

Initial Vendor Application Principal/Technician



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

APPLICATION PACKAGE CHECKLIST

Applicants Name: _____

Social Security #: _____ **Date of Birth:** _____

Please include all of the following with the completed application

- Application Instruction Sheet**
- Privacy Act / False Statement Sheet**
- Release of Information Sheet**
- Gaming License Listing**
- Copy of valid driver's license or a valid government issued photo ID**
- Copy of social security card**
- Copy of updated photo**
- Copy of DD 214 (military discharge papers)**
- Fingerprint Card**
- FBI fingerprint request letter (filled out & signed)**

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 Commissioner (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 Burdon 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 An application may not be withdrawn without the express written consent of the DNGC.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 (1) 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

Application type:(Select all that apply)

1. **GOLD RIVER CASINO**

OKLAHOMA CASINO™

2. **Principal**

Technician -- **On-Site** **Remote**

Name: Last _____ **First** _____ **Middle** _____

Telephone Number: (_____)_____ - _____ **Gender: Female Male**

Social Security Number(s):_____ **Date of Birth: _____**

Place of Birth: _____

Citizenship: U.S.A. Other: _____

List all Languages Written and/or Spoken:

List other names used, oral, or written, include maiden and other married names you have been known as. Please list years (month & year) that you went by this name.

Name: _____ Dates Used: From _____ To _____

Name: _____ Dates Used: From _____ To _____

Name: _____ Dates Used: From _____ To _____

Please provide your current driver's license number and the state of issue. If you have a DL in a different state(s) list DL's number for the last five (5) years.

Current DL Number _____ State of Issue _____

Current DL Number _____ State of Issue _____

RESIDENTIAL HISTORY

List your current home address and all addresses for the last five (5) years (beginning with the current).

Current Address: _____
Address City State Zip Code

From _____ To _____ Own Rent Other _____

Landlord: _____
Address City State Zip Code Phone

Provide the name, address, and phone number of a person that knew you while you lived at this address.

Previous Address: _____
Address City State Zip Code

From _____ To _____ Own Rent Other _____

Landlord: _____
Address City State Zip Code Phone

Provide the name, address, and phone number of a person that knew you while you lived at this address.

Previous Address: _____
Address City State Zip Code

From _____ To _____ Own Rent Other _____

Landlord: _____
Address City State Zip Code Phone

Provide the name, address, and phone number of a person that knew you while you lived at this address.

Previous Address: _____
Address City State Zip Code

From _____ To _____ Own Rent Other _____

Landlord: _____
Address City State Zip Code Phone

Provide the name, address, and phone number of a person that knew you while you lived at this address.

EMPLOYMENT HISTORY

List all jobs, beginning with your current employment, you have held for the previous five years from date of application. This includes military service, part-time, temporary and voluntary positions. If you have any periods of unemployment between jobs, please list in the space provided.

Employer: _____

Select all that apply: Tribal Gaming Other: _____

Address: _____
Street No. PO Box, ETC City State Zip Code

Phone: (____) _____ Fax: (____) _____

Dates of employment: From _____ To: _____

Nature of entity: _____

Do you have ownership interest in this entity? Yes No

If yes, complete the following:

Your Title / Position: _____ % interest held by you: _____

Will you be able to provide verification documents of this entity? Yes No

If No, list reason: _____

Employer: _____

Select all that apply: Tribal Gaming Other: _____

Address: _____
Street No. PO Box, ETC City State Zip Code

Phone: (____) _____ Fax: (____) _____

Dates of employment: From _____ To: _____

Nature of entity: _____

Do you have ownership interest in this entity? Yes No

If yes, complete the following:

Your Title / Position: _____ % interest held by you: _____

Will you be able to provide verification documents of this entity? Yes No

If No, list reason: _____

Do you have any existing or previous business relationships with Indian Tribes, including ownership interest in those businesses: Yes No

If "Yes" explain: _____

Do you have any existing or previous business relationships with the gaming industry in general, including ownership interests in those businesses: Yes No

