



CHOCTAW GAMING COMMISSION
PHONE (601) 656-6038 / FAX (601) 656-9175
MISSISSIPPI BAND OF CHOCTAW INDIANS
P.O. BOX 6045
CHOCTAW, MS 39350

INITIAL

JUNKET REPRESENTATIVE FILING

Answers to all Questions must be completed

1. APPLICANT INFORMATION

Name	Personal Phone No.	Business Phone No.		
Street Address	City	State	County	Zip

STATEMENT OF OWNERSHIP

2. Is the junket to be operated as a partnership? ___ Yes ___ No If yes, please complete the following:

List all partners, home addresses, and extent of their interest in the partnership.

1)	Name	Address	Interest
2)	Name	Address	Interest
3)	Name	Address	Interest

***** Attach a copy of partnership agreement. All partners must complete a separate junket application. *****

3. Is the junket to be operated as a corporation or limited liability company (LLC)? ___ Yes ___ No

If yes, please complete the following: List all officers, directors and stockholders, titles in corporation, home address, and total number of shares of stock owned by each in the corporation. Give total number of shares authorized for the corporation. **Attach a copy of Articles of Incorporation, Corporate Charter, and if not a Mississippi charter, Authority to Do Business in Mississippi.**

1)	Name	Title	Home Address	Stock Owned
2)	Name	Title	Home Address	Stock Owned
3)	Name	Title	Home Address	Stock Owned

4. Is the junket to be operated as a sole ownership? ___ Yes ___ No If yes, please complete the following:
List any secondary representatives that you intend to employ if your permit is granted.

1)	_____	_____	_____
	Name	Address	Tax ID
2)	_____	_____	_____
	Name	Address	Tax ID
3)	_____	_____	_____
	Name	Address	Tax ID

5. Attach a copy of any formal agreement between you and the licensee. If the agreement is unwritten, include a detailed description of the terms including financial arrangements. This filing will not be approved without this information.

6. If you or the representative company are to guarantee payment due to a licensee from any preferred guest, the attached financial questionnaire MUST be completed. If there are no payment guarantees, this requirement may be skipped.

7. Payment of \$750.00 fee must be paid prior to the Choctaw Gaming Commission processing the application (Cash, money order, cashier's check, Debit/Credit Cards Accepted)

8. Statement and Certification:

By my signature affixed below, I certify the above information is true and correct. In addition, I recognize and submit to the jurisdiction of the Mississippi Band of Choctaw Indians and the Choctaw Gaming Commission; designate the Secretary-Treasurer of the Choctaw Tribal Council and the Secretary of State of Mississippi as its representatives upon whom service of process may be made; and agree to be governed and bound by the laws and ordinances of the Mississippi Band of Choctaw Indians, and the Regulations of the Choctaw Gaming Commission.

Date

Signature



**WORK PERMIT / KEY EMPLOYEE / PRIMARY MANAGEMENT
LICENSE APPLICATION**

GENERAL INSTRUCTIONS

You must answer every question. Type N/A if a question does not apply to you. Do not misstate or omit any material fact(s) as each statement made herein is subject to verification. **The False Statement, Privacy Act, and Automatic Disqualification Notices must be signed and dated before this form is filled out by the applicant. Fingerprints will be processed by the Choctaw Gaming Commission.**

Notice: An applicant for License shall furnish his/her color photographs to the Choctaw Gaming Commission. Please make all cashier's check or money orders payable to the Choctaw Gaming Commission. *Cash and Debit/Credit Cards accepted*

***** ALL TRANSACTIONS ARE FINAL. NO REFUNDS*****

Notice Regarding False Statements

A false statement on any part of your license application may be grounds for denial or the suspension or revocation of a license. Also, you may be punished by fine or imprisonment (U.S. Code, title 18, section 1001).

Applicant Signature: _____

Date: _____

OFFICE USE ONLY

Choctaw Gaming Commission

New Applicant:	Worksite:
Re-Hire:	Date:
Reviewed By:	Work Permit: ___ Gaming ___ Non-Gaming
Approved/Denied:	NOR Submitted:
Key Employee:	Primary Management:

PRIVACY ACT NOTICE

In compliance with the Privacy Act of 1974, the following information is provided: Solicitation of the information on this form is authorized by 25 U.S.C. 2701 et seq. The purpose of the requested information is to determine the eligibility that will be used by the Tribal gaming regulatory authorities and by the National Indian Gaming Commission (NIGC) members and staff who have need for the information in the performance of their official duties. The information may be disclosed by the Tribe or the NIGC to appropriate federal, tribal, state, local, or foreign law enforcement and regulatory agencies when relevant to civil, criminal, or regulatory investigations or prosecutions or when pursuant to a requirement by a tribe or the NIGC in connection with the issuance, denial, or revocation of a gaming license, or investigations of activities while associated with a tribe or a gaming operation. Failure to consent to the disclosures indicated in this notice will result in a tribe's being unable to license you for a primary management official or key employee position.

The disclosure of your Social Security Number (SSN) is voluntary. However, failure to supply a SSN may result in errors in processing your application.

