am freely consenting to any warrantless search within the grounds of a permit holder, of the premises which I occupy or control, my personal property and effects, 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 Division of Commercial Regulation and Racing and Athletics to investigate any and all records concerning my background, including, but not limited to, any criminal convictions.

I FULLY UNDERSTAND THE PRECEDING WAIVER

Statement of Applicant: * I agree
 I disagree

Taxpayer Affidavit:

Pursuant to the provisions of RIGL §5-76-1 through 5-76-8, any person applying to a license in this state for any license or other authority to conduct a profession, trade, or business shall certify upon such application, under penalties of perjury that such person has filed all required tax returns and paid all taxes due the state from such person. This requirement shall not apply if you are currently pursuing administrative or judicial review of such taxes.

Taxpayer Declaration: * I hereby certify, under penalty of perjury, that to date, I have filed all required tax returns and have either paid all taxes due the state or entered into a written time payment plan for administrative or appellate review of unpaid taxes.



Payment Information

License Details License Search License Information Affidavit Payment Receipt

Lincoln Park Employees Renewal System

You are not finished yet. You must submit your payment information using this page before your license is renewed.

* Required Field

Licensee Information:

Licensee Name:

Date of Birth:

Renewal Fee Invoice:

Number

Type

Exp Date

Cost

Lincoln Park is offering to accept payment vouchers for all Lincoln Park Employees Employee of Track Management - Firefighter Licenses. You may opt to bill your renewal fee to the account for Lincoln Park by using a provided access code, or pay by credit card.

Bill to Account for Lincoln Park:

Bill My Fee to Lincoln Park: *

Yes / No

Billing Access Code: *

SUBMIT

Or, pay by Credit Card:

Payment By Credit Card Information:

Credit Card Type: *

Select One

Name on Credit Card: *

Credit Card Number: *

Expiration Date: *

01 / 2006

Billing Address: *

Billing City: *

Billing State: *

Rhode Island

(for countries other than United States, please select "Other")

Billing Postal Code: *

Billing Country: *

United States



(This transaction will appear on your credit card statement as "Rhode Island Interactive")





APPENDIX F
STATE OF RHODE ISLAND
DEPARTMENT OF BUSINESS REGULATION
DIVISION OF COMMERCIAL LICENSING AND RACING AND ATHLETICS
 233 Richmond Street, Suite 230
 Providence, RI 02903
 WWW.DBR.STATE.RI.US



Phone: (401) 222-6541

TDD No.: 711

Fax: (401) 222-6131

**2007 LICENSE APPLICATION
 FOR OCCUPATIONAL LICENSSEE/EMPLOYEES
 NON-LINCOLN PARK EMPLOYEES**

- INSTRUCTIONS AND INFORMATION**
- 1 All 2007 Licenses will expire on December 31, 2007.
 - 2 Complete application in ink, signed by you and employer in spaces provided on back.
 - 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 Include a copy of your **Photo Identification Card (Driver's License) and an updated Alien Card, if appropriate.**
 - 6 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.

LICENSE TYPE AND YEARLY FEE

NON-LINCOLN PARK EMPLOYEES: (Please check one box and fill in correct Kennel/Employer Name)

Trainer (\$40)

Assistant Trainer (\$40)

Kennel Person (\$10)

KENNEL NAME: _____

Vendor (Concessionaire) Employee (\$10)

Pari-mutuel Totalizator Co. Employee (\$10)

EMPLOYER NAME: _____

LAST NAME:		FIRST NAME:		MIDDLE NAME:		MAIDEN NAME:	
Current Residence Address:				Street	City	State	Zip Code
DATE OF BIRTH:		SOCIAL SECURITY #:		PHONE #:		Cell Phone #:	
				()		()	
HEIGHT:	WEIGHT:	HAIR:	EYES:	Are you a U.S. Citizen? <i>Please circle one</i> YES or NO			
Place of Birth: (State, Country)			Alien Registration Card No.:			Expiration Date:	
Type of Identification Required--Including at least one with a photograph (Check Two):							
Driver's License: _____		Passport: _____		Social Security Card: _____		Other (Please specify): _____	

NON-LINCOLN PARK EMPLOYEE LICENSE APPLICATION--PAGE 2

Have you or your spouse ever been suspended or barred from participation in Racing or Gaming organization association, authority, commission in the United States or elsewhere? Please circle one YES or NO

If you answered "YES", give details below (Separate sheet(s) can be used, if necessary).

Have you or your spouse ever been arrested, charged or convicted of any criminal offense (except Traffic Violations)? Please circle one YES or NO

If you answered "YES", give details below (Separate sheet(s) can be used, if necessary).

PRIOR EMPLOYMENT HISTORY FOR PAST THREE YEARS:

Name and Address of Employer:	Type of Business	Date Employed	
		FROM:	TO:

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)
		()
		()
		()

STATEMENT OF APPLICANT

In accepting a license issued pursuant to R.I. 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 within the grounds of a permit holder, of the premises which I occupy or control, and my personal property and effects, 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 Division of Commercial Licensing and Racing and Athletics to investigate any and all records concerning my background, including, but not limited to, any criminal convictions. *I FULLY UNDERSTAND THE PRECEDING WAIVER.*

DATE OF APPLICATION: _____ APPLICANT SIGNATURE: _____
 EMPLOYER/SUPERVISOR PRINT NAME: _____
 EMPLOYER/SUPERVISOR SIGNATURE: _____

FOR OFFICIAL USE ONLY:

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



APPENDIX G
 STATE OF RHODE ISLAND
 DEPARTMENT OF BUSINESS REGULATION
 DIVISION OF COMMERCIAL LICENSING AND RACING AND ATHLETICS
 233 Richmond Street, Suite 230
 Providence, RI 02903



Phone: (401) 222-6541

TDD No.: 711

Fax: (401) 222-6131

**2007 LICENSE RENEWAL APPLICATION
 FOR OCCUPATIONAL LICENSSEE/EMPLOYEES
 NON-LINCOLN PARK EMPLOYEES**

- INSTRUCTIONS AND INFORMATION**
- 1 All 2007 Licenses will expire on December 31, 2007.
 - 2 Complete application in ink, signed by you and employer in spaces provided on back.
 - 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 Include a copy of your **Photo Identification Card (Driver's License) and an updated Alien Card, if appropriate.**
 - 6 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.

NOTE: Advise the Department of Business Regulation ("DBR") immediately in writing of any changes or corrections to the information listed below. Complete a change of License Status Form which is available on line at www.dbr.state.ri.us or at the DBR Office at Lincoln Park. Once form is completed drop it off with your check/money order at the DBR Office at Lincoln Park or mail it to the address above. Failure to promptly notify the DBR of any changes in license status may result in denial or revocation of your license.

LICENSE TYPE AND YEARLY FEE

NON-LINCOLN PARK EMPLOYEE: *(Please check one box and fill in the appropriate Kennel/Employer)*

Trainer (\$40)

Assistant Trainer (\$40)

Kennel Person (\$10)

KENNEL NAME: _____

Vendor (Concessionaire) Employee (\$10)

Pari-mutuel Totalizator Co. Employee (\$10)

EMPLOYER NAME: _____

LINCOLN PARK EMPLOYEE LICENSE APPLICATION--PAGE 2

PHONE #: ()	Cell Phone #: ()	Are You A U.S. Citizen? <i>Please circle one</i> Yes or NO
Place of Birth: (State, Country)	Alien Registration Card No.:	Expiration Date:

Have you or your spouse ever been suspended or barred from participation in Racing or Gaming organization association, authority, commission in the United States or elsewhere? *Please circle one* YES or NO

If you answered "YES", give details below (Separate sheet(s) can be used, if necessary). _____

Have you or your spouse ever been arrested, charged or convicted of any criminal offense (except Traffic Violations)? *Please circle one* YES or NO

If you answered "YES", give details below (A Separate sheet can be used, if necessary). _____

Have you changed your name, address and/or license status during the last year? *Please circle one* YES or NO

If yes, attach change of license status form available at DBR's office at Lincoln Park or at www.dbr.state.ri.us

At any time in 2006 did you change employment/terminate employment/vacate your employment at Lincoln Park? *Please circle one* YES or NO

If yes, please provide a detailed explanation. (A separate sheet can be used, if necessary). _____

STATEMENT OF APPLICANT

In accepting a license issued pursuant to R.I. 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 within the grounds of a permit holder, of the premises which I occupy or control, and my personal property and effects, 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 Division of Commercial Licensing and Racing and Athletics to investigate any and all records concerning my background, including, but not limited to, any criminal convictions. ***I FULLY UNDERSTAND THE PRECEDING WAIVER.***

DATE OF APPLICATION: _____ APPLICANT SIGNATURE: _____

EMPLOYER/SUPERVISOR PRINT NAME: _____

EMPLOYER/SUPERVISOR SIGNATURE: _____

FOR OFFICIAL USE ONLY:

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



APPENDIX H
STATE OF RHODE ISLAND
DEPARTMENT OF BUSINESS REGULATION
DIVISION OF COMMERCIAL LICENSING AND RACING AND ATHLETICS
 233 Richmond Street, Suite 230
 Providence, RI 02903
 WWW.DBR.STATE.RI.US



Phone: (401) 222-6541

TDD No.: 711

Fax: (401) 222-6131

**2007 LICENSE APPLICATION
 FOR OCCUPATIONAL LICENSSEE/EMPLOYEES
 NEWPORT GRAND EMPLOYEES**

- INSTRUCTIONS AND INFORMATION**
- 1 All 2007 Licenses will expire on December 31, 2007.
 - 2 Application must be completed, signed by you and employer in spaces provided on back.
 - 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 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
 Note: CASH WILL NOT BE ACCEPTED.

LICENSE TYPE AND YEARLY FEE

NEWPORT GRAND EMPLOYEE:

- Pari-Mutuel Employee (\$10) Security Personnel (\$10)

Other Employee of Newport Grand Mgmt (\$10)...Please check the appropriate department below:

- | | |
|--|--|
| _____ ADMINISTRATION
_____ CATERING & FOOD SERVICES
_____ GAMING | _____ MAINTENANCE
_____ VALET PARKING
_____ VALIDATION |
|--|--|

LAST NAME:		FIRST NAME:		MIDDLE NAME:		MAIDEN NAME:	
Current Residence Address:				Street		City	
				State		Zip Code	
DATE OF BIRTH:		SOCIAL SECURITY #:		PHONE #:		Cell Phone #:	
				()		()	
HEIGHT:	WEIGHT:	HAIR:	EYES:	Are you a U.S. Citizen? <i>Please circle one</i> YES or NO			
Place of Birth: (State, Country)				Alien Registration Card No.:		Expiration Date:	
Type of Identification Required--Including at least one with a photograph (Check Two):							
Driver's License: _____				Passport: _____		Social Security Card: _____	
				Other (Please specify): _____			

NEWPORT GRAND EMPLOYEE LICENSE APPLICATION--PAGE 2

Have you or your spouse ever been suspended or barred from participation in Racing or Gaming organization association, authority, commission in the United States or elsewhere? Please circle one YES or NO

If you answered "YES", give details below (Separate sheet(s) can be used, if necessary).

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

Please circle one YES or NO

If you answered "YES", give details below (Separate sheet(s) can be used, if necessary).

