



**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
----------------	------	-------	----------	--------

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

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
2.	_____	_____	_____	_____	_____
	Name	Relationship	Charge	Location	Date

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

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

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
------	---------	---------

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 Know
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
------------	------	----------	------	-------

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 Securites Dealer
 Real Estate Broker/Salesman Race Horse/Dog Race Owner Other

State of Licensure	Period Held	Nature of Disciplinary Action	Name of Regulatory Agency

Street Address	City	State	Zip

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
-----------------	---------------------------	---------------------------	-------------

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
------	--------------	------------------------

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
------	------------------------



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 NESHOBA ,

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