



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

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? (Oral / Written) ____ 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
----------------	------	-------	----------	--------

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

Name	Relationship	Mailing 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, 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.	_____	_____	_____	_____
	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

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:

_____	_____	_____	_____
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? ____ Yes ____ No If yes, 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?

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

_____	_____	_____	_____
Date	Charge	Arresting Agency	Court Name
_____			_____
Court Address			Disposition

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:

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)? ____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
------------	--------------------	----------	------	-------

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

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

8. **Have you had any previous relationships with Indian Tribes including ownership interest in those businesses?** ____ Yes ____ No

If yes, please explain:
