

# GRAND RONDE GAMING COMMISSION

Confederated Tribes of the Grand Ronde Community  
of Oregon

## GAMING LICENSE APPLICATION Personal Disclosure

\_\_\_\_\_  
Applicant Name - Please Print

\_\_\_\_\_  
Applicant Telephone

\_\_\_\_\_  
Position

\_\_\_\_\_  
Department

\_\_\_\_\_  
Temporary Employment Agency or Other - (If applicable)

### **POSITION CLASSIFICATION:**

- Low Security
- High Security
- Primary Management Official
- Other \_\_\_\_\_

This application, and the information contained within, is the exclusive property of the Grand Ronde Gaming Commission. Any disclosure of information contained within this application requires the written approval of the Grand Ronde Gaming Commission.

### **RETURN COMPLETED FORM TO:**

**Grand Ronde Gaming Commission**  
PO Box 155  
27100 SW Salmon River Hwy, Suite A  
Grand Ronde, OR 97347  
Telephone: 503-879-2362  
Toll Free: 877-419-1771

**APPLICANT: PLEASE READ AND SIGN THE FOLLOWING "PRIVACY ACT NOTICE" AND "FALSE STATEMENT NOTICE" BEFORE FILLING OUT THE APPLICATION.**

**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 of individuals to be employed or retained by the gaming operation. The information will be used by the National Indian Gaming Commission and Grand Ronde Gaming Commission members and staff who have the 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 National Indian Gaming Commission in connection with the hiring or firing of an employee, the issuance 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 THE GRAND RONDE GAMING COMMISSION BEING UNABLE TO LICENSE YOU IN A PRIMARY MANAGEMENT OFFICIAL, HIGH SECURITY POSITION, LOW SECURITY POSITION, OR ANY OTHER POSITION.**

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

Applicant hereby acknowledges that during the course of the investigation conducted by the Gaming Commission concerning this application, the Commission may obtain certain information whose content and/or source may not be disclosed to the applicant. The applicant further acknowledges that such information may be the basis upon which an application may be denied. By signing this form and submitting this application, applicant hereby consents to the consideration of such information by the Commission, and to a determination based on such information by the Commission, without applicant having the opportunity to obtain, review and/or challenge such information or learn the content or source of such information.

**FALSE STATEMENT NOTICE**

A false statement on **ANY** part of your application may be grounds for the Gaming Commission not licensing you, or for revoking your gaming license after you begin work. Also, you may be punished by fine or imprisonment (U.S.C., Title 18, Section 1001).

Further, you are voluntarily submitting this disclosure under oath with the full knowledge that Oregon Revised Statute 162.075, False Swearing, provides that, "(1) A person commits the crime of false swearing if the person makes a false sworn statement, knowing it to be false. (2) False swearing is a Class A misdemeanor."

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**NOTICE: Each gaming license applicant shall complete a urinalysis test for drug use, as required.**

## GENERAL INSTRUCTIONS

Print or type in **black or blue ink** an answer to every question. If a question does not apply to you, you may place "**None**" in the space provided. If the space available is insufficient, continue on the extra page provided. DO NOT MISSTATE OR OMIT ANY MATERIAL FACT(S) as each statement made herein is subject to verification. You must initial **ALL PAGES**, as provided in the lower right hand corner. By placing your initials on each page, you are attesting to the accuracy and completeness of the information contained on that page.

APPLICANT IS ADVISED THAT THIS PERSONAL HISTORY RECORD IS AN OFFICIAL DOCUMENT. MISREPRESENTATION OR FAILURE TO REVEAL INFORMATION OF A MATERIAL FACT PERTINENT TO YOUR SUITABILITY TO HOLD A GAMING LICENSE, OR A MISSTATEMENT OR UNTRUE STATEMENT OF MATERIAL FACT, MAY BE DEEMED TO BE SUFFICIENT CAUSE FOR THE DENIAL OR REVOCATION OF A GAMING LICENSE, CONTRACT OR AGREEMENT.

The applicant is hereby advised that he/she is seeking the granting of a privileged license and that the burden of proving suitability is at all times on the applicant.

