

# **Vendor Company Initial/Renewal Application**



**Delaware Nation Gaming Commission  
31064 S Hwy 281, Bldg. 100 \* Anadarko, OK 73005  
Phone (405) 247-2292 \* Fax (405) 247-4810**

## APPLICATION PACKAGE CHECKLIST

Company Name: \_\_\_\_\_

Federal Tax ID #: \_\_\_\_\_ Date of Establishment: \_\_\_\_\_

**Please include all of the following with the completed application**

- Application Instruction Sheet**
- Privacy Act / False Statement Sheet**
- Release of Information Sheet**
- Application**
- Gaming License Listing**
- Organizational Chart of Owners/Directors/Partners**
- Articles of Incorporation, including Amendments**
- Articles of Organization, including Amendments**
- List of Business References**
- Regulatory Infractions**

\_\_\_\_\_  
DNGC Vendor Licensing Agent

\_\_\_\_\_  
DATE

**Commission Use Only**

# Notice to Applicants

1. An applicant may be subject to denial, late fees, and/or revocation for failing to provide all information, documentation and assurances as required or requested, for failing to reveal any material facts, and/or for providing misleading or false information. The Office of the Delaware Nation Gaming Commission (DNGC) reserves the right to request additional information at any time.
  - a. The disclosure of Social Security Numbers (SSN) is voluntary. However, failure to supply the SSN may result in errors in processing applications which may lead to denial or revocation of the gaming license.
2. The Burden of Proof resides solely on the applicant.
3. An application may not be withdrawn without the express written consent of the DNGC.
4. All licensing fees and required information shall be required to be paid for an application to be considered "received".
  - a. Any additional information requested shall be required to be submitted to the DNGC within ten (10) business days.
5. A fee schedule is available with the DNGC.
  - a. All fees shall be non-refundable.
  - b. Any changes to the fee schedule shall be made available to all applicable vendors a minimum of forty-five (45) days prior to implementation.
6. By signing this application the applicant expressly consents to the jurisdiction of the Delaware Nation, affirms the understanding that false or misleading statements on any part of the application may be grounds for denial, revocation, or late fees, and accepts any risk of adverse reaction, financial loss, or public notice that may result from any action taken with respect to an application with the DNGC thereby waiving any claim for damages as a result of any action taken with respect to the applicant.

## Instructions

1. Print clearly or type in only blue or black ink.
2. Answer every question, leave no answer blank. If a question does not apply mark "N/A" in the answer field.
3. Use additional sheets as necessary.
4. The application may be returned to the following:

Delaware Nation Gaming Commission  
Attn: Vendor Licensing  
P.O. Box 825  
Anadarko, OK 73005

OR

Delaware Nation Gaming Commission  
Attn: Vendor Licensing  
31064 S Hwy 281, Bldg. 100  
Anadarko, OK 73005



Will the business be investing in or loaning money to the gaming operation?  YES  NO

If Yes, amount of cash or other investment \$ \_\_\_\_\_

Please describe the source of funds for this investment: \_\_\_\_\_

Describe below any current or previous business relationship(s) with the gaming industry, including ownership interest in those businesses. For each, list name of business, address, nature of business relationship, and dates or relationship. (PLEASE USE A SEPARATE SHEET IF NEEDED.)

Name of Business	Address	Nature of Relationship	Dates of Relationship

Does this business have any current or previous investment, business relationship, or agreement with any Indian tribe, or an ownership, financial, or management interest, either gaming or non-gaming related, in any tribal business?  YES  NO.

If Yes, list Tribe, location, nature of relationship, and dates.

Tribe	Location	Nature of Relationship	Dates

Does the business have or anticipate an investment, a business relationship, or any other role in this or any other gaming operation?  YES  NO.

If Yes, provide details and describe role.

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Provide names, addresses, and telephone numbers of five (5) Business References with whom you have regularly done business within the last five (5) years, plus.

1. Name: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone Number: (\_\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_

2. Name: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone Number: (\_\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_

3. Name: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone Number: (\_\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_

4. Name: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone Number: (\_\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_

5. Name: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone Number: (\_\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_

**Remote Access (attach another sheet if necessary):**

Does the applicant request remote access privileges?     YES             NO

Name of Person Responsible for Remote Access/Server Upgrade: \_\_\_\_\_

Address: \_\_\_\_\_                      Phone #: \_\_\_\_\_

Duties Allowed to be Performed: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List any changes that may have occurred since the original application was file: (Address Change, New Officers, etc.).