AUTOMATIC DISQUALIFICATION FOR LICENSES AND WORK PERMITS

The Commission shall deny or revoke gaming licenses or work permits to persons or entities whose prior activities, criminal record, or records, habits and associations pose a threat to the public interest or to the effective regulation of gaming or create or enhance the dangers of unsuitable, unfair or illegal practices and activities in connection with gaming activities. All gaming licenses and work permits shall be reviewed and, if appropriate, renewed every 2 years, with prompt notification to the National Indian Gaming Commission of renewals of licenses and other notifications as may be required by an applicable tribal-state compact. Without limiting the foregoing, the Commission must automatically deny or revoke gaming licenses or permits to persons:

- a. Who have been convicted of a felony in any jurisdiction of any crime of moral turpitude;
- b. Who have been convicted of a violation or conspiracy to violate the provisions of Title XV of the Choctaw Tribal Code or the Indian Gaming Regulatory Act or other federal laws relating to involvement in gaming without required licenses or willful evasion of gaming fees or taxes;
- c. Having a notorious or unsavory reputation or association with such individuals which adversely affect public confidence and trust in gaming;
- d. Whose license or work permit would violate conflict of interest rules in Section 15-1-4 of the Choctaw Tribal Code;
- e. Who are under the age of 21 for gaming
- f. Who are under the age of 18 for non-gaming

(Authority – Section 15-1-17, Choctaw Tribal Code)

I hereby certify that I have read and understand the Privacy Act Notice and the Automatic Disqualifications for Licenses and Work Permits and that I am not automatically disqualified in accordance with those standards.

Applicant's Signature

Date

PERSONAL RECORD

1. PERSONAL INFORMATION

Last Name Middle Name First Name Suffix

Have you ever used any other names, legal or otherwise including an alias, nickname, birth name, maiden name or last name from a previous marriage? ___ No ___ Yes

If yes, please list all names: _____

Phone No. (Mobile): _____ Phone No. (Alternate): _____

SSN: _____ Gender: ___ Male ___ Female

Age: ___ Eye Color: _____ Hair Color: _____ Weight: _____ Height: _____

Scars, Tattoos, or distinguishing marks/characteristics: _____

Date of Birth: _____ Birthplace: _____
City, County, State, Country

*****Bring a copy of birth certificate with you on your scheduled gaming appointment*****

NEXT OF KIN OR PERSON TO BE NOTIFIED IN CASE OF EMERGENCY

Name Relationship Address Phone No.

CITIZENSHIP INFORMATION

Are you a citizen of the United States? ___ Yes ___ No If Alien, Registration No.: _____

If Naturalized, Certificate No.: _____ Date: _____ Place: _____

(If naturalized, documentation must be verified) Languages Spoken/Written: _____

PRESENT RESIDENTIAL ADDRESS

Street Address City State Zip Code County

PRESENT BUSINESS ADDRESS

Street Address	City	State	Zip Code	County
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DRIVERS LICENSE INFORMATION

If you have held a license in a different state during the previous 5 years, please enter details:

1. _____ (Current) License No. State	3. _____ License State
2. _____ License No. State	4. _____ License State

2. ENROLLMENT INFORMATION

Are you an enrolled member of a federally recognized Indian Tribe? Yes No

If yes, List Tribe: _____

3. EDUCATION INFORMATION

List education in order of most recently attended:

1. _____ School/College City State Degree/Diploma Date From Date To
2. _____ School/College City State Degree/Diploma Date From Date To
3. _____ School/College City State Degree/Diploma Date From Date To

4. MILITARY INFORMATION

Are you currently active Military/Reserve? No Yes

Have you ever served in the military? No Yes

If you've answered yes, complete the following: *****Bring a copy of DD214 to scheduled gaming appointment*****

Branch of Service	Entry Date	Separation Date	Rank at Separation	Type of Discharge
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During military service, were you ever arrested for an offense which resulted in summary action, a trial, or special or general court martial?

No Yes If yes, furnish details:

4. ARREST INFORMATION

Arrests, Detentions, and Litigations (Include all arrest regardless of verdict or court proceedings)

A) Have you ever been arrested, fingerprinted, detained, charged, indicted, or convicted of any crime, either felony or misdemeanor? ___ No ___ Yes If yes, please provide details below:

1.	Date	Charge	Arresting Agency	Court Name
		Court Address		Disposition
2.	Date	Charge	Arresting Agency	Court Name
		Court Address		Disposition
3.	Date	Charge	Arresting Agency	Court Name
		Court Address		Disposition
4.	Date	Charge	Arresting Agency	Court Name
		Court Address		Disposition
5.	Date	Charge	Arresting Agency	Court Name
		Court Address		Disposition

B) Has a criminal indictment, information, or complaint ever been returned against you, but for which you were not arrested or in which you were named as an unindicted co-party? ___ No ___ Yes
If yes, please provide details:

Date	Charge	Arresting Agency	Court Name
		Court Address	Disposition

C) Have you ever been subpoenaed before a federal, state, or county grand jury, board or commission? ___ No ___ Yes If yes, please provide the following details:

Date	Charge	Arresting Agency	Court Name
		Court Address	Disposition

D) Have you ever had a civil or criminal record expunged or sealed by court order? ___ No ___ Yes
If yes, please provide the following details:

Date	Charge	Arresting Agency	Court Name
		Court Address	Disposition

E) Have you received a pardon for any criminal offense? ___ No ___ Yes

If yes, please provide the following details:

Date	Charge	Arresting Agency	Court Name
Court Address		Disposition	

F) Has any member of your immediate family or household ever been convicted of a felony?