### 1. PERSONAL INFORMATION (Please Print Full Names)

Last Name		First Name		Middle Name (If none - NMN)	
Aliases ( Please list name and indicate whether name is nickname, maiden name, other name change(s) - legal or otherwise.)				Preferred Name:	
Physical Residence Address (Street or RFD)			City	State	Zip
Mailing Address (If Different From Above)			City	State	Zip
Phone (Home, Cell, Message) (     )		Social Security No.		Driver's License or State ID No.	
State					
Date of Birth	Place of Birth (City, County, State, Country)				
Sex	Color of Eyes	Color of Hair	Height	Weight	Race
List All Languages Spoken or Written (Including English)					
US Citizen?    Yes / No			If yes, but born outside the US, please explain		
If naturalized, certificate number *		Date of Naturalization *		State naturalized *	
				If alien, registration number	
Significant scars, marks, and/or tattoos (Indicate which and where located - If none please note)					

**\*Naturalization and USCIS (INS) Documentation must be presented to Commission staff for verification.**

**1. PERSONAL INFORMATION (CONTINUED)**

A. Has your driver's license **ever** been suspended and/or revoked?  YES  NO  
 If yes, please list why and when: \_\_\_\_\_

B. Have you held any other driver's licenses in the past five (5) years?  YES  NO  
 If "YES", please list the State(s) in which you possessed a driver's license in the last five (5) years: \_\_\_\_\_

**2. THE FOLLOWING QUESTIONS MUST BE COMPLETED, AND RELATE TO YOUR SPOUSE, FIANCÉ OR DOMESTIC PARTNER.** (Note - Single is only if you have never been married before and don't currently reside with someone as a domestic partner):

A. Single  Married  Separated  Divorced  Widowed  Engaged  Dom. Partner

B. What is the length of time your current status has existed? \_\_\_\_\_

C. Current marriage: \_\_\_\_\_  
Date City County State

D. Spouse \_\_\_\_\_  
Maiden Name of Wife, or Last Name of Husband First Name Middle Name

E. Fiancé or domestic partner's full name: \_\_\_\_\_  
Last Name First Middle

F. Date of birth: \_\_\_\_\_ Place of birth: \_\_\_\_\_  
(Spouse, fiancé, domestic partner) City State Country

G. Residence address: \_\_\_\_\_  
Street City State Zip

H Residence telephone no.: (\_\_\_\_) \_\_\_\_\_ Business telephone no.: (\_\_\_\_) \_\_\_\_\_  
(Spouse, fiancé, domestic partner)

I. Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_  
(Spouse, fiancé, domestic partner) (Spouse, fiancé, domestic partner)

J. Employer's address: \_\_\_\_\_  
(Spouse, fiancé, domestic partner) Street City State Zip

K. Previous marriages - If ever legally separated, divorced, annulled or widowed, indicate below:

<b>Ex-Spouse's Name</b>	<b>Mailing Address</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>
<b>Date of Order/Decree</b>	<b>County and State of Order/Decree</b>			

<b>Ex-Spouse's Name</b>	<b>Mailing Address</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>
<b>Date of Order/Decree</b>	<b>County and State of Order/Decree</b>			

<b>Ex-Spouse's Name</b>	<b>Mailing Address</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>
<b>Date of Order/Decree</b>	<b>County and State of Order/Decree</b>			

<b>Ex-Spouse's Name</b>	<b>Mailing Address</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>
<b>Date of Order/Decree</b>	<b>County and State of Order/Decree</b>			

**3. FAMILY INFORMATION:**

**A. Children and Dependents:** List full names, full date of birth, and physical address of all children, stepchildren, adopted children, and dependants. (i.e. foster children or which you are the guardian) (Indicate if deceased.)

LAST, FIRST AND MIDDLE NAME (Full)	DATE OF BIRTH	ADDRESS	CITY	STATE

**B. Parents:** List full name, full date of birth, physical address, and most recent occupation of your parents, step parents, or legal guardian and parents-in-law (if applicable). (Indicate if unemployed, retired or deceased, etc.)