PRIOR EMPLOYMENT HISTORY FOR PAST THREE YEARS:

Name and Address of Employer:	Type of Business	Date Employed	
		FROM:	TO:

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)
		()
		()
		()

STATEMENT OF APPLICANT

In accepting a license issued pursuant to R.I. 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 within the grounds of a permit holder, of the premises which I occupy or control, and my personal property and effects, 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 Division of Commercial Licensing and Racing and Athletics to investigate any and all records concerning my background, including, but not limited to, any criminal convictions. ***I FULLY UNDERSTAND THE PRECEDING WAIVER.***

DATE OF APPLICATION: _____ APPLICANT SIGNATURE: _____
 EMPLOYER/SUPERVISOR PRINT NAME: _____
 EMPLOYER/SUPERVISOR SIGNATURE: _____

FOR OFFICIAL USE ONLY:

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



APPENDIX I
 STATE OF RHODE ISLAND
 DEPARTMENT OF BUSINESS REGULATION
 DIVISION OF COMMERCIAL LICENSING AND RACING AND ATHLETICS
 233 Richmond Street, Suite 230
 Providence, RI 02903



Phone: (401) 222-6541

TDD No.: 711

Fax: (401) 222-6131

**2007 LICENSE RENEWAL APPLICATION
 FOR OCCUPATIONAL LICENSSEE/EMPLOYEES
 NEWPORT GRAND EMPLOYEES**

- INSTRUCTIONS AND INFORMATION**
- 1 All 2007 Licenses will expire on December 31, 2007.
 - 2 Application must be completed, signed by you and employer in spaces provided on back.
 - 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 Include a copy of your **Photo Identification Card and or an updated Alien Card.**
 - 6 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.

NOTE: Advise the Department of Business Regulation ("DBR") immediately in writing of any changes or corrections to the information listed below. Complete a change of License Status Form which is available on line at www.dbr.state.ri.us or at the DBR Office at Newport Grand. Once form is completed drop it off with your check/moneyorder at the DBR Office at Newport Grand or mail it to the address above. Failure to promptly notify the DBR of any changes in license status may result in denial or revocation of your license.

LICENSE TYPE AND YEARLY FEE

NEWPORT GRAND EMPLOYEE:

Pari-Mutuel Employee (\$10)

Security Personnel (\$10)

Other Employee of Newport Grand Mgmt (\$10)-Please check the appropriate department below:

_____ ADMINISTRATION
 _____ CATERING & FOOD SERVICES
 _____ GAMING

_____ MAINTENANCE
 _____ VALET PARKING
 _____ VALIDATION

NEWPORT GRAND EMPLOYEE LICENSE APPLICATION--PAGE 2

PHONE #: ()	Cell Phone #: ()	Are You A U.S. Citizen? <i>Please circle one</i> Yes or NO
Place of Birth: (State, Country)	Alien Registration Card No.:	Expiration Date:

Have you or your spouse ever been suspended or barred from participation in Racing or Gaming organization association, authority, commission in the United States or elsewhere? *Please circle one* YES or NO

If you answered "YES", give details below (Separate sheet(s) can be used, if necessary). _____

Have you or your spouse ever been arrested, charged or convicted of any criminal offense (except Traffic Violations)?
Please circle one YES or NO

If you answered "YES", give details below (A Separate sheet can be used, if necessary). _____

Have you changed your name, address and/or license status during the last year?
Please circle one YES or NO

If yes, attach change of license status form available at DBR's office at Newport Grand or at www.dbr.state.ri.us

At any time in 2006 did you change employment/terminate employment/vacate your employment at Newport Grand?
Please circle one YES or NO

If yes, please provide a detailed explanation. (A separate sheet can be used, if necessary). _____

STATEMENT OF APPLICANT

In accepting a license issued pursuant to R.I. 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 within the grounds of a permit holder, of the premises which I occupy or control, and my personal property and effects, 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 Division of Commercial Licensing and Racing and Athletics to investigate any and all records concerning my background, including, but not limited to, any criminal convictions. ***I FULLY UNDERSTAND THE PRECEDING WAIVER.***

DATE OF APPLICATION: _____ APPLICANT SIGNATURE: _____

EMPLOYER/SUPERVISOR PRINT NAME: _____

EMPLOYER/SUPERVISOR SIGNATURE: _____

FOR OFFICIAL USE ONLY:

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



APPENDIX J
 STATE OF RHODE ISLAND
 DEPARTMENT OF BUSINESS REGULATION
 DIVISION OF COMMERCIAL LICENSING AND RACING AND ATHLETICS
 233 Richmond Street, Suite 230
 Providence, RI 02903
 WWW.DBR.STATE.RI.US



Phone: (401) 222-6541

TDD No.: 711

Fax: (401) 222-6131

**2007 LICENSE APPLICATION
 FOR OCCUPATIONAL LICENSSEE/EMPLOYEES
 NON-Newport Grand EMPLOYEES**

- INSTRUCTIONS AND INFORMATION**
- 1 All 2007 Licenses will expire on December 31, 2007.
 - 2 Application must be completed, signed by you and employer in spaces provided on back.
 - 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 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
 Note: CASH WILL NOT BE ACCEPTED.

LICENSE TYPE AND YEARLY FEE

NON-Newport Grand EMPLOYEES: (Please check one box and fill in correct Employer Name)

- Vendor (Concessionaire) Employee (\$10) Pari-mutuel Totalizator Co. Employee (\$10)

EMPLOYER NAME: _____

LAST NAME:		FIRST NAME:		MIDDLE NAME:		MAIDEN NAME:	
Current Residence Address:		Street	City	State	Zip Code		
DATE OF BIRTH:		SOCIAL SECURITY #:		PHONE #: ()		Cell Phone #: ()	
HEIGHT:	WEIGHT:	HAIR:	EYES:	Are you a U.S. Citizen? <i>Please circle one</i> YES or NO			
Place of Birth: (State, Country)			Alien Registration Card No.:			Expiration Date:	
Type of Identification Required--Including at least one with a photograph (Check Two):							
Driver's License: _____		Passport: _____		Social Security Card: _____		Other (Please specify): _____	

NON-Newport Grand EMPLOYEE LICENSE APPLICATION--PAGE 2

Have you or your spouse ever been suspended or barred from participation in Racing or Gaming organization association, authority, commission in the United States or elsewhere? Please circle one YES or NO

If you answered "YES", give details below (Separate sheet(s) can be used, if necessary).

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

Please circle one YES or NO

If you answered "YES", give details below (Separate sheet(s) can be used, if necessary).

PRIOR EMPLOYMENT HISTORY FOR PAST THREE YEARS:

Name and Address of Employer:	Type of Business	Date Employed	
		FROM:	TO:

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)
		()
		()
		()

STATEMENT OF APPLICANT

In accepting a license issued pursuant to R.I. 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 within the grounds of a permit holder, of the premises which I occupy or control, and my personal property and effects, 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 Division of Commercial Licensing and Racing and Athletics to investigate any and all records concerning my background, including, but not limited to, any criminal convictions. ***I FULLY UNDERSTAND THE PRECEDING WAIVER.***

DATE OF APPLICATION: _____ APPLICANT SIGNATURE: _____
 EMPLOYER/SUPERVISOR PRINT NAME: _____
 EMPLOYER/SUPERVISOR SIGNATURE: _____

FOR OFFICIAL USE ONLY:

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



APPENDIX K
 STATE OF RHODE ISLAND
 DEPARTMENT OF BUSINESS REGULATION
 DIVISION OF COMMERCIAL LICENSING AND RACING AND ATHLETICS
 233 Richmond Street, Suite 230
 Providence, RI 02903



Phone: (401) 222-6541

TDD No.: 711

Fax: (401) 222-6131

**2007 LICENSE RENEWAL APPLICATION
 FOR OCCUPATIONAL LICENSSEE/EMPLOYEES
 NON-Newport Grand EMPLOYEES**

- INSTRUCTIONS AND INFORMATION**
- 1 All 2007 Licenses will expire on December 31, 2007.
 - 2 Complete application in ink, signed by you and employer in spaces provided on back.
 - 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 Include a copy of your **Photo Identification Card (Driver's License) and an updated Alien Card, if appropriate.**
 - 6 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.

NOTE: Advise the Department of Business Regulation ("DBR") immediately in writing of any changes or corrections to the information listed below. Complete a change of License Status Form which is available on line at www.dbr.state.ri.us or at the DBR Office at Newport Grand. Once form is completed drop it off with your check/moneyorder at the DBR Office at Newport Grand or mail it to the address above. Failure to promptly notify the DBR of any changes in license status may result in denial or revocation of your license.

LICENSE TYPE AND YEARLY FEE

NON-Newport Grand EMPLOYEE: (Please check one box and fill in the appropriate Employer)

- Vendor (Concessionaire) Employee (\$10) Pari-mutuel Totalizator Co. Employee (\$10)

EMPLOYER NAME: _____

Newport Grand EMPLOYEE LICENSE APPLICATION--PAGE 2

PHONE #: ()	Cell Phone #: ()	Are You A U.S. Citizen? <i>Please circle one</i> Yes or NO
Place of Birth: (State, Country)	Alien Registration Card No.:	Expiration Date:

Have you or your spouse ever been suspended or barred from participation in Racing or Gaming organization association, authority, commission in the United States or elsewhere? *Please circle one* YES or NO

If you answered "YES", give details below (Separate sheet(s) can be used, if necessary). _____

Have you or your spouse ever been arrested, charged or convicted of any criminal offense (except Traffic Violations)?
Please circle one YES or NO

If you answered "YES", give details below (A Separate sheet can be used, if necessary). _____

Have you changed your name, address and/or license status during the last year?
Please circle one YES or NO

If yes, attach change of license status form available at DBR's office at Newport Grand or at www.dbr.state.ri.us

At any time in 2006 did you change employment/terminate employment/vacate your employment at Newport Grand?
Please circle one YES or NO

If yes, please provide a detailed explanation. (A separate sheet can be used, if necessary). _____

STATEMENT OF APPLICANT

In accepting a license issued pursuant to R.I. 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 within the grounds of a permit holder, of the premises which I occupy or control, and my personal property and effects, 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 Division of Commercial Licensing and Racing and Athletics to investigate any and all records concerning my background, including, but not limited to, any criminal convictions. ***I FULLY UNDERSTAND THE PRECEDING WAIVER.***

DATE OF APPLICATION: _____ APPLICANT SIGNATURE: _____

EMPLOYER/SUPERVISOR PRINT NAME: _____

EMPLOYER/SUPERVISOR SIGNATURE: _____

FOR OFFICIAL USE ONLY:

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



APPENDIX L
STATE OF RHODE ISLAND
DEPARTMENT OF BUSINESS REGULATION
DIVISION OF COMMERCIAL LICENSING AND RACING AND ATHLETICS
 233 Richmond Street, Suite 230
 Providence, RI 02903



Phone (401) 222-6541

TDD 711

Fax (401) 222-6131

Greyhound Owner's License--Original Application
 Three Year License: January 1, 2007 to December 31, 2009
 Fee: \$150.00 (Note: Fee will not be prorated)

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
 Note: CASH WILL NOT BE ACCEPTED.