___ No ___ Yes If yes, please provide the following details:

1.

Name	Relationship	Charge	Location	Date
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2.

Name	Relationship	Charge	Location	Date
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G) 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 plaintiff or defendant (other than divorce)?

___ No ___ Yes If yes, please provide the following details:

Plaintiff/Defendant	Court Case No.	Court Name	Address	Disposition
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5. RESIDENTIAL HISTORY

List all residences for the past ten (10) years

CURRENT RESIDENCE

1. From ___/___/___ To ___/___/___
MO YR MO YR Physical Address City State Zip

PAST RESIDENCES (IN ORDER OF MOST RECENT TO LEAST)

1. From ___/___/___ To ___/___/___
MO YR MO YR Physical Address City State Zip

2. From ___/___/___ To ___/___/___
MO YR MO YR Physical Address City State Zip

3. From ___/___/___ To ___/___/___
MO YR MO YR Physical Address City State Zip

4. From ___/___/___ To ___/___/___
MO YR MO YR Physical Address City State Zip

5. From ___/___/___ To ___/___/___
MO YR MO YR Physical Address City State Zip

6. From ___/___/___ To ___/___/___
MO YR MO YR Physical Address City State Zip

7. From ___/___/___ To ___/___/___
MO YR MO YR Physical Address City State Zip

8. From ____/____/____ To ____/____/____
 MO YR MO YR Physical Address City State Zip

9. From ____/____/____ To ____/____/____
 MO YR MO YR Physical Address City State Zip

10. From ____/____/____ To ____/____/____
 MO YR MO YR Physical Address City State Zip

6. EMPLOYMENT INFORMATION

Beginning with your current employment, list your work history, all businesses which you have been involved in, the percentage of ownership interest and/or all periods of employment for the past 5 years. Also, list all corporations, partnerships, or any other business ventures with which you have been associated as an officer, director, stockholder, or related capacity.

Are you currently employed? ____ Yes ____ No
 May we contact your current supervisor? ____ Yes ____ No
 May we contact your past supervisors? ____ Yes ____ No

1. _____
 Company Name Address Title Driver's License No. Supervisor Name

 Employed From Employed To % Ownership Description of Duties Reason for Leaving

2. _____
 Company Name Address Title Driver's License No. Supervisor Name

 Employed From Employed To % Ownership Description of Duties Reason for Leaving

3. _____
 Company Name Address Title Driver's License No. Supervisor Name

 Employed From Employed To % Ownership Description of Duties Reason for Leaving

7. Have you ever had a financial interest in a gambling venture, including race track, dog track, race horse, or dog, lottery, casino, bookmarking operation, or pari-mutual? ____ No ____ Yes

If yes, please provide the following details:

 Date Address Details

8. Have you ever been refused or denied a gaming license or permit or been a participant in any group which has been refused or denied a gaming license? ____ No ____ Yes

If yes, please provide the following details:

Date	Address	Details
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9. Have you ever been refused or denied an alcoholic beverage license or permit or been a participant in any group which has been refused or denied an alcoholic beverage license or permit?

No Yes If yes, please provide the following details:

Date	Address	Details
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10. Character Reference: List three (3) character references who have known you at least five years, including one personal reference who was acquainted during each period of residence listed. Do not include Tribal Chief or Tribal Council.

If yes, please provide the following details:

1.	Name	Relationship	Address	Phone No.	Years Known
2.	Name	Relationship	Address	Phone No.	Years Known
3.	Name	Relationship	Address	Phone No.	Years Known

11. Do you have a safe deposit box or such depository, access to any depository, or do you use any other person's depository? No Yes If yes, please complete the following:

Box Number	Type	Location	City	State
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12. Have you ever filed or held a privileged or professional license in any state, included but not limited to the following: No Yes If yes, please complete the following:

Liquor Accountant Doctor Boxing Promoter Jockey Securities Dealer
 Real Estate Broker/Salesman Race Horse/Dog Race Owner Other

State of Licensure	Period Held	Nature of Disciplinary Action	Name of Regulatory Agency
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Street Address	City	State	Zip
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13. Have you ever filed or been granted a gaming license/work permit or been a participant in any group which has been issued a gaming license/work permit by any jurisdiction? No Yes
If yes, please complete the following:

Type of License	Name of Regulatory Agency	Regulatory Agency Address	Period Held
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14. Do you have relatives associated with or employed in the gaming manufacturing or liquor industry? ___ No ___ Yes If yes, please complete the following:

Name	Relationship	Association/Employment
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15. Have you had any previous relationships with Indian Tribes including ownership interest in those businesses? ___ No ___ Yes If yes, please explain:

16. Have you had any previous business relationships and/or ownership in gaming industry including percentage ownership interest in those businesses? ___ No ___ Yes If yes, please explain:

17. Do you reside in the same household as someone who works for the Choctaw Gaming Commission? (Please do not list any associates employed by the Pearl River Resort) ___ No ___ Yes If yes, please complete the following:

Name	Nature of Relationship
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RELEASE OF ALL CLAIMS

The undersigned has filed with the Choctaw Gaming Commission a gaming license application. In consideration of the assurance by the Commission that no vote on said "application" will be taken except after a deliberate, intensive, and thorough investigation of the undersigned, including but not limited to background, associates, and finances, the undersigned does for myself, my heirs, executors, administrators, successors and assigns, hereby release, remise, and forever discharge the Mississippi Band of Choctaw Indians, and the Choctaw Gaming Commission, its members, agents, and employees, from any and all manner of actions, cause of action, suits, debts, judgements, executions, claims and demands, whatsoever, known or unknown, in law or equity, which the undersigned ever had, now has, may have, or claim to have against any and all said entities or individuals arising out of or by reason of the processing or investigation of or other action relating to the undersigned's "application".

I, the undersigned, have read this release and understand all its terms. I execute it voluntarily and with full knowledge of its significance.

In witness whereof, I have executed this release at Choctaw, Mississippi on this ____ day of _____, 20____.

Applicant Signature

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

Notary Public

Notary Public in and for the County of NESHOPA,

State of MISSISSIPPI.

NOTARY

State of _____,

County of _____,

This day personally came and appeared before me, the undersigned authority in and for the jurisdiction, the within named _____ who, after being by me first duly sworn, states oath that matters and the things contained and set forth in the above and foregoing application are true and correct as therein stated.

Applicant's Signature

Sworn to and subscribed before me on this _____ day of _____, 20____.

Notary Public



Request to Release Information

To: CHOCTAW GAMING COMMISSION

From: _____

1. I hereby authorize and request all persons whom this is presented having information relating to or concerning me to furnish such information to a duly appointed agent of the Choctaw Gaming Commission whether or not such information would be otherwise protected from disclosure by any constitutional, statutory, or common law or privilege.
2. I hereby authorize and request all persons whom this is presented having documents relating to or concerning me or the company to permit a duly appointed agent of the Choctaw Gaming Commission to review and copy any such documents whether or not such documents would otherwise be protected from disclosure by any constitutional, statutory, or common law or privilege.
3. If to whom this request is presented is a brokerage firm, bank, or savings and loan permit a duly appointed agent of the Choctaw Gaming Commission to review and obtain copies of any and all documents, records, or correspondence pertaining to me or the company, including but not limited to past loan information, notes co-signed by me, checking account records, saving deposit records, safe deposit records, passbook, and general ledger folio sheets.
4. I do hereby make, constitute, and appoint any duly appointed agent of the Choctaw Gaming Commission as my true and lawful attorney in fact for me or the company in my name, place, stead, and on my behalf and for my use and benefit:
 - a. To request, review, copy, sign for, or otherwise act for investigative purposes with respect to documents and information in the possession of the person to whom this request is presented as I might;
 - b. To name the person or entity to whom this request is presented and insert that person's name in the appropriate location on this request;
 - c. To place the name of the Choctaw Gaming Commission agent presenting this request in the appropriate location of this request.
5. I grant to said attorney in fact full power and authority to do, take, and perform all and every act and thing whatsoever requisite, proper, or necessary to be done, in the exercise of any of the rights and powers herein granted, as fully to all intents and purposes as I might or could do if personally present, with full power of substitution or revocation, hereby ratifying and confirming all that said

attorney in fact, or his substitute or substitutes, shall lawfully do or cause to be done by virtue of this power of attorney and the rights and powers herein granted.

6. This power of attorney shall end eighteen (18) months from its date of execution.
7. I have filed with the Choctaw Gaming Commission a gaming license application. I understand that I am seeking the granting of a privilege and acknowledge that the burden of proving my qualifications for a favorable determination is all times on me. I accept any risk of adverse public notice, embarrassment, criticism, or other actions of financial loss which may result from action with respect to this application.
8. I do, for myself, my heirs, executors, administrators, successors and assigns, hereby release, remise, and forever discharge the person to whom this request is presented, and his agents and employees from all and all manner of actions, causes of action, suits, debts, judgements, executions, claims, and demands whatsoever known or unknown, in law or equity, which I ever had, now have, may have, or claim to have against the person to whom this request is presented or his agents or employees arising out of or by reason of complying with this request.
9. I agree to indemnify and hold harmless the person to whom this request is presented and his agents and employees from and against all claims, damages, losses, and expenses, including reasonable attorneys' fees arising out of or by reason of complying with this request.
10. A reproduction of this request by the Xerox or similar process shall be for all intents and purposes as valid as the original.

In witness whereof, I have executed this request at Choctaw, MS on this

_____ Day of _____, 20_____.

Applicant's Signature Subscribed

and sworn to before me the _____ day of _____, 20_____. Notary

Public in and for the County of _____, State of _____

Notary

PHOTOGRAPHS

Attach Two (2) copies of 3 X 5 Photograph

Taken Within the Last 30 Days

Date of Photograph: _____

Applicant's Signature

By: _____
(If corporation/partnership, Title)

Date

NOTARY

STATE OF _____

COUNTY OF _____

This day personally came and appeared before me, the undersigned authority in and for the jurisdiction, the within named _____ who, after being by me first duly sworn, states oath that matters and the things contained and set forth in the above and foregoing application are true and correct as therein stated.

