



**WORK PERMIT / KEY EMPLOYEE / PRIMARY MANAGEMENT
RENEWAL 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

Renewal:	Worksite:
Reviewed By:	Date:
Approved / Denied:	Badge Created: ____ Verified: ____
Work Permit: ____ Gaming ____ Non-Gaming	Type: ____ 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 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
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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

PRESENT RESIDENTIAL ADDRESS

Street Address	City	State	Zip Code	County
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NEXT OF KIN OR PERSON TO BE NOTIFIED IN CASE OF EMERGENCY

Name	Relationship	Mailing Address	Phone No.
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CITIZENSHIP INFORMATION

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

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

(If naturalized, document must be verified)

List all languages written or spoken: _____

CURRENT DRIVER'S LICENSE

Driver's License Number: _____ State: _____

2. ARREST INFORMATION

*****FOR THE PAST TWO YEARS ONLY*****

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? ____ Yes ____ No If yes, provide details below:

1. _____

2. _____

3. _____

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? ____ Yes ____ No If yes, please provide details:

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

D. Have you ever had a civil or criminal record expunged or sealed by court order?

____ Yes ____ No If yes, please provide details below:

E. Have you ever received a pardon for any criminal offense? ___Yes ___No

If yes, please provide details below:

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?

___Yes ___No If yes, please complete the following section:

- | | | | | |
|------|--------------|--------|----------|------|
| Name | Relationship | Charge | Location | Date |
|------|--------------|--------|----------|------|
- | | | | | |
|------|--------------|--------|----------|------|
| 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)? ___Yes ___No If yes, please complete the following section:

Plaintiff/Defendant	Court Case Number	Court Name
Address		Disposition

3. 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?

___Yes ___No If yes, please provide details including date and address:

4. A) Have you ever been refused or denied a gaming license or related finding of suitability or been a participant in any group which has been denied a gaming license or related finding of suitability? ___Yes ___No If yes, please provide details including date, address:

B) Or for selling alcohol beverages? ___Yes ___No

If yes, please provide details including date, address:

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

Box Number	Type of Depository	Location	City	State
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6. **Have you ever been granted a gaming license or been a participant in any group which has been issued a gaming license by any jurisdiction?** Yes No If yes, state the following:

Type of License	Name of Establishment	Location	Period Held
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7. **Do you have relatives associated with or employed in the gaming or liquor industry?**

Yes No If yes, please state the following:

Name	Relationship	Association/Employment
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8. **Have you had any previous relationships with Indian Tribes including ownership interest in those businesses?** Yes No

If yes, please explain:



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