TYPE OF OWNER (please check one):

_____ Owner _____ Part Owner

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, 2007 to December 31, 2009. Pursuant to RI Gen Laws 41-4-1 et. Seq

LAST NAME:	FIRST NAME:	MIDDLE NAME:	MAIDEN NAME:	Married or Single?
Current Residence Address:				
DATE OF BIRTH:	SOCIAL SECURITY #:	HEIGHT:	WEIGHT:	HAIR:
		EYES:		
Present Business Name and Address:			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 Lincoln Park?

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?
Explain: _____

Please circle one YES or NO

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)? 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?

If Yes, Explain: _____ YES or NO

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

If Yes, Explain: _____ YES or NO

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

If Yes, Explain: _____ YES or NO

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, 2007 to December 31, 2009. 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 Commission Expiration Date

Affix Seal

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



APPENDIX M
STATE OF RHODE ISLAND
DEPARTMENT OF BUSINESS REGULATION
DIVISION OF COMMERCIAL LICENSING AND RACING AND ATHLETICS
 233 Richmond Street, Suite 230
 Providence, RI 02903



Phone: (401) 222-6541

TDD No.: 711

Fax: (401) 222-6131

2007 LINCOLN PARK (January 1, 2007 to December 31, 2007)
KENNEL NAME REGISTRATION APPLICATION
ANNUAL FEE \$10

INSTRUCTIONS AND INFORMATION

- 1 All 2007 Licenses will expire on December 31, 2007.
- 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 KENNEL 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 Please circle one YES or NO				
If yes, where? (Please check the appropriate box(es))				
<input type="checkbox"/> Lincoln Park <input type="checkbox"/> Other If Other, where? _____				
If applicant is under contract with Lincoln Park 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: (A separate sheet can be used, if needed)				

KENNEL NAME REGISTRATION APPLICATION--PAGE 2

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 Lincoln Park:

List any company, organization or individual that will work for you at this kennel or supply your kennel 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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APPENDIX N
STATE OF RHODE ISLAND
DEPARTMENT OF BUSINESS REGULATION
DIVISION OF COMMERCIAL LICENSING AND RACING AND ATHLETICS
 233 Richmond Street, Suite 230
 Providence, RI 02903



Phone: (401) 222-6541

TDD No.: 711

Fax: (401) 222-6131

2007 LINCOLN PARK (January 1, 2007 to December 31, 2009)
ASSUMED NAME REGISTRATION APPLICATION
ANNUAL FEE \$150

INSTRUCTIONS AND INFORMATION

- 1 All 2007 Licenses will expire on December 31, 2009.
- 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"/> Lincoln Park <input type="checkbox"/> Other If Other, where? _____				
If applicant is under contract with Lincoln Park or another facility, please list the commencement of contract and the date of termination of each contract: <i>(Attach a copy of your Contract(s))</i>				
Name and Address of Principal Stockholders of Applicant: <i>(A separate sheet can be used, if needed)</i>				

Assumed Name REGISTRATION APPLICATION--PAGE 2

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 Lincoln Park:

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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APPENDIX O

MULTI JURISDICTIONAL

PERSONAL HISTORY DISCLOSURE FORM

MULTI JURISDICTIONAL PERSONAL HISTORY DISCLOSURE FORM

This application is designed to allow applicants for casino/gaming qualification to complete one form that is acceptable to several jurisdictions. The questions contained in this form have been designed to satisfy the variety of filing and informational requirements of the different jurisdictions that have agreed to accept this form as an application for qualification.

Each jurisdiction accepting this form may require unique information and documentation that is not requested in this standardized form. Prior to completing this form, you should contact the appropriate agency in the jurisdictions where you are seeking qualification, licensure or approval and obtain copies of any documentation or forms that are supplemental to this standardized form. In addition, copies of this multi jurisdictional form and all supplemental forms used by the jurisdictions accepting this form may be found on the Internet at www.iagr.org

APPLICATION INSTRUCTIONS

PLEASE READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS FORM.

I. COMPLETING THIS FORM:

- a. You must make accurate statements and include all material facts. Any misrepresentation, or the failure to provide requested information, may result in the denial of your application.
- b. Read each question carefully prior to answering. Answer every question completely. Do not leave blank spaces. If a question does not apply to you, indicate "Does Not Apply" in response to that question. If there is nothing to disclose in response to a particular question, indicate "None" in response to that question. Failure to provide a response to every question could result in the rejection of your application.
- c. All entries on this form, except initials and signatures, must be typed or printed in block lettering using dark ink. If your application is not legible, it will not be accepted.
- d. You must use blue ink to personally initial, date and identify the gaming agency to which your application is being submitted in the space provided on the bottom of each page of the form.
- e. If the space available is insufficient to respond to a question, you are to supply the required information on an attachment page and clearly identify which question you are answering. The blank page on page 65 may be used to provide this additional information. You must use blue ink to personally initial, date and identify the gaming agency to which your application is being submitted at the bottom of each of these attachment pages.
- f. If you make any modification to the pre-printed questions or information contained in this form, your application will be rejected. Once your application is accepted, it becomes the property of the gaming agency with which it has been filed and will not be returned.

Initials _____ Gaming Agency _____ Date _____

Page 2

II. BE SURE TO:

- a. Attach a recent (within the past six months) color photograph of yourself in the space provided on page 5.
- b. Sign the Statement of Truth form on page 66 in the presence of a notary public, justice of the peace, commissioner for declarations or other person legally authorized to notarize your signature.
- c. Check to ensure that you have placed your initials, the date, and identified the gaming agency to which you are applying, on the bottom of each page of this form in the space provided and on any attachment pages.

III. BEFORE YOU SUBMIT THIS FORM TO THE GAMING AGENCY TO WHICH YOU ARE APPLYING, BE SURE THAT:

- a. You have reviewed the particular gaming agency's filing instructions for the type of license, approval or qualification that you are seeking.
- b. You have included all required attachments listed in this form.
- c. The Statement of Truth form is notarized on the original application.
- d. Every question has been answered completely.
- e. You retain a completed copy of your application package for your own records.
- f. You have completed any ancillary forms for the individual jurisdictions.

IV. TIPS FOR COMPLETING THIS FORM:

- a. Keep a blank copy of the form. When you need to update information, you can use the appropriate pages from the blank form to provide the information.
- b. Once all questions have been answered, make sufficient copies for all jurisdictions where you will file your application. Note that you should do this BEFORE the form is signed, dated and notarized. Since each jurisdiction must receive an application containing original signatures, it is advisable to make copies before signing the form.
- c. Keep an unsigned copy of your completed application. Should you need to file with another jurisdiction at some point in the future, you can then update the information rather than complete the form all over again.
- d. Be sure to use blue ink where you sign, initial, date and identify the gaming agency where you are filing your application. Using blue ink will make it clear to the jurisdiction where you are filing that your application is to be considered an original and not a photocopy.

Initials _____ Gaming Agency _____ Date _____

IMPORTANT

FAILURE TO ANSWER ANY QUESTION ON THIS
FORM COMPLETELY AND TRUTHFULLY WILL
RESULT IN DENIAL OF YOUR APPLICATION.

AFFIX A COLOR PHOTOGRAPH
HERE THAT WAS TAKEN WITHIN
THE PAST SIX MONTHS.

PRINT YOUR NAME ON THE FRONT
BOTTOM BORDER OF THE
PHOTOGRAPH BEFORE
ATTACHING IT.

Initials _____ Gaming Agency _____ Date _____

Page 5

1. Of what country are you a citizen? _____

A. Please indicate:

1. Date of birth: _____ DAY _____ MONTH _____ YEAR

2. Place of birth: _____ CITY/TOWN _____ STATE/PROVINCE _____ COUNTRY

3. Country of birth: _____

2. Have you ever been issued a passport? Yes No

If yes, provide the following information about your passport(s):

PASSPORT NUMBER	COUNTRY OF ISSUE	PLACE ISSUED	DATE ISSUED	EXPIRATION DATE

RESIDENCE DATA

3. Beginning with your current residence(s) and working backward, provide the following information with respect to each place where you have lived (including residences while attending college or while in military service) during the past fifteen (15) years or since the age of 18, whichever is less.

DATES		ADDRESS (NO., STREET, APT#/FLAT#, CITY/TOWN, STATE/PROVINCE, COUNTRY & ZIP/POSTAL CODE)	OWN OR RENT	NAME, ADDRESS & TELEPHONE NO. OF LANDLORD OR MORTGAGE/BOND HOLDER, IF KNOWN
FROM: (MO/YR)	TO: (MO/YR)			

Initials _____ Gaming Agency _____ Date _____

FAMILY/SOCIAL DATA

4. What is your current marital status: Single Married Legally Separated Divorced Widow/Widower Engaged

How many times have you been married? _____

A. CURRENT MARRIAGE

Provide the information below regarding your current marriage and spouse:

Date of Marriage: _____ Where Married: _____
CITY/TOWN COUNTY STATE/PROVINCE COUNTRY

Name of Spouse: _____ Spouse's Occupation: _____
FIRST MIDDLE MAIDEN

Date of Birth: _____ Place of Birth: _____
DAY MONTH YEAR CITY/TOWN STATE/PROVINCE COUNTRY

Home Address: _____ Telephone Number: _____
STREET CITY/TOWN STATE/PROVINCE ZIP/POSTAL CODE AREA CODE NUMBER

B. PREVIOUS MARRIAGES

Provide the information below regarding your previous marriages:
 (Do **NOT** include current spouse.)

NAME OF FORMER SPOUSE(S) (INCLUDE MAIDEN NAME, IF APPLICABLE)	DATE AND PLACE OF MARRIAGE	DATE OF BIRTH	IF ANNULLED, SEPARATED OR DIVORCED, INDICATE DATE AND JURISDICTION WHERE SUCH ACTION WAS TAKEN	DOCKET/CASE # OF DIVORCE ACTION (IF KNOWN)	PRESENT ADDRESSES OF FORMER SPOUSE(S) (NO., STREET, APT#/FLAT#, CITY/TOWN, STATE/PROVINCE, COUNTRY, ZIP/POSTAL CODE)

Initials _____ Gaming Agency _____ Date _____

5. a. In the chart below, list the names of all your children, step-children and adopted children and the amount of support, if dependent. Also list all other persons who you are supporting or contributing to the support of, and provide the amount of support.

NAME	DATE OF BIRTH	BIRTH PLACE	ADDRESS (NO., STREET, APT., CITY, STATE, COUNTRY, ZIP CODE)	AMT. OF SUPPORT (IF A DEPENDENT)

5. b. Please mark the appropriate response regarding your child support obligations:

- I am not subject to a court order for the support of a child.
- I am subject to a court order for the support of one or more children and am in compliance with a plan approved by the public agency/court enforcing the order for the repayment of the amount owed pursuant to the order (indicate amount in 5a. above); or
- I am subject to a court order for the support of one or more children and am NOT in compliance with the order or a plan approved by the public agency/court enforcing the order for the repayment of the amount owed pursuant to the order.