If "Yes" explain: _____

Have you ever filed an application for a license or permit in the gaming industry? (whether or not license/permit was granted): Yes No

If "Yes": Name of agency / Tribe: _____

Address: _____

If "Yes": Name of agency / Tribe: _____

Address: _____

If "Yes": Name of agency / Tribe: _____

Address: _____

Have you ever filed an application for an occupational license or permit? (whether or not license/permit was granted): Yes No

If "Yes": Name of agency / Tribe: _____

Address: _____

If "Yes": Name of agency / Tribe: _____

Address: _____

If "Yes": Name of agency / Tribe: _____

Address: _____

Do you have any relatives associated with, employed by, or who have a pending application for Lenape Entertainment, LLC, Casino Oklahoma, or Gold River Casino? Yes No

If "Yes", provide the person's name, relationship, address, telephone number, the position or job title, and name of the tribe and operation: _____

REFERENCES

List the names, addresses and telephone numbers for five personal references, including one personal reference that was acquainted with you during each period of residence listed under Residential History. ***Do NOT list family members***

Name: _____ Address: _____
City: _____ State: _____ Zip: _____
Telephone Number: _____ Cell: _____

Name: _____ Address: _____
City: _____ State: _____ Zip: _____
Telephone Number: _____ Cell: _____

Name: _____ Address: _____
City: _____ State: _____ Zip: _____
Telephone Number: _____ Cell: _____

Name: _____ Address: _____
City: _____ State: _____ Zip: _____
Telephone Number: _____ Cell: _____

Name: _____ Address: _____
City: _____ State: _____ Zip: _____
Telephone Number: _____ Cell: _____

CRIMINAL HISTORY

Have you *ever*:

- Yes No Been arrested or charged with any crime or offense?
- Yes No Been convicted of a felony or misdemeanor?
- Yes No Had records expunged or sealed?
- Yes No Been an un-indicted co-party?

If yes, please provide documentation details: _____

Have you ever been convicted of, or are you currently being prosecuted for a felony: Yes No

If "Yes", Charge _____ Date: _____

Name of Court: _____ City & State of Court _____

Disposition: _____

Charge: _____ Date: _____

Name of Court: _____ City & State of Court _____

Disposition: _____

Charge: _____ Date: _____

Name of Court: _____ City & State of Court _____

Disposition: _____

Have you ever been convicted of, or are you currently being prosecuted for a misdemeanor (excluding minor traffic violations) within ten (10) years of the date of this application:

Yes No

If "Yes", Charge _____ Date: _____

Name of Court: _____ City & State of Court _____

Disposition: _____

Charge: _____ Date: _____

Name of Court: _____ City & State of Court _____

Disposition: _____

Charge: _____ Date: _____

Name of Court: _____ City & State of Court _____

Disposition: _____

List each criminal charge (excluding minor traffic charges) whether or not there is a conviction, for the last ten (10) years that is not otherwise listed under felonies and/or misdemeanors (ABOVE).

Yes No

If "Yes", Charge _____ Date: _____

Name of Court: _____ City & State of Court _____

Disposition: _____

Charge: _____ Date: _____

Name of Court: _____ City & State of Court _____

Disposition: _____

Charge: _____ Date: _____

Name of Court: _____ City & State of Court _____

Disposition: _____

Charge: _____ Date: _____

Name of Court: _____ City & State of Court _____

Disposition: _____

Charge: _____ Date: _____

Name of Court: _____ City & State of Court _____

Disposition: _____

Charge: _____ Date: _____

Name of Court: _____ City & State of Court _____

Disposition: _____

DELAWARE NATION GAMING COMMISSION
P.O. Box 825 * Anadarko, Oklahoma 73005

Authorization to Release Information

Full Name of Requester: _____

Company Name: _____

Citizenship Status: _____

Social Security Number: _____

Current Address: _____

Date of Birth: _____ Place of Birth _____

I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct, and that I am the person named above, and I understand that any falsification of this statement is punishable under the provisions of 18 U.S.C. Section 1001 by a fine of not more than 10,000 or by imprisonment of not more than five years or both, and that requesting or obtaining any record(s) under false pretenses is punishable under the provisions of 5 U.S.C. 552a(i)(3) by a fine not more than 5,000. I further consent to the jurisdiction of the Delaware Nation Indian government without limit to time or event.