LAST, FIRST AND MIDDLE NAME (Full)	DATE OF BIRTH	ADDRESS	CITY	STATE	OCCUPATION
Father					
Mother (Maiden Name)					
Step Father (Current - If Applicable)					
Step Mother (Current - If Applicable)					
Father-in-law					
Mother-in-law (Maiden Name)					

**C. Brothers and Sisters:** List full name, full date of birth, physical address, and most recent occupation of brothers and sisters. (Indicate if unemployed, student, retired or deceased, etc.)

LAST, FIRST AND MIDDLE NAME (Full)	DATE OF BIRTH	ADDRESS	CITY	STATE	OCCUPATION

**4. EDUCATION:**

NAME OF SCHOOL	LOCATION (City & State)	ACTUAL YEARS ATTENDED (i.e. 1998-2002)	GRADUATED
HIGH SCHOOL			YES <input type="checkbox"/> NO <input type="checkbox"/>
COLLEGE OR UNIVERSITY			YES <input type="checkbox"/> NO <input type="checkbox"/>
TRADE / TECHNICAL SCHOOL			YES <input type="checkbox"/> NO <input type="checkbox"/>
TYPE OF DEGREE, CERTIFICATE OR DIPLOMA OBTAINED, IF ANY.			

**5. MILITARY INFORMATION:**

- A. Have you ever served in any branch of the armed forces? YES  NO
- B. Branch: \_\_\_\_\_ Date of enlistment: \_\_\_\_\_ Date of separation: \_\_\_\_\_
- C. Type of discharge: \_\_\_\_\_ Rating at separation: \_\_\_\_\_ DD214 Attached? YES  NO
- D. While in the military service, were you ever arrested for an offense which resulted in summary action, a trial, military review board or special or general court martial?  
 YES  NO  (If yes, furnish details on the extra page provided.)

**6. ARRESTS, DETENTIONS:** (You must provide a full explanation on the extra page provided.)

The questions below refer to **all juvenile** arrests (including criminal citations), arrests as an adult, detentions, charges, indictments, or summons to answer for any criminal offense or violation for any reason whatsoever (except minor traffic violations), **EVEN IF YOU WERE NOT CONVICTED**. (NOTE - An arrest could be a criminal act that you were charged with, in which a criminal citation (aka: "ticket") was issued, but you were not taken to jail. [i.e. MIP's, Fish and Game Citations, Theft, etc.]

- A. Have you **ever** been arrested, or received a criminal citation in your lifetime? YES  NO
- B. Have you ever been convicted of a crime? YES  NO
1. Have you ever had a conviction or civil record "purged" or "expunged" from your record by a court order? YES  NO
2. Have you ever been given a "deferred sentence"? YES  NO
3. Have you ever been given a "diversion"? YES  NO
4. Have you ever been given a "pardon"? YES  NO



**7. LITIGATION**

- A.** Have you, as an individual, member of a partnership or owner, director or officer of a company or corporation, ever been a party to a lawsuit(s) either as a plaintiff or defendant (**other than divorces**)? (If yes, list all cases in any state, foreign country or other jurisdiction, without exception, including bankruptcies. If additional space is necessary, please use the extra page provided. Please also list whether you were the "Plaintiff" or "Defendant" in the space provided. Please describe the type of lawsuit on the extra page provided. You may be asked to provide a copy of the court case.)

YES  NO

PLAINTIFF/DEFENDANT	CITY, COUNTY AND STATE	DISPOSITION (Outcome of Case)	YEAR

- B.** Have you, as an individual, member of a partnership or owner, director, or officer of a company or corporation, ever been a defendant in any civil lawsuit which was in whole, or in part, based upon conduct which allegedly constituted a crime(s)? (If yes, provide complete details on the extra page provided.)

YES  NO

- C.** Is there a tax lien on your income or assets? (If yes, provide details on the extra page provided.)

YES  NO

**8. RESIDENCES:**

- A.** List **ALL** physical addresses of the places you have lived for the **last 10 years**, starting with your current address. **DO NOT LEAVE ANY GAPS OF TIME.** (If more space is needed, please continue on page 18.)

MONTH AND YEAR	HOUSE NUMBER AND STREET NAME	CITY	STATE	RENT/OWN
From: To:				
From: To:				
From: To:				
From: To:				
From: To:				
From: To:				
From: To:				
From: To:				
From: To:				
From: To:				

**9. PERSONAL REFERENCES:**

A. List three (3) personal references, including one reference who has known you for at least 5 years. Do not include relatives or domestic partner. You must complete **ALL** information requested in the spaces below.