\_\_\_\_\_

\_\_\_\_\_

**PRIOR LICENSING**

Has the Company ever applied for a license, permit or other authorization to participate in any gaming operation? Attach as an exhibit a list which includes Licensing Tribe/State or Regulatory Authority name, address, phone number AND FAX NUMBER; type of license, license number and date of issuance.

YES

NO

If yes, please provide details:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**GAMING LICENSE DENIED, SUSPENDED, REVOKED**

Has a gaming license for the Company ever been denied, suspended, or revoked?

YES

NO

If yes, please provide details:

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**TOTAL FUNDS RECEIVED FROM DELAWARE NATION CASINO'S DURING THE FISCAL YEAR ENDING SEPTEMBER 30, 20\_\_.**

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**DEBT, INSOLVENCY OR BANKRUPTCY PLAN**

Has the Company ever filed, or had filed against it, a proceeding for bankruptcy?

YES

NO

If yes, please provide details:

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**FINANCIAL RECORDS**

Who prepares the tax returns, government forms and reports for the business?

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Title: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Where are the financial records/books for this business kept?

Physical address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

**PRIOR NAMES AND ADDRESSES OF THE COMPANY**

List all OTHER names the company has done business under for the last five (5) years:

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

**Complete the following if the applicant business is a Sole proprietorship, partnership, or any other form of business organization.**

1. State where registered or qualified to do business: \_\_\_\_\_

2. Date of qualification to do business in Oklahoma: \_\_\_\_\_

3. Provide Oklahoma business registration or license number: \_\_\_\_\_

4. Attach a true and correct copy of the partnership agreement, if applicable: \_\_\_\_\_

5. Attach a true and correct copy of any other agreement to do business, if applicable. \_\_\_\_\_

**Provide the following information for each owner, partner, officer, director, or stockholder (with 10 percent or more of the shares), the ten largest stockholders, and any person(s) that will be responsible for on-site supervision or management.**

(1) Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone Number: (\_\_\_\_) \_\_\_\_\_

Social Security Number: \_\_\_\_\_ **Percentage of Ownership in Company:** \_\_\_\_\_

(2) Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone Number: (\_\_\_\_) \_\_\_\_\_

Social Security Number: \_\_\_\_\_ **Percentage of Ownership in Company:** \_\_\_\_\_

(3) Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone Number: (\_\_\_\_) \_\_\_\_\_

Social Security Number: \_\_\_\_\_ **Percentage of Ownership in Company:** \_\_\_\_\_

(4) Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone Number: (\_\_\_\_) \_\_\_\_\_

Social Security Number: \_\_\_\_\_ **Percentage of Ownership in Company:** \_\_\_\_\_

**List your company's major funding and financial sources, and major financial liabilities, including those of \$50,000 or more.**

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**Has this business, or any of its officers, directors, partners, investors, managers, or principals, been a defendant in a civil action since the last application was filed with our tribal gaming agency?**

YES       NO

If yes, complete the following for each:

Dates	Court Name & Address	Name of Action	Disposition

**On behalf of the applicant, I agree to the following:**

1. To provide any further financial data or other information which may be deemed necessary or appropriate.
2. Upon request to submit balance sheets and profit and loss statements, audited by independent certified public accountants for the three (3) preceding fiscal years.
3. Upon request to provide to the DNGC an annual profit and loss statement and balance sheet and a copy of applicant's annual Federal Tax Return within 30 days after such return is filed.
4. To provide to the DNGC, at least annually, a complete list of all stockholders of the corporation showing the number of shares held by each.
5. To report to the DNGC any change in applicant's officers, directors, partners, investors, principals, or others who would be required to provide information.
6. To provide an organizational chart of the business down to department head level.
7. To require all those persons required to provide information of this application, when requested, to execute and file an application with the DNGC.
8. To pay the fees or costs of the investigation of the applicant, including those persons required to provide information as required by the DNGC.

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

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

**UPON REQUEST ONLY**  
**CONSENT TO DISCLOSE TAX INFORMATION (CORPORATION)**

As a Principal of the corporation listed below, I authorize the Internal Revenue Service to disclose any of the returns and return information, as those terms are defined in Section 6103(b) of the Internal Revenue Code, for the tax year(s) listed below, which represent the last three years, to the Delaware Nation and their Tribal Gaming Regulatory Authority for their use as a regulatory agency of gaming activities. This information may be used in administrative or judicial proceedings connected with the issuance of vendor licenses

As an officer of the corporation listed below, I also authorize the Internal Revenue Service to disclose this information to any person to the extent Revenue Service deems necessary to clarify any matter pertaining to this that is published, discussed, or otherwise disseminated in the public record.