Applicant's Signature

Sworn to and subscribed before me on this _____ day of _____, 20____.

Notary Public

My Commission Expires: _____

CHOCTAW GAMING COMMISSION
SUMMARY FINANCIAL QUESTIONNAIRE

Check One: Personal ___ Corporation ___ Partnership ___

Name Address

Submitted in connection with application for: _____

Items one (1) and two (2) below are to be filled out by individuals only. Not for corporation or partnership.

1. Do you anticipate active participation in the management and operation of gaming venture?

___ Yes ___ No

2. Amount to be invested in the business? \$ _____

3. Percentage of ownership this will represent. \$ _____

4. Investment will be derived from the following sources:

5. Has your interest in this business or the applicant's business assets been assigned, pledged, or hypothecated to any person, firm, or corporation, or has any agreement been entered into whereby the interest or assets are to be assigned, pledged or sold either in part or in whole? ___ Yes ___ No

If yes, please furnish details on a separate sheet.

6. Has applicant ever filed for bankruptcy? ___ Yes ___ No If yes, furnish details on a separate sheet.

7. Has applicant's Federal Income Tax Return ever been audited or adjusted? ___ Yes ___ No

8. Last Federal Income Tax return was filed _____, 20___ for year _____

Address: _____

9. Does the applicant own or control any assets or liabilities outside of the United States? ___ Yes ___ No

10. Salary _____; Net Worth _____; as of date of this application.

11. If the applicant is a corporation, include balance sheets and profit and loss statements for at least the three (3) preceding fiscal years, or from the time of incorporation if the corporation has existed for less than three (3) years. Balance sheets and profits and loss statements must be certified by independent public accountants.

*Fill out Schedules A-J before completing Statement of Assets and Statement of Liabilities. You must also include any assets/liabilities/accounts held in trust, by or for the benefit of you, your spouse, and your dependents. *

STATEMENT OF ASSETS

AS OF _____, 20____

List all assets, both tangible and intangible on the appropriate line below. Enter the amount of the date of this statement. Each listed asset must be described fully and all supporting documentation, along with a copy be provided to the investigator assigned to your investigation at the time of your interview.

	Original Cost/Investment	Market Value
Current Assets:		
Cash on Hand	\$ _____	\$ _____
Cash in Banks (Schedule A)	\$ _____	\$ _____
Accounts & Notes Receivable (Schedule B)	\$ _____	\$ _____
 Investments:		
Stocks & Bonds (Schedule C)	\$ _____	\$ _____
Business Investments (Schedule D)	\$ _____	\$ _____
 Fixed Assets:		
Real Estate (Schedule E)	\$ _____	\$ _____
Other Assets (Schedule F)	\$ _____	\$ _____
 TOTAL ASSETS:	 \$ _____	 \$ _____

List all liabilities on the appropriate line below. Enter the amount as of the date of this statement. Each liability must be described fully and all supporting documentation, along with a copy, be provided to the investigator assigned to your investigation at the time of your interview.

STATEMENT OF LIABILITIES

AS OF _____, 20_____

	Original Cost/Investment	Market Value
Current Liabilities:		
Debts Due Within One Year	\$ _____	\$ _____
Accounts Payable (Credit Cards, etc.)	\$ _____	\$ _____
Taxes Payable	\$ _____	\$ _____
Long Term Liabilities:		
Debts Due in Over One Year	\$ _____	\$ _____
Notes Payable (Schedule G)	\$ _____	\$ _____
Mortgage Payable (Schedule H)	\$ _____	\$ _____
Contingent Liabilities (Schedule I)	\$ _____	\$ _____
Other Liabilities (Schedule J)	\$ _____	\$ _____
TOTAL LIABILITIES:	\$ _____	\$ _____
NET WORTH:	\$ _____	\$ _____
CONTINGENT LIABILITIES (Schedule J)	\$ _____	\$ _____

SCHEDULE A – CASH IN BANKS

Using the following table, list all accounts maintained by you, your spouse, and your dependents with any financial institutions, foreign and domestic. This includes, but is not limited to checking, savings, time deposits, money market, certificates of deposit, etc.

1. _____
Name Address Name of Account Holder Account Type/Number Date Opened

Balance as of _____

2. _____
Name Address Name of Account Holder Account Type/Number Date Opened

Balance as of _____

3. _____
Name Address Name of Account Holder Account Type/Number Date Opened

Balance as of _____

4. _____
Name Address Name of Account Holder Account Type/Number Date Opened

Balance as of _____

5. _____
Name Address Name of Account Holder Account Type/Number Date Opened

Balance as of _____

6. _____
Name Address Name of Account Holder Account Type/Number Date Opened

Balance as of _____

7. _____
Name Address Name of Account Holder Account Type/Number Date Opened

Balance as of _____

8. _____
Name Address Name of Account Holder Account Type/Number Date Opened

Balance as of

SCHEDULE B – ACCOUNTS / NOTES RECEIVABLE

List all debts, loans, notes or other receivables owed to you, your spouse, and your dependents.

1.				
	Name	Address of Debtor Collateral	Date Incurred	Current Amount
	Original Amount	Payment Period	Interest Rate	Maturity Date
				Purpose & Collateral
2.				
	Name	Address of Debtor Collateral	Date Incurred	Current Amount
	Original Amount	Payment Period	Interest Rate	Maturity Date
				Purpose & Collateral
3.				
	Name	Address of Debtor Collateral	Date Incurred	Current Amount
	Original Amount	Payment Period	Interest Rate	Maturity Date
				Purpose & Collateral
4.				
	Name	Address of Debtor Collateral	Date Incurred	Current Amount
	Original Amount	Payment Period	Interest Rate	Maturity Date
				Purpose & Collateral
5.				
	Name	Address of Debtor Collateral	Date Incurred	Current Amount
	Original Amount	Payment Period	Interest Rate	Maturity Date
				Purpose & Collateral
6.				
	Name	Address of Debtor Collateral	Date Incurred	Current Amount
	Original Amount	Payment Period	Interest Rate	Maturity Date
				Purpose & Collateral

SCHEDULE C – STOCKS AND BONDS

List all stocks, bonds, mutual funds, commodity accounts, options, warrants, securities, etc., held or controlled by you, your spouse, and your dependents in any jurisdiction. Individual holdings of mutual funds need not be listed, as long as, the mutual fund is listed. Indicate publicly traded securities with an asterisk (*).

1.				
	Issuer	Type of Security	No. of Shares	Name of Owner
				Date of Purchase
				/ /
	Purchase Price	Current Market Value		As of (MM/DD/YY)
2.				
	Issuer	Type of Security	No. of Shares	Name of Owner
				Date of Purchase
				/ /
	Purchase Price	Current Market Value		As of (MM/DD/YY)
3.				
	Issuer	Type of Security	No. of Shares	Name of Owner
				Date of Purchase
				/ /
	Purchase Price	Current Market Value		As of (MM/DD/YY)
4.				
	Issuer	Type of Security	No. of Shares	Name of Owner
				Date of Purchase
				/ /
	Purchase Price	Current Market Value		As of (MM/DD/YY)
5.				
	Issuer	Type of Security	No. of Shares	Name of Owner
				Date of Purchase
				/ /
	Purchase Price	Current Market Value		As of (MM/DD/YY)
6.				
	Issuer	Type of Security	No. of Shares	Name of Owner
				Date of Purchase
				/ /
	Purchase Price	Current Market Value		As of (MM/DD/YY)
7.				
	Issuer	Type of Security	No. of Shares	Name of Owner
				Date of Purchase
				/ /
	Purchase Price	Current Market Value		As of (MM/DD/YY)

SCHEDULE D – BUSINESS INVESTMENTS

List below any business investments in which any direct, indirect, vested, or contingent interest is held by you, your spouse, and dependents, along with the names of all individuals or entities who share a direct, indirect, vested or contingent interest therein. This includes, but is not limited to joint ventures, partnerships, sole proprietorships, and corporations.

1. _____

Name of Entity	Type of Entity	# of Shares/Units	%	Name of Owner
Purchase Price	Date of Purchase	Current Market Name of Individuals/Entities		As of MM/DD/YY

2. _____

Name of Entity	Type of Entity	# of Shares/Units	%	Name of Owner
Purchase Price	Date of Purchase	Current Market Name of Individuals/Entities		As of MM/DD/YY

3. _____

Name of Entity	Type of Entity	# of Shares/Units	%	Name of Owner
Purchase Price	Date of Purchase	Current Market Name of Individuals/Entities		As of MM/DD/YY

4. _____

Name of Entity	Type of Entity	# of Shares/Units	%	Name of Owner
Purchase Price	Date of Purchase	Current Market Name of Individuals/Entities		As of MM/DD/YY

5. _____

Name of Entity	Type of Entity	# of Shares/Units	%	Name of Owner
Purchase Price	Date of Purchase	Current Market Name of Individuals/Entities		As of MM/DD/YY

6. _____

Name of Entity	Type of Entity	# of Shares/Units	%	Name of Owner
Purchase Price	Date of Purchase	Current Market Name of Individuals/Entities		As of MM/DD/YY

7. _____

Name of Entity	Type of Entity	# of Shares/Units	%	Name of Owner
Purchase Price	Date of Purchase	Current Market Name of Individuals/Entities		As of MM/DD/YY

SCHEDULE E – REAL ESTATE

List below any real property in which any direct, indirect, vested, or contingent interest is held by you, your spouse, and dependent, along with the names of all individuals or entities who share a direct, vested, or contingent interest therein.

