



**STATE OF RHODE ISLAND  
DEPARTMENT OF BUSINESS REGULATION  
DIVISION OF COMMERCIAL LICENSING AND RACING AND ATHLETICS  
JOHN O. PASTORE CENTER  
1511 PONTIAC AVENUE, BLDG 69-1  
CRANSTON, RHODE ISLAND 02920-0942**



**Phone: (401) 462-9525**

**TDD No.: 711**

**Fax: (401) 462-9645**

**RACING AND ATHLETICS  
CHANGE OF LICENSE INFORMATION FORM**

I, \_\_\_\_\_ hereby certify and affirm that I am currently a licensee  
(PRINT NAME)

holding a License at (please circle one) Twin River or Newport Grand and my license number is: \_\_\_\_\_. The information on the following License Application has changed.

The following information should be changed to the licensing file:

**Name Change:**

*Print Previous Name:* \_\_\_\_\_

*Print New Name:* \_\_\_\_\_

**Change of Address:**

*Street Address:* \_\_\_\_\_

*City/Town:* \_\_\_\_\_

*State and Zip Code:* \_\_\_\_\_

**Change in License:**

*Previous Employer/Department:* \_\_\_\_\_

*New Employer/Department:* \_\_\_\_\_

*Prior Position:* \_\_\_\_\_

*New Position:* \_\_\_\_\_

**Other Change Notification:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Licensee Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

*NOTE: Once you have completed this form, drop it off at the DBR Office at Twin River / Newport Grand or mail it to the above address.*