Signature: _____

Notarized by: _____

Subscribed and sworn to me on this _____ day of _____, 20_____

My Commission Expires

Seal

OPTIONAL: Authorization to Release Information to Another Person

This form is also to be completed by a requester who is authorizing information relating to himself or herself to be released to another person. Further, pursuant to 5 U.S.C. Section 552a(b), I authorize the NIGC to release any and all information relating to me to:

Name of Person(s)/Organization(s) Requesting Records: Delaware Nation Gaming Commission

DELAWARE NATION GAMING COMMISSION

AUTHORIZATION FOR RELEASE OF INFORMATION

PRESENTED TO: _____ (Leave Blank)

I, _____
(Print / Type VENDOR /VENDOR PRINCIPLE / VENDOR EMPLOYEE Name)

Hereby authorize release to the Delaware Nation of Western Oklahoma Gaming Commission any information requested in order for the Delaware Nation Gaming Commission to determine my suitability for involvement in Indian gaming. This document authorizes release of requested information whether or not such information would be otherwise be protected from disclosure by any constitutional, statutory or common law privilege.

I 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 the purpose listed in the first paragraph of this document.

I authorize release of information related to my activities: Schools, property interest (real and personal), employment, criminal justice agencies, regulatory agencies, business, financial institutions, lending institutions, medical institutions, hospital and health care professionals. I authorize review and copying of all documents.

I relinquish any rights that I may otherwise have to pursue a cause of action against any person (or his/her agent) to whom this request is presented when such cause of action arises out of response to a request for information pursuant to Delaware Nation Gaming Ordinance and the Indian Gaming Regulatory Act (25 U.S.C. Section 2701 et. seq.). I further agree to indemnify and hold harmless any person to whom this request is lawfully presented. Such Indemnification and holding harmless includes all claims, damages, losses and expenses, including reasonable attorney fees.

A reproduction of this authorization is the same as the original.

Executed at (City) _____, (State)_____.

Vendor/ Principal/Employee Signature: _____.

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

My Commission Expires

Notary Public Signature

PRIVACY NOTICE

NOTICE VENDOR PRINCIPAL/TECHNICIAN

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 of vendor employees and/or shareholders and/or owners in a gaming operation. The information will be used by National Indian Gaming Commission members and staff who have need for the 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 or regulatory investigations or prosecutions or when pursuant to a requirement by a tribe or the Nation Indian Gaming Commission in connection with the licensing of an vendor, the issuance or revocation of a vendor applicant, or investigations of activities while associated with a tribe or a gaming operation.

Failure to consent to the disclosure indicated in this notice will result in a tribe's being unable to grant a gaming license as a vendor principal/technician.

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

Notice Regarding False Statements

A false statement on any part of your application may be grounds for not being permitted a license. Also, you may be punished by fines or imprisonment (U.S. Code, title 18, section 1001).

Vendor Principal/Technician Signature

Date

Delaware Nation Gaming Commission

FBI Fingerprint Request Letter

FBI CJIS Division – Record Request
1000 Custer Hollow Road
Clarksburg, WV 26306

To Whom It May Concern,

I am seeking licensure with the Delaware Nation Gaming Commission and have been asked to provide the Gaming Commission with the results of an FBI records check. Enclosed are my fingerprint cards and my information are as follows:

NAME: _____
ADDRESS: _____
SSN: _____
DOB: _____

Please forward the results of your search to:

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

If you have any questions, please contact the Vendor Licensing Agent at 405-247-2292 or 405-247-2448 x 1160

Sincerely,