Identify the public agency/court responsible for enforcing the child support order:

Name _____

Address _____

Contact Person _____

Initials _____ Gaming Agency _____ Date _____

6. List names, residence addresses, dates of birth, and most recent occupations of parents, parents-in-law, former parents-in-law*, or legal guardians, living or deceased. If retired or deceased, list last address and occupation:

NAME (INCLUDE MAIDEN)	DATE OF BIRTH	ADDRESS (NO., STREET, APT#/FLAT#, CITY/TOWN, STATE/PROVINCE, COUNTRY, ZIP/POSTAL CODE)	PHONE NUMBER	OCCUPATION
Father:				
Mother:				
Father-in-law:				
Mother-in-law:				
Former Parents-in-law*:				

* For former parents-in-law only provide names.

Initials _____ Gaming Agency _____ Date _____

7. List names, dates of birth, home addresses and phone numbers, and the most recent occupations of brothers and sisters and of their respective spouses:

NAME (INCLUDE MAIDEN)	DATE OF BIRTH	ADDRESS (NO., STREET, APT#/FLAT#, CITY/TOWN, STATE/PROVINCE, COUNTRY, ZIP/POSTAL CODE)	PHONE NUMBER	OCCUPATION
Sibling:				
Spouse:				
Sibling:				
Spouse:				
Sibling:				
Spouse:				
Sibling:				
Spouse:				
Sibling:				
Spouse:				
Sibling:				
Spouse:				

Initials _____ Gaming Agency _____ Date _____ Page 11

MILITARY SERVICE DATA

8. Have you ever served in a military organization of any country or have you been an active or inactive member of a reserve force of any country?
 Yes No

If yes, provide the following information:

Country of Service: _____

Branch of Service: _____ Service Serial #: _____

Highest Rank Held: _____

Period(s) of Active Service: From: _____ To: _____

From: _____ To: _____

9. Date and type of discharge or separation (Honorable, Dishonorable, Honorable Conditions, Medical, etc.) from Military Service(s): _____

Date of each discharge/separation: _____

Type of discharge(s): _____

Attach a copy of your military records* labeled as Exhibit 9M. If unavailable, attach a copy of a letter to the appropriate branch of the military requesting a copy of your military records* labeled as an Exhibit 9M. If in reserves, please attach a copy of your discharge papers.

10. Have you ever been tried by military court martial or have you had charges** filed against you? Yes No

If yes, complete the following chart:

NATURE OF CHARGE OR ARREST	DATE AND LOCATION OF CHARGE OR ARREST	NAME OF MILITARY ORGANIZATION FILING CHARGES	DISPOSITION (CONVICTED, ACQUITTED, DISMISSED, PLEADING, ETC.)	SENTENCE

*In the United States, a military record is called a DD214. If you have served in the U.S. military, you should provide a copy of this record. If your military service was in another country, you should provide a copy of whatever official documentation was provided to you at the time of your discharge.

** Charges filed against you by the military authorities in any country would fall under the Code of Military Justice applicable to that jurisdiction. In the United States, this means any charges filed against you under Article 15 of the Uniform Code of Military Justice (summary court, deck court, captain's mast, company punishment, etc.)

EDUCATIONAL DATA

11. Beginning with secondary school (high school), provide the information listed below with respect to each school, college, graduate or post graduate school you have attended.

DATES		NAME AND ADDRESS OF SCHOOL, TRAINING PROGRAM, ETC.	DESCRIPTION OF EDUCATION PROGRAM	LIST ANY DEGREE OR CERTIFICATION ATTAINED	GRADUATED YES OR NO
FROM: (MO/YR)	TO: (MO/YR)				

Initials _____ Gaming Agency _____ Date _____

OFFICES AND POSITIONS

12. List all offices, trusteeships, directorships or fiduciary positions (including non-profit charitable entities and family trusts) held by you with any firm, corporation, association, partnership or other business entity during the last ten year period. Begin with the most recent and work backward.

DATES		TITLE OF OFFICE OR POSITION HELD	NAME AND ADDRESS OF FIRM, CORPORATION, ASSOCIATION, PARTNERSHIP OR OTHER BUSINESS ENTITY	COMPENSATION RECEIVED
FROM: (MO/YR)	TO: (MO/YR)			

Initials _____ Gaming Agency _____ Date _____ Page 14

12. (Cont.)

DATES		TITLE OF OFFICE OR POSITION HELD	NAME AND ADDRESS OF FIRM, CORPORATION, ASSOCIATION, PARTNERSHIP OR OTHER BUSINESS ENTITY	COMPENSATION RECEIVED
FROM: (MO/YR)	TO: (MO/YR)			

13. List all government positions and offices, whether salaried or unsalaried, held by you during the last ten year period. Begin with the most recent and work backward.

DATES		TITLE OF OFFICE OR POSITION HELD	NAME AND ADDRESS OF GOVERNMENT AGENCY/ORGANIZATION
FROM: (MO/YR)	TO: (MO/YR)		

Initials _____

Gaming Agency _____

Date _____

EMPLOYMENT AND LICENSING DATA

14. Have you ever been employed by a casino or gaming/gambling related company in any jurisdiction? Yes No

*Casino or gaming/gambling related company includes any form or type of casino, gaming/gambling related operation, any manufacturer of gaming/gambling equipment, junket enterprise, horse racing, dog racing, pari-mutuel operation, lottery, sports betting, Internet gaming, etc.

NAME OF GAMING/GAMBLING GAMING RELATED COMPANY AND COUNTRY/STATE WHERE YOU WERE EMPLOYED	NAME, MAILING ADDRESS AND TELEPHONE NUMBER OF EMPLOYER(S)	DATES		TITLE/POSITION HELD AND DESCRIPTION OF DUTIES	NAME OF SUPERVISOR	REASON FOR LEAVING
		FROM (MO/YR)	TO (MO/YR)			

Initials _____

Gaming Agency _____ Date _____

15. In the chart below, provide the information regarding your employment for the past twenty years or from age 18, whichever is less. Begin with your present job and work backwards. Give dates of any unemployment between jobs in proper sequence. Include all part-time and full-time employment and any military service. For any casino or gaming/gambling related employment identified in the previous question, you are only required to fill in the dates of employment and the name of the casino or gaming/gambling related company on this chart.

DATES		NAME, MAILING ADDRESS, AND TELEPHONE NUMBER OF EMPLOYER(S)	TITLE/POSITION HELD AND DESCRIPTION OF DUTIES	NAME OF SUPERVISOR	REASON FOR LEAVING/COMPENSATION AT DEPARTURE
FROM: (MO/YR)	TO: (MO/YR)				

Initials _____

Gaming Agency _____

Date _____

15. (Cont.)

DATES		NAME, MAILING ADDRESS, AND TELEPHONE NUMBER OF EMPLOYER(S)	TITLE/POSITION HELD AND DESCRIPTION OF DUTIES	NAME OF SUPERVISOR	REASON FOR LEAVING/COMPENSATION AT DEPARTURE
FROM: (MO/YR)	TO: (MO/YR)				

If additional space is needed, please provide an attachment.

Initials _____

Gaming Agency _____

Date _____

16. With regard to the previously listed employment:

- a. Were you ever discharged, suspended or asked to resign from employment? Yes No
- b. During the last ten year period, were you ever charged with any infraction in relation to any employment which was the subject of any disciplinary action? Yes No

If yes to either question, complete the following chart as to each such time you were discharged, suspended, asked to resign or disciplined:

DATE OF DISCHARGE, SUSPENSION, RESIGNATION OR DISCIPLINARY ACTION	NAME AND ADDRESS OF EMPLOYER	NAME OF SUPERVISOR	REASON FOR DISCHARGE, SUSPENSION, RESIGNATION OR DISCIPLINARY ACTION

Initials _____ Gaming Agency _____ Date _____

17. List any and all compensated employment, of whatever nature, held by your spouse during the past twelve month period. Begin with your spouse's current employer.

DATES		NAME, ADDRESS AND TELEPHONE NUMBER OF EMPLOYER	TITLE/ POSITION HELD
FROM: (MO/YR)	TO: (MO/YR)		

18. To the best of your knowledge, have you or has your spouse served as a trustee or other fiduciary officer in any capacity during the last twelve month period?

Yes No

If yes, complete the following chart:

DATES		CAPACITY	NATURE OF TRUST OR OTHER FUND	INCOME RECEIVED	FOR WHOM HELD
FROM: (MO/YR)	TO: (MO/YR)				

Initials _____ Gaming Agency _____ Date _____

19. a. Have you or your spouse ever sought and been denied a position as a trustee or other fiduciary officer? Yes No
- b. Have you or your spouse ever been suspended or removed from a position as a trustee or other fiduciary officer? Yes No

If yes to either question, complete the following chart:

DATE	CAPACITY	NATURE OF TRUST OR OTHER OFFICE	REASON FOR DENIAL, SUSPENSION OR REMOVAL

20. Have you or has your spouse ever made application for, or held, any **NON-GAMING** professional or occupational license, permit or certification, in any jurisdiction, including but not limited to the following: real estate broker or salesman, accountant, attorney, medical, boxing promoter, manager or matchmaker, race horse owner, trainer or manager, jockey, race dog owner, securities dealer, contractor, pilot, insurance, or any other type of professional license. (Do not include alcoholic beverage or driver's license). You must answer "YES" to this question if you ever applied and your application was granted, denied, returned to you by the licensing agency for any reason, withdrawn or is currently pending.

Yes No

If yes, complete the following chart:

NAME ON LICENSE	TYPE OF LICENSE	DATES		NAME AND ADDRESS OF LICENSING AGENCY/ORGANIZATION	DISPOSITION OF THE APPLICATION
		FROM: (MO/YR)	TO: (MO/YR)		

Initials _____ Gaming Agency _____ Date _____

21. Have any of the licenses, permits or certifications applied for, or held by you or your spouse, as identified in the previous question ever been denied, suspended, revoked or subject to any conditions in any jurisdiction?

Yes No

If yes, complete the following chart as to each denial, suspension, revocation or conditions:

TYPE OF LICENSE, PERMIT OR CERTIFICATE	NAME & ADDRESS OF GOVERNMENTAL AGENCY/ORGANIZATION	DATE OF DENIAL, SUSPENSION, REVOCATION OR CONDITION	REASON(S) FOR DENIAL, SUSPENSION OR REVOCATION

22. Has any entity in which you, or your spouse, is/was a director, officer, partner or an owner of a 5% or greater interest ever had any license, permit or certificate issued by a governmental agency in any jurisdiction denied, suspended, revoked, or subject to any conditions?

Yes No

If yes, complete the following chart as to each denial, suspension or revocation:

NAME OF ENTITY	POSITION HELD BY YOU OR YOUR SPOUSE	TYPE OF LICENSE, PERMIT OR CERTIFICATE	TYPE OF ACTION TAKEN	NAME AND ADDRESS OF GOVERNMENT AGENCY/ORGANIZATION TAKING ACTION	DATE OF ACTION	REASON(S) FOR ACTION

Initials _____ Gaming Agency _____ Date _____

23. List any group, firm, partnership, corporation or any other businesses in which you have held an ownership interest of 5% or more for the past twenty years, or since the age of 18, whichever is less. (Do **not** include publicly traded corporations in which you owned stock.)