1.	Address/Location	Description	%	Other Owners
	Purchase Price/Improvements at Cost	Date of Purchase	Market Income	Current Market Value
				As of: ____/____/____ MM DD YY
2.	Address/Location	Description	%	Other Owners
	Purchase Price/Improvements at Cost	Date of Purchase	Market Income	Current Market Value
				As of: ____/____/____ MM DD YY
3.	Address/Location	Description	%	Other Owners
	Purchase Price/Improvements at Cost	Date of Purchase	Market Income	Current Market Value
				As of: ____/____/____ MM DD YY
4.	Address/Location	Description	%	Other Owners
	Purchase Price/Improvements at Cost	Date of Purchase	Market Income	Current Market Value
				As of: ____/____/____ MM DD YY
5.	Address/Location	Description	%	Other Owners
	Purchase Price/Improvements at Cost	Date of Purchase	Market Income	Current Market Value
				As of: ____/____/____ MM DD YY
6.	Address/Location	Description	%	Other Owners
	Purchase Price/Improvements at Cost	Date of Purchase	Market Income	Current Market Value
				As of: ____/____/____ MM DD YY
7.	Address/Location	Description	%	Other Owners
	Purchase Price/Improvements at Cost	Date of Purchase	Market Income	Current Market Value
				As of: ____/____/____ MM DD YY
8.	Address/Location	Description	%	Other Owners
	Purchase Price/Improvements at Cost	Date of Purchase	Market Income	Current Market Value
				As of: ____/____/____ MM DD YY

SCHEDULE F – OTHER ASSETS

List all other assets held by you, your spouse, and dependents. Use an asterisk (*) in the first column to indicate those held by your spouse or dependents. Other assets includes, but is not limited to automobiles, personal property, cash value life insurance policies, pension plans, IRA, 401(k), etc.

1.	Type of Asset	Date of Purchase	Purchase Price	As of	MM	DD	YY	Description
				____/____/____				
2.	Type of Asset	Date of Purchase	Purchase Price	As of	MM	DD	YY	Description
				____/____/____				
3.	Type of Asset	Date of Purchase	Purchase Price	As of	MM	DD	YY	Description
				____/____/____				
4.	Type of Asset	Date of Purchase	Purchase Price	As of	MM	DD	YY	Description
				____/____/____				
5.	Type of Asset	Date of Purchase	Purchase Price	As of	MM	DD	YY	Description
				____/____/____				
6.	Type of Asset	Date of Purchase	Purchase Price	As of	MM	DD	YY	Description
				____/____/____				
7.	Type of Asset	Date of Purchase	Purchase Price	As of	MM	DD	YY	Description
				____/____/____				
8.	Type of Asset	Date of Purchase	Purchase Price	As of	MM	DD	YY	Description
				____/____/____				
9.	Type of Asset	Date of Purchase	Purchase Price	As of	MM	DD	YY	Description
				____/____/____				
10.	Type of Asset	Date of Purchase	Purchase Price	As of	MM	DD	YY	Description
				____/____/____				

SCHEDULE G – NOTES / ACCOUNTS PAYABLE

List all notes or accounts payable for which you, your spouse, and dependents are obliged. Use an asterisk (*) in the first column to indicate those held by your spouse or dependents.

1.				
	Name	Address	Date Incurred	Current Amount
	Original Amount	Payment/Period	Int. Rate	Maturity Date
				Purpose & Collateral
2.				
	Name	Address	Date Incurred	Current Amount
	Original Amount	Payment/Period	Int. Rate	Maturity Date
				Purpose & Collateral
3.				
	Name	Address	Date Incurred	Current Amount
	Original Amount	Payment/Period	Int. Rate	Maturity Date
				Purpose & Collateral
4.				
	Name	Address	Date Incurred	Current Amount
	Original Amount	Payment/Period	Int. Rate	Maturity Date
				Purpose & Collateral
5.				
	Name	Address	Date Incurred	Current Amount
	Original Amount	Payment/Period	Int. Rate	Maturity Date
				Purpose & Collateral
6.				
	Name	Address	Date Incurred	Current Amount
	Original Amount	Payment/Period	Int. Rate	Maturity Date
				Purpose & Collateral
7.				
	Name	Address	Date Incurred	Current Amount
	Original Amount	Payment/Period	Int. Rate	Maturity Date
				Purpose & Collateral

SCHEDULE H – MORTGAGES PAYABLE

List all mortgages or liens payable on real estate for which you, your spouse, and dependents are obligated. Use an asterisk (*) in the first column to indicate those held by your spouse or dependents.

1.				
	Name	Address	Date Incurred	Current Balance
	Original Amount	Payment/Period	Int. Rate	Maturity Date
	Description of Collateral			
2.	Name	Address	Date Incurred	Current Balance
	Original Amount	Payment/Period	Int. Rate	Maturity Date
	Description of Collateral			
3.	Name	Address	Date Incurred	Current Balance
	Original Amount	Payment/Period	Int. Rate	Maturity Date
	Description of Collateral			
4.	Name	Address	Date Incurred	Current Balance
	Original Amount	Payment/Period	Int. Rate	Maturity Date
	Description of Collateral			
5.	Name	Address	Date Incurred	Current Balance
	Original Amount	Payment/Period	Int. Rate	Maturity Date
	Description of Collateral			
6.	Name	Address	Date Incurred	Current Balance
	Original Amount	Payment/Period	Int. Rate	Maturity Date
	Description of Collateral			
7.	Name	Address	Date Incurred	Current Balance
	Original Amount	Payment/Period	Int. Rate	Maturity Date
	Description of Collateral			
8.	Name	Address	Date Incurred	Current Balance
	Original Amount	Payment/Period	Int. Rate	Maturity Date
	Description of Collateral			

SCHEDULE I – CONTINGENT LIABILITIES

List all contingent liabilities for which you, your spouse, and dependents are obliged. Use an asterisk (*) in the first column to indicate those held by your spouse or dependents. Include any other person liable for each debt, besides you, and your spouse, in the description section.

