



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

Division of Gaming & Athletics
Licensing

LICENSE VERIFICATION REQUEST FORM

Name of Individual: _____

Name of Company: _____

Date of Birth: _____ SSN: _____

Is this Individual / Company Licensed: YES NO

Type of License Issued: _____

Status of License: _____

Date of Application: _____ Date License Issued: _____

License Number: _____ Date License Expires: _____

Has this individual had any disciplinary proceedings, actions, restrictions, suspensions, revocations or non-renewal concerning his/her license:

YES NO If, yes please explain: _____

Is the license in good standing with our agency: YES NO

Should you have any questions regarding this information, please do not hesitate to contact me at (401) 462-9529.

Sincerely,

Peter Timothy
Pari-Mutuel Operations Specialist