DATES		NAME(S) & ADDRESS(ES) OF BUSINESS(ES)	CURRENT STATUS OF BUSINESS(ES)	% INTEREST HELD BY YOU	NAME(S) OF OTHER OWNERS	ADDRESS(ES) OF OTHER OWNERS	STATE/PROVINCE AND COUNTRY OF ORGANIZATION OR INCORPORATION
FROM: (MO/YR)	TO: (MO/YR)						

Initials _____

Gaming Agency _____

Date _____

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24. Have you or has your spouse ever made application for, or held, a license, permit, registration, finding of suitability, qualification or other authorization to participate in any form or type of casino, gaming/gambling related operation (including any manufacturer of gaming/gambling equipment, junket operation, horse racing, dog racing, pari-mutuel operation, lottery, sports betting, Internet gaming, etc.) or alcoholic beverage operation in any jurisdiction? You must answer "YES" to this question if you ever applied and your application was granted, denied, returned to you by the gaming agency for any reason, withdrawn or is currently pending.

Yes No

If yes, complete the following chart:

NAME & ADDRESS OF LICENSING AGENCY/ORGANIZATION (INCLUDING COUNTRY, STATE/PROVINCE, COUNTY OR MUNICIPALITY/TOWN)	TYPE OF LICENSE, PERMIT, APPROVAL OR REGISTRATION	DATE OF APPLICATION	DISPOSITION (GRANTED, DENIED OR PENDING, ETC.)	LICENSE, PERMIT, APPROVAL OR REGISTRATION NUMBER

Initials _____

Gaming Agency _____

Date _____

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25. For each casino, gaming/gambling related or alcoholic beverage operation application, license, permit, registration, finding of suitability, qualification or other authorization identified in the previous question, were you or your spouse ever called to appear to testify, or otherwise participate in a hearing or proceeding, before the licensing agency or commission to which you were applying?

Yes No

If yes, complete the following chart:

NAME AND ADDRESS OF LICENSING AGENCY OR COMMISSION	DATE OF APPEARANCE(S)	NATURE OF HEARING	WAS TESTIMONY GIVEN?

Initials _____ Gaming Agency _____ Date _____

26. To the best of your knowledge, in the past twenty years or since the age of 18, whichever is less, have you held a direct or indirect financial or ownership interest in any group, firm, corporation, partnership or other business entity that has applied to any licensing agency in any jurisdiction for any license, permit, registration, finding of suitability, or qualification in connection with any form or type of a casino, gaming/gambling related operation (including any manufacturer of gaming/gambling equipment, junket operation, horse racing, dog racing, pari-mutuel operation, lottery, sports betting, Internet gaming, etc.), or alcoholic beverage operation? (Do not include publicly traded corporations or entities in which you held less than 1% of the stock.)

Yes No

If yes, complete the following chart:

NAME AND ADDRESS OF BUSINESS ENTITY	NATURE OF YOUR INTEREST	DATE OF APPLICATION	NAME & ADDRESS OF LICENSING AGENCY TO WHICH APPLICATION WAS MADE	TYPE OF LICENSE APPLIED FOR	DISPOSITION OF APPLICATION

Initials _____

Gaming Agency _____

Date _____

27. a. Are any members of your family (spouse, parents, grandparents, children, grandchildren, siblings, uncles, aunts, nephews, nieces, fathers-in-law, mothers-in-law, sons-in-law, daughters-in-law, brothers-in-law and sisters-in-law whether by whole or half blood, by marriage, adoption or natural relationship) associated with or employed in any form or type of casino or gaming/gambling related operation as defined in question 26 in any jurisdiction? Yes No

b. Do you or any members of your family (spouse, parents, grandparents, children, grandchildren, siblings, uncles, aunts, nephews, nieces, fathers-in-law, mothers-in-law, sons-in-law, daughters-in-law, brothers-in-law and sisters-in-law whether by whole or half blood, by marriage, adoption or natural relationship) have an ownership interest in any alcoholic beverage entity in any jurisdiction? Yes No

If yes to either question, complete the following chart:

NAME OF PERSON	RELATIONSHIP	NAME OF GAMING/GAMBLING OR ALCOHOLIC BEVERAGE BUSINESS AND ADDRESS	BUSINESS TELEPHONE

Initials _____ Gaming Agency _____ Date _____

CIVIL, CRIMINAL AND INVESTIGATORY PROCEEDINGS

The next question asks about any arrests, charges or offenses you, your spouse or your children may have committed. Prior to answering this 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, high misdemeanors, misdemeanors, disorderly persons offenses, petty disorderly offenses, driving while intoxicated/impaired motor vehicle offenses and violations of probation or any other court order. Juvenile offenses that occurred within the most recent 10 year period are also included within the definition of "offenses."
- INSTRUCTIONS: 1. Answer "YES" and provide all information to the best of your ability EVEN IF:
- A. You did not commit the offense charged;
 - B. The charges were dismissed or subsequently downgraded to a lesser charge;
 - C. You completed a Pretrial Intervention (PTI) or equivalent diversionary program in other jurisdictions;
 - D. You were not convicted;
 - E. You did not serve any time in prison or jail; or
 - F. The charges or offenses happened a long time ago.

2. Answer "NO" IF any records relating to a charge, an arrest or conviction have been expunged or otherwise officially sealed by a court or government agency .

* Some jurisdictions permit the gaming agency to obtain information about the expungement or sealing order as part of the licensing process. You should confer with the gaming agency to which you are applying to determine the applicable law.

IMPORTANT

The gaming agency will make inquiries to establish whether the applicant has had any involvement with law enforcement agencies.

Failure to disclose any such involvement will be taken into account in assessing your character, honesty and integrity.

Initials _____ Gaming Agency _____ Date _____

28. Have you ever been arrested or charged with any crime or offense in any jurisdiction?

Yes No

If yes, complete the following chart:

NATURE OF CHARGE OR OFFENSE/ LOCATION OF WHERE INCIDENT OCCURRED	DATE OF CHARGE OR OFFENSE	NAME AND ADDRESS OF LAW ENFORCEMENT AGENCY OR COURT INVOLVED	DISPOSITION (CONVICTED, ACQUITTED, DISMISSED, PENDING, PARDONED, ETC.)	SENTENCE

Initials _____ Gaming Agency _____ Date _____

29. To the best of your knowledge, has a criminal indictment, information or complaint ever been filed or returned against you, but for which you were not arrested or in which you were named as an unindicted party or unindicted co-conspirator in any criminal proceeding in any jurisdiction?

Yes No

If yes, complete the following chart:

NAME AND ADDRESS OF GOVERNMENTAL AGENCY/ORGANIZATION INVOLVED	NATURE OF PROCEEDING	DATE

30. Have you ever been the subject of an investigation conducted by any governmental agency/organization, court, commission, committee, grand jury or investigatory body (local, state, county, provincial, federal, national, etc.) other than in response to a traffic summons?

Yes No

If yes, complete the following chart:

NAME AND ADDRESS OF COURT OR OTHER AGENCY	NATURE OF PROCEEDING OR INVESTIGATION	WAS TESTIMONY GIVEN?	DATE ON WHICH TESTIMONY WAS GIVEN	APPROXIMATE TIME PERIOD OF INVESTIGATION

Initials _____ Gaming Agency _____ Date _____

31. a. Have you ever been called to testify before, or otherwise been questioned, interviewed, deposed, or requested to take a polygraph exam by any governmental agency/organization, court, commission, committee, grand jury or investigative body (local, state, county, provincial, federal, national, etc.) in any jurisdiction other than in response to a traffic summons? Yes No

b. Have you ever been subpoenaed to appear or testify before a federal, national, state, county grand jury, or other criminal investigatory agency or body, or any board or commission, or any civil, criminal or administrative proceeding or hearing? Yes No

If yes to either question, complete the following chart:

NAME AND ADDRESS OF COURT OR OTHER AGENCY/ORGANIZATION	NATURE OF PROCEEDING OR INVESTIGATION	WAS TESTIMONY GIVEN?	DATE ON WHICH TESTIMONY WAS GIVEN	APPROXIMATE TIME PERIOD OF INVESTIGATION

32. Have you ever received a pardon, or has any government agency/organization agreed to dismiss, suspend or defer any criminal investigation or prosecution against you for any criminal offense? Yes No

If yes, complete the following chart:

DATE OF PARDON, DISMISSAL, SUSPENSION, OR DEFERAL	TYPE OF ACTION TAKEN	NAME AND ADDRESS OF GOVERNMENT AGENCY/ORGANIZATION GRANTING PARDON, DISMISSAL, SUSPENSION OR DEFERAL

Initials _____ Gaming Agency _____ Date _____

33. Has your spouse or any of your children, step-children or adopted children ever been arrested or charged with any crime or offense (as defined at the beginning of this section) in any jurisdiction? Yes No

If yes, complete the following chart:

NAME OF PERSON	RELATIONSHIP	NATURE OF CHARGE OR OFFENSE	DATE OF CHARGE OR OFFENSE	NAME & ADDRESS OF LAW ENFORCEMENT AGENCY OR COURT INVOLVED	DISPOSITION (CONVICTED, ACQUITTED, DISMISSED, PENDING, PARDONED, ETC.)	SENTENCE

34. In the past fifteen (15) years, have you as an individual, member of a partnership, or owner, director, or officer of a corporation, ever been a party to a lawsuit, as either a plaintiff or defendant or an arbitration as either a claimant or defendant? (Include matrimonial matters, negligence matters, auto accident matters, contract matters, collection matters, debt matters, bankruptcies, etc.)

Yes No

If yes, complete the following chart:

DATE FILED	NAME & ADDRESS OF COURT	DOCKET/CASE NUMBER	OTHER PARTIES TO SUIT	NATURE OF SUIT	DISPOSITION	DATE OF DISPOSITION

Initials _____ Gaming Agency _____ Date _____

35. In the past fifteen (15) years, has any general partnership, business venture, sole proprietorship or closely held corporation, which you were associated with as an owner, officer, director or partner, been a party to a lawsuit, arbitration or bankruptcy?

Yes No

If yes, complete the following chart:

NAME OF ENTITY	TYPE OF ENTITY	APPROXIMATE DATE(S) OF LAWSUIT/ARBITRATION/BANKRUPTCY	WHERE ACTION FILED (CITY/TOWN, STATE/PROVINCE, COUNTY)

Initials _____ Gaming Agency _____ Date _____

36. In the past ten years, have you been cited or charged with, or formally accused of, any violation of a statute, regulation or code of any local, state, county, municipal, provincial, federal or national government other than a criminal, disorderly persons, petty disorderly person or motor vehicle violation?

Yes No

If yes, complete the following chart:

GOVERNMENTAL AGENCY/ORGANIZATION	NATURE OF CHARGE	DATE	DISPOSITION

Initials _____ Gaming Agency _____ Date _____

37. Have you ever been barred or otherwise excluded, for any reason, other than for the denial, suspension or revocation of a license or registration, from any form or type of casino or gaming/gambling related operation in any jurisdiction? (Check "YES" even if the disbarment or exclusion is no longer in effect or has been lifted.)