NAME		YEARS KNOWN	TELEPHONE NO.	
MAILING ADDRESS (do not use business address of reference)			EMPLOYER	
CITY	STATE	ZIP		

NAME		YEARS KNOWN	TELEPHONE NO.	
MAILING ADDRESS (do not use business address of reference)			EMPLOYER	
CITY	STATE	ZIP		

NAME		YEARS KNOWN	TELEPHONE NO.	
MAILING ADDRESS (do not use business address of reference)			EMPLOYER	
CITY	STATE	ZIP		

**10. EMPLOYMENT:**

A. Have you ever been terminated, forced to resign or otherwise been discharged from any previous position?  
 (If yes, please provide explanation on the extra page provided.)  
 YES  NO

Beginning with your current employment status, list your work history, all businesses with which you have been involved, and/or all periods of unemployment for the past 10 years. **DO NOT LEAVE ANY GAPS.** You may fill in gaps with "student", "unemployed", "homemaker", etc. ALL "REASON FOR LEAVING" MUST BE EXPLAINED CLEARLY. Mark "yes" under "Gaming Present" (including lottery tickets) if any form of gambling took place on the premises during the period of your employment. **IF ADDITIONAL SPACE IS NEEDED, PLEASE CONTINUE ON PAGE 18.**

<b>1.</b>	MONTH AND YEAR	EMPLOYER/BUSINESS NAME		
FROM:	MAILING ADDRESS			
TO:	CITY	STATE	ZIP CODE	
Reason: Quit <input type="checkbox"/> Fired <input type="checkbox"/> Other <input type="checkbox"/>	EMPLOYER TELEPHONE NO.		JOB TITLE	
	NAME OF SUPERVISOR		SUPERVISOR'S TITLE	
GAMING PRESENT YES <input type="checkbox"/> NO <input type="checkbox"/>	TYPE OF BUSINESS		DESCRIPTION OF DUTIES	

**10. EMPLOYMENT (continued)**

<b>2.</b>	MONTH AND YEAR	EMPLOYER/BUSINESS NAME		
FROM:		MAILING ADDRESS		
TO:		CITY	STATE	ZIP CODE
Quit <input type="checkbox"/> Fired <input type="checkbox"/> Other <input type="checkbox"/> Reason:		EMPLOYER TELEPHONE NO.		JOB TITLE
		NAME OF SUPERVISOR	SUPERVISOR'S TITLE	
GAMING PRESENT YES <input type="checkbox"/> NO <input type="checkbox"/>		TYPE OF BUSINESS	DESCRIPTION OF DUTIES	
<b>3.</b>	MONTH AND YEAR	EMPLOYER/BUSINESS NAME		
FROM:		MAILING ADDRESS		
TO:		CITY	STATE	ZIP CODE
Quit <input type="checkbox"/> Fired <input type="checkbox"/> Other <input type="checkbox"/> Reason:		EMPLOYER TELEPHONE NO.		JOB TITLE
		NAME OF SUPERVISOR	SUPERVISOR'S TITLE	
GAMING PRESENT YES <input type="checkbox"/> NO <input type="checkbox"/>		TYPE OF BUSINESS	DESCRIPTION OF DUTIES	
<b>4.</b>	MONTH AND YEAR	EMPLOYER/BUSINESS NAME		
FROM:		MAILING ADDRESS		
TO:		CITY	STATE	ZIP CODE
Quit <input type="checkbox"/> Fired <input type="checkbox"/> Other <input type="checkbox"/> Reason:		EMPLOYER TELEPHONE NO.		JOB TITLE
		NAME OF SUPERVISOR	SUPERVISOR'S TITLE	
GAMING PRESENT YES <input type="checkbox"/> NO <input type="checkbox"/>		TYPE OF BUSINESS	DESCRIPTION OF DUTIES	
<b>5.</b>	MONTH AND YEAR	EMPLOYER/BUSINESS NAME		
FROM:		MAILING ADDRESS		
TO:		CITY	STATE	ZIP CODE
Quit <input type="checkbox"/> Fired <input type="checkbox"/> Other <input type="checkbox"/> Reason:		EMPLOYER TELEPHONE NO.		JOB TITLE
		NAME OF SUPERVISOR	SUPERVISOR'S TITLE	
GAMING PRESENT YES <input type="checkbox"/> NO <input type="checkbox"/>		TYPE OF BUSINESS	DESCRIPTION OF DUTIES	