1.				
	Name	Address	Date Incurred	Current Balance
	Original Amount	Payment/Period	Int. Rate	Maturity Date
				Description
2.				
	Name	Address	Date Incurred	Current Balance
	Original Amount	Payment/Period	Int. Rate	Maturity Date
				Description
3.				
	Name	Address	Date Incurred	Current Balance
	Original Amount	Payment/Period	Int. Rate	Maturity Date
				Description
4.				
	Name	Address	Date Incurred	Current Balance
	Original Amount	Payment/Period	Int. Rate	Maturity Date
				Description
5.				
	Name	Address	Date Incurred	Current Balance
	Original Amount	Payment/Period	Int. Rate	Maturity Date
				Description
6.				
	Name	Address	Date Incurred	Current Balance
	Original Amount	Payment/Period	Int. Rate	Maturity Date
				Description
7.				
	Name	Address	Date Incurred	Current Balance
	Original Amount	Payment/Period	Int. Rate	Maturity Date
				Description

SCHEDULE J – OTHER LIABILITIES

List all other indebtedness for which you, your spouse, and dependents are obligated. Use an asterisk (*) in the first column to indicate those held by your spouse or dependents.

1.				
	Name	Address	Date Incurred	Current Balance
	Original Amount	Payment/Period	Int. Rate	Maturity Date
				Description of Collateral
2.				
	Name	Address	Date Incurred	Current Balance
	Original Amount	Payment/Period	Int. Rate	Maturity Date
				Description of Collateral
3.				
	Name	Address	Date Incurred	Current Balance
	Original Amount	Payment/Period	Int. Rate	Maturity Date
				Description of Collateral
4.				
	Name	Address	Date Incurred	Current Balance
	Original Amount	Payment/Period	Int. Rate	Maturity Date
				Description of Collateral
5.				
	Name	Address	Date Incurred	Current Balance
	Original Amount	Payment/Period	Int. Rate	Maturity Date
				Description of Collateral
6.				
	Name	Address	Date Incurred	Current Balance
	Original Amount	Payment/Period	Int. Rate	Maturity Date
				Description of Collateral
7.				
	Name	Address	Date Incurred	Current Balance
	Original Amount	Payment/Period	Int. Rate	Maturity Date
				Description of Collateral

CHOCTAW GAMING COMMISSION
STANDARD BANK CONFIRMATION FORM

Dear Sir:

Your completion of the following report will be sincerely appreciated. If the answer to any item is "none" please so state. Mail it in the enclosed stamped, self-addressed envelope direct to the accountant named below.

Report From
(Bank) _____

Yours Truly,
Choctaw Gaming

Commission

By:
Bea Carson, Chairperson

Return Address:
Choctaw Gaming Commission
confirmation of bank
P. O. Box 6045
Choctaw, MS 39350

Bank should check here if
balance only (item 1) is desired. _____

Bank should check whichever is applicable. This report covers all accounts

- 1. With this office _____ or
2. With this office and all other domestic offices _____

Dear Sir:

1. We hereby report that at the close of business on _____, 20_____, our records showed the following balance to the credit of _____.

Table with 4 columns: Amount, Designation of Account, Is Balance Subject to Withdrawal by Check, Interest Rate. Includes rows 1 and 2 for reporting.

2. We further report that the above mentioned depositor was directly liable to us in report of loans, acceptance, etc., at the close of business on that date in the total amount of \$_____.

Table with 7 columns: Amount, Date of Loan/Discount, Due Date, Interest Rate, Paid To, Description of Liability, Collateral, Liens, etc. Includes row 1 for reporting.

2.	Amount	Date of Loan/ Discount	Due Date	Interest Rate	Paid To	Description of Liability, Collateral, Liens, etc.
3.	Amount	Date of Loan/ Discount	Due Date	Interest Rate	Paid To	Description of Liability, Collateral, Liens, etc.

3. Said Depositor was contingently liable as endorser of notes discounted and/or guarantor at the close of business on that date in the amount of \$ _____, as below:

1.	Amount	Name of Maker	Date of Note	Due Date	Remarks
2.	Amount	Name of Maker	Date of Note	Due Date	Remarks
3.	Amount	Name of Maker	Date of Note	Due Date	Remarks
4.	Amount	Name of Maker	Date of Note	Due Date	Remarks
5.	Amount	Name of Maker	Date of Note	Due Date	Remarks

Other direct or contingent liabilities, open letters or credit, and relative collateral, wherein you are liable

Date: _____

Yours Truly,
(Bank) _____

By: _____
Authorized Signature