Yes No

If yes, complete the following chart:

GAMING/GAMBLING AGENCY	DATE OF EXCLUSION	REASON FOR EXCLUSION

VEHICLE OPERATOR DATA

38. In the chart below, list all current motor vehicle operator licenses (automobiles, motorcycles, airplanes, boats, recreational vehicles, etc.) issued to you in any jurisdiction:

DATE LAST ISSUED	LICENSE NUMBER	TYPE OF LICENSE	JURISDICTION ISSUING LICENSE	EXPIRATION DATE OF LICENSE

Initials _____ Gaming Agency _____ Date _____

FINANCIAL DATA

39. Have any individual, local, city, county, provincial, state, Federal, national, or any other governmental liens/debts been filed against you as an individual, sole proprietor, member of a partnership, or owner of a corporation in any jurisdiction? Yes No

If yes, complete the following chart:

NATURE OF LIEN/DEBT	WHEN FILED	WHERE FILED	CURRENT STATUS

Initials _____ Gaming Agency _____ Date _____

40. Have you personally ever been adjudicated bankrupt or filed a petition for any type of bankruptcy, insolvency or liquidation under any bankruptcy or insolvency law in any jurisdiction?

Yes No

If yes, complete the following chart:

DATE FILED	DOCKET/CASE NUMBER	NAME AND ADDRESS OF COURT	NAME AND ADDRESS OF TRUSTEE

41. In the past twenty years or since the age of 18, whichever is less, has any business entity in which you held a 5% or greater ownership interest, or in which you served as an officer or director been adjudicated bankrupt or filed a petition for any type of bankruptcy or insolvency under any bankruptcy or insolvency law?

Yes No

If yes, complete the following chart:

DATE FILED	DOCKET/CASE NUMBER	NAME AND ADDRESS OF COURT	NAME AND ADDRESS OF FILING PARTY	NAME AND ADDRESS OF TRUSTEE

Initials _____ Gaming Agency _____ Date _____

42. Have you as an individual, member of a partnership, or owner, director or officer of a corporation ever been in a business entity that has been in liquidation, receivership or been placed under some form of governmental administration or monitoring?

Yes No

If yes, complete the following chart:

NAME AND ADDRESS OF BUSINESS ENTITY	YOUR RELATIONSHIP TO BUSINESS ENTITY	DATE PLACED UNDER LIQUIDATION, RECEIVERSHIP, ETC.	REASON PLACED UNDER LIQUIDATION, RECEIVERSHIP, ETC.	PRESENT STATUS

43. Have your wages, earnings, or other income been subject to garnishment, attachment, charging order, voluntary wage execution or the like during the past ten year period?

Yes No

If yes, complete the following chart:

DATE FILED	DOCKET/CASE NUMBER	NAME AND ADDRESS OF COURT	NATURE OF OBLIGATION	AMOUNT OF OBLIGATION	NAME AND ADDRESS OF HOLDER OF OBLIGATION

Initials _____ Gaming Agency _____ Date _____

44. In the past ten years, have you ever had any property, real or personal, repossessed by a finance company in any jurisdiction?

Yes No

If yes, complete the following chart:

TYPE OF PROPERTY	DATE REPOSSESSED	NAME AND ADDRESS OF COMPANY REPOSSESSING PROPERTY	REASON FOR REPOSSESSION

45. During the last ten year period, have you been:

- a. An executor(trix), administrator or other fiduciary of any estate;
- b. A beneficiary or legatee under a will or received any thing of value under an intestacy statute; or
- c. A settlor/grantor, beneficiary or trustee of any trust?

Yes No

If yes, complete the following chart as to each estate and trust:

NAME AND LOCATION OF ESTATE/TRUST	POSITION/ INTEREST HELD	DATE(S) ON WHICH POSITIONS WERE HELD OR INTEREST WAS RECEIVED	AMOUNT OF COMPENSATION OR NATURE AND VALUE OF BENEFIT GRANTED/RECEIVED

Initials _____ Gaming Agency _____ Date _____

46. Do you own, hold, or have an interest in any assets in a trust in any jurisdiction? (You may exclude those assets disclosed in your answer to question 45).

Yes No

If yes, complete the following chart:

DESCRIPTION OF TRUST	LOCATION OF TRUST	NAME OF TRUSTEE(S)	NAMES OF OTHER(S) WITH INTERESTS IN TRUST

47. Do you hold, manage or control in trust, or otherwise, any assets or liabilities for another person or entity in any jurisdiction? (You may exclude those assets or liabilities disclosed in your answer to question 45).

Yes No

If yes, complete the following chart:

DESCRIPTION OF TRUST	LOCATION OF TRUST	NAMES OF OTHER(S) WITH INTEREST IN TRUST

Initials _____ Gaming Agency _____ Date _____

48. a. Please state your country of residence _____
 b. During the last ten year period have you had any right of ownership in, control over or interest in any bank account(s), which are located outside the country of residence identified in a. above?

Yes No

If yes, complete the following chart:

DATES		NAME AND ADDRESS OF INSTITUTION HOLDING ACCOUNT	ACCOUNT NUMBER	NAME AND ADDRESS OF EACH PERSON/ENTITY APPEARING ON THE ACCOUNT	PRESENT AMOUNT HELD/ AMOUNT HELD BEFORE CLOSING
FROM: (MO/YR)	TO: (MO/YR)				

Initials _____ Gaming Agency _____ Date _____

c. Do you own, manage or control any assets, or are you responsible for any liabilities, located outside the country of residence as identified in a. above (excluding any foreign bank accounts identified in b. above)?

Yes No

If yes, complete the following chart:

DESCRIPTION OF ASSET/LIABILITY	LOCATION OF ASSET/LIABILITY

49. During the last ten year period, have you or has your spouse or any of your children, while dependent, received a loan in excess of \$25,000USD? (If you are applying in a jurisdiction other than the United States, the amount you are required to report is the equivalent to \$25,000USD in the national currency of the jurisdiction where you will be filing this application.)

Yes No

If yes, complete the following chart:

DATE RECEIVED LOAN	NAME AND ADDRESS OF LENDER	NAME OF BORROWER AND ALL CO-SIGNERS	ORIGINAL AMOUNT OF LOAN	INTEREST RATE (%)	TERMINATION DATE OF LOAN

Initials _____ Gaming Agency _____ Date _____

50. During the last ten year period, have you or has your spouse or any of your children, while dependent, made any loan in excess of \$10,000USD? (If you are applying in a jurisdiction other than the United States, the amount you are required to report is the equivalent of \$10,000USD in the national currency of the jurisdiction where you will be filing this application.)

Yes No

If yes, complete the following chart:

DATE OF LOAN	NAME AND ADDRESS OF BORROWER	ALL CO-PARTIES TO LOAN	NAME OF LENDER	ORIGINAL AMOUNT OF LOAN	INTEREST RATE (%)	TERMINATION DATE OF LOAN	SECURITY PLEDGED

51. Have you individually ever exchanged currency in an amount of more than \$10,000USD within the past ten years? (If you are applying in a jurisdiction other than the United States, the amount you are required to report is the equivalent of \$10,000USD in the national currency of the jurisdiction where you will be filing this application.)

Yes No

If yes, complete the following chart:

DATE AND AMOUNT OF EXCHANGE	LOCATION WHERE EXCHANGE MADE	REASON FOR EXCHANGE	DID YOU FILL OUT OR FILE ANY GOVERNMENTAL REPORTING DOCUMENT

Initials _____ Gaming Agency _____ Date _____

52. Do you maintain a brokerage or margin account with any securities or commodities dealer?

Yes No

If yes, complete the following chart:

TYPE OF ACCOUNT	NAME AND ADDRESS OF DEALER	AMOUNT OF MARGIN

53. Have you or has your spouse or children, while dependent, filed any claims in excess of \$100,000USD under any fire, theft, automobile or insurance policy within the past ten year period? (If you are applying in a jurisdiction other than the United States, the amount you are required to report is the equivalent of \$100,000USD in the national currency of the jurisdiction where you will be filing this application.)

Yes No

If yes, complete the following chart:

DATE OF CLAIM	NATURE OF CLAIM	NAME AND ADDRESS OF INSURANCE CARRIER	DISPOSITION

Initials _____ Gaming Agency _____ Date _____

54. During the last five year period, have you, your spouse or dependent children given or received any gift or gifts, whether tangible or intangible which either individually or in the aggregate exceeded \$10,000USD in value in any one year period? (If you are applying in a jurisdiction other than the United States, the amount you are required to report is the equivalent of \$10,000USD in the national currency of the jurisdiction where you will be filing this application.)

Yes No

If yes, complete the following chart as to each gift:

NAME OF THE DONOR OR DONEE	DATE GIFT GIVEN/RECEIVED	DESCRIPTION OF GIFT	APPROXIMATE VALUE

55. a. Do you have any safe deposit boxes in your name in any jurisdiction? Yes No

b. Do you have access to the funds in any other safe deposit boxes in any jurisdiction? Yes No

If yes to either question, complete the following chart:

NAME AND ADDRESS OF BANK OR OTHER INSTITUTION/BUSINESS WHERE LOCATED	NAME(S) IN WHICH ACCOUNT(S) OR SAFE DEPOSIT BOX(ES) HELD	TYPE OF ACCOUNT, (SAVINGS, CHECKING, SAFE DEPOSIT, ETC.)	ACCOUNT NO. OR SAFE DEPOSIT BOX NO.

Initials _____ Gaming Agency _____ Date _____

56. In the past ten years, or since the age of 18, whichever is less, have you received any referral or finder's fee in excess of \$10,000USD (if you are applying in a jurisdiction other than the United States, the amount you are required to report is the equivalent of \$10,000USD. In the national currency of the jurisdiction where you will be filing this application.)

Yes No

If yes, complete the following chart:

NAME AND ADDRESS OF ALL PARTIES INVOLVED	NATURE OF GOODS OR SERVICES PROVIDED	AMOUNT RECEIVED	DATE RECEIVED

57. Have you, in the past ten years or since the age of 18, whichever is less, given a guarantee, co-signed or otherwise insured payment of a loan, debt or other financial obligation in any jurisdiction?

Yes No

If yes, complete the following chart:

NATURE OF OBLIGATION (PERSONAL GUARANTEE, ETC.)	DATE OBLIGATION MADE	NAME(S) OF PERSON RESPONSIBLE FOR OBLIGATION	STATUS OF UNDERLYING OBLIGATION

Initials _____ Gaming Agency _____ Date _____

NET WORTH STATEMENT -- ASSETS AND LIABILITIES

NOTE: Complete the financial statements on pages 49 through 63 and copy the totals in the appropriate space below.

58. Please list all assets, tangible and intangible, in which a direct or indirect interest is held by you, your spouse or your dependent children. For each line item, list both the cost of the asset and the present market values as of the date of this statement unless this cannot reasonably be done, in which case any special valuation date should be noted in the column provided. Detail each line entry on the appropriate schedule.

ASSET	COST AT DATE ACQUIRED OR PURCHASED (A)	CURRENT MARKET VALUE (B)	SPECIAL VALUATION DATE, IF ANY
1. Cash			
a) On Hand		a)	
b) In bank (Schedule A)		b)	
2. Loans, Notes and Other Receivables (Schedule B)			
3. Securities (Schedule C)			
4. Real Estate Interests (Schedule D)			
5. Cash Value Life Insurance (Schedule E)			
6. Cash Value Pension/Retirement Funds (Schedule F)			
7. Furniture and Clothing (Reasonable Estimate)			
8. Vehicles (Schedule G)			
9. Other (Schedule H)			
TOTAL ASSETS			

LIABILITY	ORIGINAL AMOUNT OF LIABILITY (C)	AMOUNT OUTSTANDING (D)
10. Notes Payable (Schedule I)		
11. Loans and Other Payables (Schedule J)		
12. Taxes Payable (Schedule K)		
13. Mortgages or Liens on Real Estate (Schedule L)		
14. Loans Against Insurance/Pensions (Schedule M)		
15. Other Indebtedness (Schedule N)		
TOTAL LIABILITIES		

NET WORTH
Total Assets (From Column B) less Total Liabilities (From Column D)
16. Contingent Liabilities (Schedule O)

Date of Statement _____

Please provide the name, address and phone number of the person completing this statement if it is completed by someone other than you.

Name _____
 Address _____
 Phone _____

SCHEDULE "A" - CASH IN BANK

60. List below all bank accounts (checking, savings, time deposits, certificates of deposit, money market funds, etc.) foreign and domestic, maintained by you, your spouse or dependent children. Identify with an asterisk (*) any check writing accounts held with brokerage houses, insurance companies, etc.

NAME AND ADDRESS OF INSTITUTION	NAME OF PERSON(S) AND TAX IDENTIFICATION NUMBER(S) APPEARING ON ACCOUNT	ACCOUNT NUMBER	INTEREST RATE (%)	GENERAL NATURE OF ACCOUNT	DATE OF BALANCE	BALANCE
						\$ _____
TOTAL CURRENT BALANCE						(Enter this figure in item 1b, column B on page 48.)
\$ _____						

Initials _____ Gaming Agency _____ Date _____

SCHEDULE "B" – LOANS, NOTES AND OTHER RECEIVABLES

61. List below all loans, notes and other receivables held by you, your spouse or dependent children.

CHECK IF HELD BY SPOUSE OR DEPENDENT CHILD	NAME AND ADDRESS OF DEBTOR	INTEREST RATE (%)	ORIGINAL LOAN AMOUNT	ORIGINAL DATE OF LOAN/NOTE RECEIVABLE	TOTAL PAYMENTS	DATE DUE	NATURE OF ADVANCE AND NATURE OF SECURITY, IF ANY (INDICATE IF UNSECURED)	CURRENT BALANCE	
			\$ _____					\$ _____	
			TOTAL ORIGINAL LOAN AMOUNT(S) (Enter this figure in items 2, column A on page 48.)						TOTAL CURRENT BALANCE (Enter this figure in items 2, column B on page 48.)

Initials _____

Gaming Agency _____

Date _____

SCHEDULE "C" - SECURITIES

62. Provide the information in the table below for all stocks, bonds, mutual funds, commodity accounts, options, warrants, etc., held or controlled by you, your spouse or dependent children in any jurisdiction. Whenever interest exists through a mutual fund or holding company, the individual stocks or bonds held by such mutual fund or holding company need not be listed; whenever such interest exists through a beneficial interest in a trust, the securities held in such trust shall be listed if you, your spouse or dependent children have knowledge of what securities are so held. INDICATE PUBLICLY TRADED SECURITIES BY AN ASTERISK (*).

CHECK IF HELD BY SPOUSE OR DEPENDENT CHILD	NUMBER OF SECURITIES OR CONTRACTS HELD	TYPE OF SECURITY	NAME OF ISSUING COMPANY OR GOVERNMENT AGENCY/ORGANIZATION	MARKET VALUE AT ACQUISITION	DATE OF AND PRICE AT PURCHASE	% OF OWNERSHIP IF GREATER THAN 5%	REGISTERED OWNER	DATE OF VALUATION	CURRENT MARKET VALUE	
					\$ _____				\$ _____	
					TOTAL PURCHASE PRICE (Enter this figure in item 3, column A on page 48.)					TOTAL CURRENT MARKET VALUE (Enter this figure in item 3, column B on page 48.)

Initials _____

Gaming Agency _____

Date _____

SCHEDULE "D" - REAL ESTATE INTERESTS

63. Indicate below the location, size, general nature, acquisition date and other information requested regarding any real property in any jurisdiction in which any direct, indirect, vested or contingent interest is held by you, your spouse or dependent children, along with the names of all individuals or entities who share a direct, indirect, vested or contingent interest therein.

CHECK IF HELD BY SPOUSE OR DEPENDENT CHILD	ADDRESS PARCEL/LOT NUMBER	LOT SIZE/STAND NO./ SQUARE FOOTAGE OF BUILDING	TYPE OF PROPERTY	DATE ACQUIRED/ DOWN PAYMENT	INDIVIDUALS OR ENTITIES SHARING INTEREST (INCLUDE % OF OWNERSHIP FOR EACH)	PURCHASE PRICE OF % OWNED	MONTHLY RENTAL INCOME, IF ANY	ESTIMATED MARKET VALUE OF % OWNED
						\$ _____		\$ _____
						TOTAL PURCHASE PRICE (Enter this figure in item 4, column A on page 48.)		
						TOTAL CURRENT MARKET VALUE (Enter this figure in item 4, column B on page 48.)		

Initials _____ Gaming Agency _____ Date _____

SCHEDULE "E" - CASH VALUE - LIFE INSURANCE

64. Indicate below the information requested with regard to the cash value of all life insurance policies held by you, your spouse or your dependent children.

CHECK IF HELD BY SPOUSE OR DEPENDENT CHILD	DATE PURCHASED	INSURANCE CARRIER POLICY NUMBER	BENEFICIARY(IES)	FACE VALUE	ANNUAL PREMIUM PAYMENTS	CASH SURRENDER VALUE	EFFECTIVE DATE OF CASH SURRENDER VALUE
						\$ _____	
TOTAL CASH SURRENDER VALUE (Enter this figure in item 5, column B on page 48.)							

Initials _____ Gaming Agency _____ Date _____

SCHEDULE "F" - CASH VALUE - PENSION/RETIREMENT FUNDS

65. Indicate below the information requested with regard to the cash value of all retirement/investment/pension funds* held by you or your spouse.

CHECK IF HELD BY SPOUSE	TYPE OF FUND	TYPE OF SECURITIES HELD AND ACCOUNT NUMBER, IF ANY	EMPLOYER/ INSTITUTION	CUMULATIVE EMPLOYEE CONTRIBUTION	CUMULATIVE EMPLOYER CONTRIBUTION	CURRENT CASH VALUE	EFFECTIVE DATE OF CASH VALUE
				\$ _____		\$ _____	
				TOTAL CUMULATIVE EMPLOYEE CONTRIBUTION (Enter this figure in item 6, column A on page 48.)			
				TOTAL CUMULATIVE EMPLOYER CONTRIBUTION (Enter this figure in item 6, column B on page 48.)			
				TOTAL CURRENT CASH VALUE (Enter this figure in item 6, column B on page 48.)			

*If you are filing this application in the United States, the information is to include IRA, 401K and KEOGH plans.

Initials _____ Gaming Agency _____ Date _____

SCHEDULE "G" - VEHICLES

66. Indicate below the information requested with regard to all vehicles owned or leased by you, your spouse, or your dependent children.

CHECK IF HELD BY SPOUSE OR DEPENDENT CHILD	TYPE OF VEHICLE	SPECIFY IF OWNED OR LEASED*	DATE OF PURCHASE/LEASE	MODEL YEAR	MAKE/MODEL OF VEHICLE	COST**	IF OWNED, CURRENT MARKET VALUE
						\$ _____	\$ _____
						TOTAL COST OF VEHICLES (Enter this figure in Item 8, column A on page 48.)	TOTAL CURRENT CASH VALUE (Enter this figure in Item 8, Column B on page 48.)

*If leased, specify in this column the length of the lease, total lease costs, down payments, monthly payments and number of payments over the life of the lease.

**If leased, enter the sum of the down payment plus monthly payments to date as the total cost.

Initials _____ Gaming Agency _____ Date _____

SCHEDULE "H" - OTHER ASSETS

67. List below the information requested regarding all other assets, including any business investments in which any direct, indirect, vested or contingent is held by you, your spouse or your dependent children. Business interests should include, but not be limited to, joint ventures, partnerships, sole proprietorships, corporations and LLCs. Other assets should include, but not be limited to, art collections, coin collections, and antiques.

CHECK IF HELD BY SPOUSE OR DEPENDENT CHILD	NATURE OF ASSET	DATE OF ACQUISITION	COST	% OF OWNERSHIP INTEREST	DATE OF VALUATION	CURRENT MARKET VALUE	
			\$ _____			\$ _____	
			TOTAL COST(S) OF OTHER ASSETS (Enter this figure in item 9, column A on page 48.)				TOTAL CURRENT MARKET VALUE OF OTHER ASSETS (Enter this figure in item 9, column B on page 48.)

Initials _____ Date _____ Gaming Agency _____

SCHEDULE "I" - NOTES PAYABLE

68. List below the information requested with regard to all notes payable for which you, your spouse or dependent children are obligated.

CHECK IF OWNED BY SPOUSE OR DEPENDENT CHILD	NAME & ADDRESS OF CREDITOR	ACCOUNT NUMBER, IF ANY	DATE INCURRED	DUE DATE	INTEREST RATE (%)	AMOUNT OF PERIODIC PAYMENT/ PAY PERIOD	ORIGINAL AMOUNT OF NOTE	NATURE OF SECURITY, IF ANY	TOTAL PAYMENTS	OUTSTANDING AMOUNT OF LIABILITY	
							\$ _____			\$ _____	
							TOTAL ORIGINAL AMOUNT OF NOTES PAYABLE (Enter this figure in item 10, column C on page 48.)				TOTAL AMOUNT OF OUTSTANDING NOTES PAYABLE (Enter this figure in item 10, column D on page 48.)

Initials _____ Gaming Agency _____ Date _____

SCHEDULE "J" - LOANS AND OTHER PAYABLES

69. List below the information requested with regard to all accounts payable (include lines of credit, installment loans, revolving charge accounts and any other accounts) for which you, your spouse or your dependent children are obligated.

CHECK IF OWED BY SPOUSE OR DEPENDENT CHILD	NAME & ADDRESS OF CREDITOR	ACCOUNT NUMBER, IF ANY	DATE OPENED OR INCURRED	DUE DATE	INTEREST RATE (%)	NATURE OF ACCOUNT	ORIGINAL AMOUNT OF LIABILITY	NATURE OF SECURITY, IF ANY	TOTAL PAYMENTS	CURRENT AMOUNT OUTSTANDING	
							\$ _____			\$ _____	
							TOTAL ORIGINAL AMOUNT OF LIABILITY (Enter this figure in item 11, column C on page 48.)				TOTAL AMOUNT OF OUTSTANDING LOANS AND OTHER PAYABLES (Enter this figure in item 11, column D on page 48.)

Initials _____

Gaming Agency _____

Date _____

SCHEDULE "K" - TAXES PAYABLE

70. List below the information requested with regard to all taxes payable for which you, your spouse, or your dependent children are obligated. Only real estate and income taxes need to be included.

CHECK IF OWED BY SPOUSE OR DEPENDENT CHILD	TAXING AUTHORITY	NATURE OF TAX	DATE AND AMOUNT OF ORIGINAL OBLIGATION	FINES, PENALTIES AND INTEREST, IF ANY	TOTAL AMOUNT DUE
			\$ _____		\$ _____
			TOTAL ORIGINAL TAX OBLIGATION(S) (Enter this figure in item 12, column C on page 48.)		TOTAL AMOUNT OF TAXES PAYABLE (Enter this figure in item 12, column D on page 48.)

Initials _____ Gaming Agency _____ Date _____

SCHEDULE "L" - MORTGAGES OR LIENS PAYABLE ON REAL ESTATE

71. List below the information requested with regard to all mortgages or liens due and owing on real estate for which you, your spouse or your dependent children are obligated.

CHECK IF OWED BY SPOUSE OR DEPENDENT CHILD	NAME AND ADDRESS OF MORTGAGEE OR LIEN HOLDER	ACCOUNT NUMBER	DATE INCURRED	ORIGINAL AMOUNT OF LIABILITY	DESCRIPTION/ ADDRESS OF REAL ESTATE	TERM OF MORTGAGE/ INTEREST RATE (%)	AMOUNT OF PERIODIC PAYMENT/ PAY PERIOD	CURRENT MORTGAGE BALANCE	
				\$ _____				\$ _____	
				TOTAL ORIGINAL MORTGAGES OR LIENS PAYABLE ON REAL ESTATE (Enter this figure in item 13, column C on page 48.)					TOTAL MORTGAGES OR LIENS PAYABLE ON REAL ESTATE (Enter this figure in item 13, column D on page 48.)

SCHEDULE "M" - LOANS AGAINST INSURANCE/PENSION PLANS

72. List below the information requested with regard to all loans against life insurance policies, pension plans, etc., taken by you, your spouse or your dependent children.

CHECK IF OWED BY SPOUSE OR DEPENDENT CHILD	INSURANCE CARRIER/PENSION PLAN	PURPOSE OF LOAN	ORIGINAL AMOUNT OF LOAN	INTEREST RATE (%)	DATE OF LOAN	PERIODIC PAYMENT AMOUNT/PAY PERIOD	CURRENT LOAN BALANCE	
			\$ _____				\$ _____	
			TOTAL ORIGINAL LIABILITY INSURANCE/PENSION LOANS (Enter this figure in item 14, column C on page 48.)					TOTAL AMOUNT OUTSTANDING INSURANCE/PENSION LOANS (Enter this figure in item 14, column D on page 48.)

Initials _____

Gaming Agency _____

Date _____

SCHEDULE "N" - ANY OTHER INDEBTEDNESS

73. List below the information requested with regard to any other indebtedness for which you, your spouse or your dependent children are obligated.

CHECK IF OWED BY SPOUSE OR DEPENDENT CHILD	NAME AND ADDRESS OF CREDITOR	INTEREST RATE (%)	DESCRIPTION OF LIABILITY, TYPE OF OBLIGATION AND NATURE OF SECURITY, IF ANY	DUE DATE	AMOUNT OF PERIODIC PAYMENT/ PAY PERIOD	ORIGINAL AMOUNT OF LIABILITY	OUTSTANDING AMOUNT OF INDEBTEDNESS
						\$ _____	\$ _____
						TOTAL ORIGINAL AMOUNT OTHER INDEBTEDNESS (Enter this figure in item 15, column C on page 48.)	TOTAL AMOUNT OUTSTANDING OTHER INDEBTEDNESS (Enter this figure in item 15, column D on page 48.)

Initials _____ Gaming Agency _____ Date _____

SCHEDULE "O" - CONTINGENT LIABILITIES

74. List below the information requested with regard to all contingent liabilities for which you, your spouse or your dependent children are obligated.

CHECK IF OWNED BY SPOUSE OR DEPENDENT CHILD	NAME AND ADDRESS OF CONTINGENT CREDITOR	DATE INCURRED	ACCOUNT NUMBER	PRIMARY DEBTOR	DESCRIPTION OF OBLIGATION INCLUDING NATURE OF SECURITY, IF ANY	ORIGINAL AMOUNT OF CONTINGENT OBLIGATION	CURRENT AMOUNT OF CONTINGENT OBLIGATION
						\$ _____	\$ _____
TOTAL ORIGINAL CONTINGENT LIABILITIES (Enter this figure in item 16, column C on page 48.)						\$ _____	\$ _____
TOTAL AMOUNT OF OUTSTANDING CONTINGENT LIABILITIES (Enter this figure in item 16, column D on page 48.)						\$ _____	\$ _____

Initials _____ Date _____ Gaming Agency _____

75. Provide the names and other information requested of three (3) references over the age of 18 who have known you for at least one year and can attest to your good character and reputation. No person can be a reference who is a member of your family. (Spouse, parents, grandparents, children, grandchildren, siblings, uncles, aunts, nephews, nieces, fathers-in-law, mothers-in-law, sons-in-law, daughters-in-law, brothers-in-law and sisters-in-law whether by whole or half blood, by marriage, adoption or natural relationship.)

REFERENCE ONE

Name _____ Business Address _____
Address _____

Telephone No. _____ Occupation _____
How long have you known the reference?

REFERENCE TWO

Name _____ Business Address _____
Address _____

Telephone No. _____ Occupation _____
How long have you known the reference?

REFERENCE THREE

Name _____ Business Address _____
Address _____

Telephone No. _____ Occupation _____
How long have you known the reference?

76. As indicated in the instructions on page 2 of this form, this page is to be used by you for any questions which require additional space to answer. The number of the question must be stated immediately prior to your answer. If additional pages are needed, photocopy this page or add paper of similar size and identify these pages with corresponding numbers and letters. **You must use blue ink to personally initial, date and identify the gaming agency to which your application is being submitted at the bottom of any new page added.**

IDENTIFY ALL ANSWERS BY ORIGINAL QUESTION NUMBERS

USE ADDITIONAL PAGES IF NECESSARY

Initials _____ Gaming Agency _____ Date _____

STATEMENT OF TRUTH

STATE/PROVINCE OF _____:

SS:

COUNTY/DISTRICT OF _____:

_____, 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. Any document accompanying this Multi Jurisdictional Casino/Gaming License Personal History Disclosure Form that is not an original document is a true copy of the original document.
5. 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 _____,

NOTARY PUBLIC, JUSTICE OF THE PEACE/
COMMISSIONER FOR DECLARATIONS OR OTHER
PERSON AUTHORIZED TO TAKE DECLARATIONS

STATE/PROVINCE, COUNTRY

Initials _____ Gaming Agency _____ Date _____ Page 66

APPENDIX P

STATE OF RHODE ISLAND

DEPARTMENT OF



BUSINESS REGULATION

**DIVISION OF COMMERCIAL
LICENSING AND RACING AND
ATHLETICS**

RHODE ISLAND SUPPLEMENTAL FORM

TO MULTI JURISDICTIONAL

PERSONAL HISTORY DISCLOSURE FORM

RHODE ISLAND SUPPLEMENTAL FORM

MULTI JURISDICTIONAL

PERSONAL HISTORY DISCLOSURE FORM

Position Currently Held or Applied For: _____

APPLICATION INSTRUCTIONS

The application must be typed or printed in block lettering using either blue or black ink. If the application is not legible, it will not be accepted.

All questions must be answered. 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.

If you need additional space to answer a question please refer to the space provided on page 8. Be sure to indicate the number of the question you are answering. Additional blank pages listing the question number and initialed are acceptable.

All pages of the application must be initialed, properly signed and notarized where indicated. The following type of original documents will be acceptable to establish the identify of the applicant:

- A. U.S. birth certificate issued by a state, county or municipal authority with an official seal.
- B. Current and valid photo drivers license.
- C. Current and valid US military identification card.
- D. Current and valid U.S. passport or Certificate of Naturalization or current INS identification card.
- E. Current and valid photo identification card issued by a federal, state or local government agency.

If the name on your application is different than the name 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.

7. A completed application must be presented to the Division of Commercial Licensing (the "Division") and Racing and Athletics and shall consist of an original and a photocopy. The photocopy must be clear or the application will not be accepted. A check or money order in the amount of \$10.00 payable to the "State of Rhode Island, General Treasurer" must accompany the application. No cash is accepted.
8. Once your application is accepted and your identify verified you will be photographed, fingerprinted and subject to a complete background check before your license is issued. Application fees are non-refundable and applications become the property of the

Division. Applications may be obtained from and submitted to either satellite office of the Division located at:

Lincoln Park
1600 Louisquisset Pike
Lincoln, Rhode Island 02865

OR

Newport Grand
150 Admiral Kalbsus Road
Newport, Rhode Island 02840

Individual offices at each facility can be located by contacting any employee for directions upon arrival at the facility.

- B. 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.

- C. You must provide the Division with any change of address as all notices concerning your license will be send to the listed address on this form.
D. Failure to answer any question completely and truthfully will result in denial of your Service Employee Application.
E. All written correspondence regarding this form shall be directed to the following:

Department of Business Regulation
Division of Commercial Licensing and Racing and Athletics
233 Richmond Street
Providence, Rhode Island 02903

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

Name of Applicant: _____

Date of Birth: _____

Identifying Documents:

_____ 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: _____

Comments:

Authorized By: _____

Date: _____

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

Name: (Last)	(First)	(Middle)
Mailing Address: (Number & Street)	(City)	(State)
Home Address: (If different than mailing address)		
(Number & Street)	(City)	(State)
Home Telephone (Include Area Code)	Business Telephone	Cellphone
Date of Birth: (Mo) (Day) (Year)	Maiden Name	Alias or Nickname
Height (Ft – In)	Weight (Lbs)	Social Security #

CHECK THE APPROPRIATE BOX

HAIR COLOR:

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

EYE COLOR:

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

SEX:

- Male
- Female

RACE:

- Caucasian
- Black
- Hispanic
- Asian
- Native American

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

2. Are you a United States citizen? Yes No

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

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

A. The country of which you are a citizen: _____
5 of 11 Initials _____

B. Place of Birth: _____
City State Country

C. Port of Entry to the United States: _____

D. Name and address of sponsor upon your arrival:

5. 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: _____

6. Indicate your martial status: Single Married Legally separated Divorced

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

B. List all former spouses: _____

7. 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: _____

8. Please provide the name of the facility for that you will be associated with and the position you currently or expect to hold:

Name of facility	Street Address	City	State	Zip Code
------------------	----------------	------	-------	----------

Title of position currently held or expect to hold.

9. If applicable, the name of the holding company(ies) of the facility or licensee with which you have any positions:

10. Please identify if any of the below positions apply to you in connection with the above two questions.

- Owner
- Investor
- Officer
- Principal Employee
- Stockholder
- Director
- Partner
- Other (Specify) _____

11. Do you have any ownership interest or financial investment in any business applying for or currently licensed by the State of Rhode Island, Department of Business Regulation, Division of Commercial Licensing and Racing and Athletics?

Name of Business	Nature and amount of Interest/Investment	%Ownership in business	Gaming Agency
1.			
2.			
3.			
4.			
5.			
6.			

12. 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: _____

13. As indicated in the instruction on page 2 of this form, this page is to be used by you for any questions which require additional space to answer. The number of the question must be stated immediately prior to your answer. If additional pages are needed, photocopy this page or add paper of similar size and identify these pages with corresponding numbers and letters. **Be sure to include your initials at the bottom on any new page added.**

IDENTIFY ALL ANSWERS BY ORIGINAL QUESTION NUMBERS

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 within the grounds of a permit holder, of the premises which I occupy or control, and my personal property and effects, 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, Selective Service Boards, Employers, Educational Institutions, Banks, Financial and Other such 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 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.*:

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