**10. EMPLOYMENT (continued)**

<b>6.</b>	MONTH AND YEAR	EMPLOYER/BUSINESS NAME		
FROM:	MAILING ADDRESS			
TO:	CITY	STATE	ZIP CODE	
Quit <input type="checkbox"/> Fired <input type="checkbox"/> Other <input type="checkbox"/> Reason:	EMPLOYER TELEPHONE NO.		JOB TITLE	
	NAME OF SUPERVISOR		SUPERVISOR'S TITLE	
GAMING PRESENT YES <input type="checkbox"/> NO <input type="checkbox"/>	TYPE OF BUSINESS		DESCRIPTION OF DUTIES	
<b>7.</b>	MONTH AND YEAR	EMPLOYER/BUSINESS NAME		
FROM:	MAILING ADDRESS			
TO:	CITY	STATE	ZIP CODE	
Quit <input type="checkbox"/> Fired <input type="checkbox"/> Other <input type="checkbox"/> Reason:	EMPLOYER TELEPHONE NO.		JOB TITLE	
	NAME OF SUPERVISOR		SUPERVISOR'S TITLE	
GAMING PRESENT YES <input type="checkbox"/> NO <input type="checkbox"/>	TYPE OF BUSINESS		DESCRIPTION OF DUTIES	
<b>8.</b>	MONTH AND YEAR	EMPLOYER/BUSINESS NAME		
FROM:	MAILING ADDRESS			
TO:	CITY	STATE	ZIP CODE	
Quit <input type="checkbox"/> Fired <input type="checkbox"/> Other <input type="checkbox"/> Reason:	EMPLOYER TELEPHONE NO.		JOB TITLE	
	NAME OF SUPERVISOR		SUPERVISOR'S TITLE	
GAMING PRESENT YES <input type="checkbox"/> NO <input type="checkbox"/>	TYPE OF BUSINESS		DESCRIPTION OF DUTIES	
<b>9.</b>	MONTH AND YEAR	EMPLOYER/BUSINESS NAME		
FROM:	MAILING ADDRESS			
TO:	CITY	STATE	ZIP CODE	
Quit <input type="checkbox"/> Fired <input type="checkbox"/> Other <input type="checkbox"/> Reason:	EMPLOYER TELEPHONE NO.		JOB TITLE	
	NAME OF SUPERVISOR		SUPERVISOR'S TITLE	
GAMING PRESENT YES <input type="checkbox"/> NO <input type="checkbox"/>	TYPE OF BUSINESS		DESCRIPTION OF DUTIES	

**10. EMPLOYMENT (continued)**

<b>10.</b>	MONTH AND YEAR	EMPLOYER/BUSINESS NAME		
FROM:	MAILING ADDRESS			
TO:	CITY	STATE	ZIP CODE	
Quit <input type="checkbox"/> Fired <input type="checkbox"/> Other <input type="checkbox"/> Reason:	EMPLOYER TELEPHONE NO.		JOB TITLE	
	NAME OF SUPERVISOR		SUPERVISOR'S TITLE	
GAMING PRESENT YES <input type="checkbox"/> NO <input type="checkbox"/>	TYPE OF BUSINESS		DESCRIPTION OF DUTIES	

  

<b>11.</b>	MONTH AND YEAR	EMPLOYER/BUSINESS NAME		
FROM:	MAILING ADDRESS			
TO:	CITY	STATE	ZIP CODE	
Quit <input type="checkbox"/> Fired <input type="checkbox"/> Other <input type="checkbox"/> Reason:	EMPLOYER TELEPHONE NO.		JOB TITLE	
	NAME OF SUPERVISOR		SUPERVISOR'S TITLE	
GAMING PRESENT YES <input type="checkbox"/> NO <input type="checkbox"/>	TYPE OF BUSINESS		DESCRIPTION OF DUTIES	