I am aware that without this authorization, the returns and return information are confidential and are protected by law under the Internal Revenue Code.

Corporation's Name: \_\_\_\_\_

Corporation Officer Name (Please Print): \_\_\_\_\_

Corporate Officer Signature: \_\_\_\_\_

Corporate Officer's Title: \_\_\_\_\_

Federal Employer Identification Number: \_\_\_\_\_

State Employer Identification Number: \_\_\_\_\_

Current Address: \_\_\_\_\_

Previous Address: (If at current address less than 2 years)

Tax Years: \_\_\_\_\_ through

Current Telephone Number: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTE: Treasury Regulations require that the Internal Revenue Service must receive your request within 60 days following the date on which you sign and date the consent. Failure to complete all lines will result in the delay of processing your application.**

**Delaware Nation Gaming Commission  
Release of Information Authorization**

I, \_\_\_\_\_, as the duly authorized representative acting on behalf of the business entity listed below, authorize an investigator, agent or other representative of the federal government, Delaware Nation Gaming Commission, or any other tribal, state or local law enforcement or investigative agency, in order to determine suitability of this business for involvement in Indian gaming activities, to obtain any information related to the business and its activities including any personal, business, criminal, or financial information, credit history, court records, tax records, and the like. Sources of such records and information may include, but are not limited to financial or lending institutions, businesses, regulatory agencies, credit bureaus, and other sources, whether or not such information would otherwise be pro-tested from disclosure by law or privilege.

I authorize custodians of such records and sources of information to release such information, permit the review and copying of any and all documents, records, or correspondence pertaining to this business, upon request of the representative of Delaware Nation Gaming Commission representatives, regardless of any previous agreement to the contrary.

I hereby agree to release, remise, indemnify and hold harmless any person or entity to whom this request is presented and their agents and employees from and against all manner of actions, claims, damages, losses, and expenses, including reasonable attorneys, fees, arising out of or by reason of complying with this request.

I understand and agree to accept any risk of adverse public notice, embarrassment, criticism, or financial loss that may result from use of information that is obtained in connection with a background investigation for any purpose listed in this document. I understand that the information and records sought is for a background investigation required to process the initial/renewal license application of this business for the purpose of providing goods or services or financing in conjunction with gaming activities, operation, or regulation.

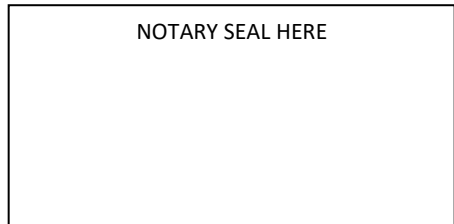
I, \_\_\_\_\_. HEREBY DEPOSE, SWEAR, AND DECLARE, UNDER PENALTY OF PERJURY, THAT I AM THE APPLICANT AND THAT THE CONTENTS AND ALL STATEMENTS CONTAINED IN THE FOREGOING APPLICATION ARE TRUE, CORRECT, AND COMPLETE.

Signature \_\_\_\_\_

Notary State of (\_\_\_\_\_) County of (\_\_\_\_\_)

Before me the undersigned, a Notary Public in and for said County and State on this \_\_\_\_ day of \_\_\_\_\_, 20\_\_ personally appeared \_\_\_\_\_ personally known to me to be the same person who executed the above instrument.

My Commission Expires: \_\_\_\_\_  
Date



\_\_\_\_\_  
Notary Public Signature

**PRIVACY NOTICE  
AND  
NOTICE REGARDING FALSE STATEMENTS**

In compliance with the Privacy Act of 1974, the following information is provided: Solicitation of the information on the following application forms is authorized by 25 U.S.C. 2701 et seq. The purpose of the request information is to determine the eligibility of individuals to be granted a gaming license. The information will be used by National Indian Gaming Commission members and staff who have need for information in the performance of their official duties. The information may be disclosed to appropriate Federal, Tribal, State, local or foreign law enforcement and regulatory agencies, when relevant to civil, criminal, regulatory investigations or prosecutions, or when pursuant to a requirement by a tribe or the National Indian Gaming Commission in connection with the licensing of an individual, the issuance or revocation of an individual applicant, or investigations of activities while associated with a tribe or a gaming operation.

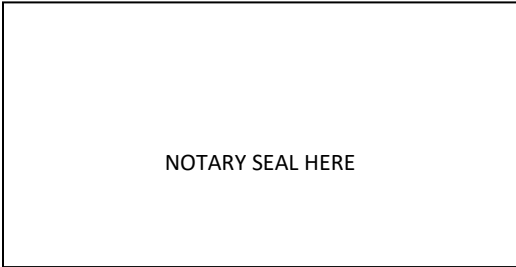
Failure to consent of the disclosures indicated in this notice will result in the Delaware Nation Gaming Commission's inability to issue you a gaming license.

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

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

I, \_\_\_\_\_ . HEREBY DEPOSE, SWEAR, AND DECLARE, UNDER PENALTY OF PERJURY, THAT I AM THE APPLICANT AND THAT THE CONTENTS AND ALL STATEMENTS CONTAINED IN THE FOREGOING APPLICATION ARE TRUE, CORRECT, AND COMPLETE.

Signature \_\_\_\_\_



Notary State of (\_\_\_\_\_)

County of (\_\_\_\_\_)

Before me the undersigned, a Notary Public in and for said County and State on this \_\_\_\_ day of \_\_\_\_\_, 20\_\_ personally appeared \_\_\_\_\_ personally known to me to be the same person who executed the above instrument.

My Commission Expires: \_\_\_\_\_

\_\_\_\_\_  
Notary Public

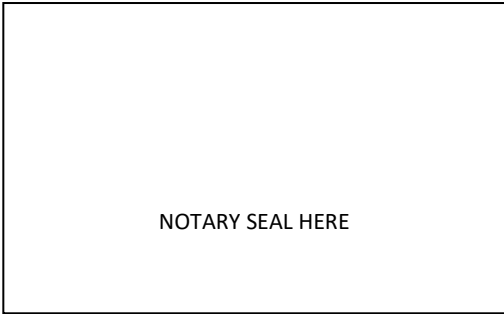
**CORPORATION RELEASE OF ALL CLAIMS**

THE CORPORATION AS LIST ON THE FILED "APPLICATION" WITH THE DELAWARE NATION GAMING COMMISSION DATED\_\_\_\_\_.

THE UNDERSIGNED INDIVIDUAL BEING DULY AUTHORIZED TO SIGN FOR (\_\_\_\_\_  
\_\_\_\_\_), BEING DULY SWORN, DEPOSE AND SAY THAT WE HAVE NOT BEEN CONVICTED, OR HAVE AN ONGOING PROSECUTION FOR A FELONY OR MISDEMEANOR CHARGES SINCE LAST DATED APPLICATION FOR A VENDOR GAMING LICENSE WITH THE DELAWARE NATION. WE FURTHERMORE STATE THAT NO CRIMINAL CHARGES HAVE BEEN FILED AGAINST THE CORPORATION SINCE THE DATE STATED ABOVE WHEN THE CORPORATION GAMING APPLICATION WAS FILED WITH THE DELAWARE NATION. I HEREBY AUTHORIZE THE DELAWARE NATION TO INVESTIGATE OUR FINANCIAL CREDIT, CRIMINAL HISTORY, AND TO ANSWER ANY QUESTIONS ABOUT THEIR EXPERIENCE WITH USAND OTHER PERTINENT ITEMS AS STIPULATED ON THE SUBMITTED APPLICATION RELATING TO PREVIOUS ACTIVITIES AND HABITS. FALSE OR INCOMPLETE ANSWERS COULD RESULT IN CRIMINAL PROSECUTION AND THE DENIAL, OR SUBSEQUENT REVOCATION, OF A GAMING LICENSE.

STATE OF\_\_\_\_\_ COUNTY OF\_\_\_\_\_ I,\_\_\_\_\_.  
HEREBY DEPOSE, SWEAR, AND DECLARE, UNDER PENALTY OF PERJURY, THAT I AM THE APPLICANT AND THAT THE CONTENTS AND ALL STATEMENTS CONTAINED IN THE FOREGOING APPLICATION ARE TRUE, CORRECT, AND COMPLETE.

Signature \_\_\_\_\_



Notary State of (\_\_\_\_\_)

County of (\_\_\_\_\_)

Before me the undersigned, a Notary Public in and for said County and State on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ personally appeared \_\_\_\_\_ personally known to me to be the same person who executed the above instrument.

My Commission Expires: \_\_\_\_\_

\_\_\_\_\_  
Notary Public