  

<b>12.</b>	MONTH AND YEAR	EMPLOYER/BUSINESS NAME		
FROM:	MAILING ADDRESS			
TO:	CITY	STATE	ZIP CODE	
Quit <input type="checkbox"/> Fired <input type="checkbox"/> Other <input type="checkbox"/> Reason:	EMPLOYER TELEPHONE NO.		JOB TITLE	
	NAME OF SUPERVISOR		SUPERVISOR'S TITLE	
GAMING PRESENT YES <input type="checkbox"/> NO <input type="checkbox"/>	TYPE OF BUSINESS		DESCRIPTION OF DUTIES	

**11. LIFETIME EMPLOYMENT HISTORY IN THE GAMING INDUSTRY:**

List **ALL** employment in your lifetime related to the gaming industry that is not listed in Section 10.

<b>1.</b>	MONTH AND YEAR	EMPLOYER/BUSINESS NAME		
FROM:	MAILING ADDRESS			
TO:	CITY	STATE	ZIP CODE	
Quit <input type="checkbox"/> Fired <input type="checkbox"/> Other <input type="checkbox"/> Reason:	EMPLOYER TELEPHONE NO.		JOB TITLE	
	NAME OF SUPERVISOR		SUPERVISOR'S TITLE	
GAMING PRESENT YES <input type="checkbox"/> NO <input type="checkbox"/>	TYPE OF BUSINESS		DESCRIPTION OF DUTIES	

**11. LIFETIME EMPLOYMENT HISTORY IN GAMING INDUSTRY (continued)**

<b>2.</b>	MONTH AND YEAR	EMPLOYER/BUSINESS NAME		
FROM:		MAILING ADDRESS		
TO:		CITY	STATE	ZIP CODE
Quit <input type="checkbox"/> Fired <input type="checkbox"/> Other <input type="checkbox"/> Reason:	EMPLOYER TELEPHONE NO.		JOB TITLE	
	NAME OF SUPERVISOR		SUPERVISOR'S TITLE	
GAMING PRESENT YES <input type="checkbox"/> NO <input type="checkbox"/>		TYPE OF BUSINESS		DESCRIPTION OF DUTIES

**12. PROFESSIONAL LICENSE/CERTIFICATION**

A. Have you **EVER** applied for or held a privileged or professional license, work permit or professional certification in any state, foreign country or other jurisdiction? (If yes, provide details in the space provided below. The "Status" options are: valid, inactive, expired, denied, revoked, suspended or pending.)

**Examples are:** Food Handlers, OLCC, Concealed Handgun, Gaming License, CPR, CNA or RN, etc.)

YES  NO

TYPE OF LICENSE	AGENCY NAME		
PERIOD HELD (FROM - TO)	MAILING ADDRESS		
STATUS	CITY	STATE	ZIP CODE

TYPE OF LICENSE	AGENCY NAME		
PERIOD HELD (FROM - TO)	MAILING ADDRESS		
STATUS	CITY	STATE	ZIP CODE

TYPE OF LICENSE	AGENCY NAME		
PERIOD HELD (FROM - TO)	MAILING ADDRESS		
STATUS	CITY	STATE	ZIP CODE

TYPE OF LICENSE	AGENCY NAME		
PERIOD HELD (FROM - TO)	MAILING ADDRESS		
STATUS	CITY	STATE	ZIP CODE

**12. PROFESSIONAL LICENSE/CERTIFICATION (continued)**

- B.** Have you ever been disciplined by or appeared, for any reason whatsoever, before any licensing agency or similar authority in any state, foreign country or other jurisdiction? (If "yes", please indicate on the extra page provided, the state or jurisdiction, and details of the reason for the action.)  
 YES  NO

**13. OTHER BUSINESS**

- A.** Have you ever held a financial interest in a gambling venture in any state, foreign country or other jurisdiction, including a race track, dog track, race horse or dog, lottery, casino, bookmaking operation or a pari-mutuel operation? (If "yes", please complete the following. If additional space is needed, please use the extra page provided.)  
 YES  NO

<b>NAME OF BUSINESS</b>		<b>DATES INVOLVED</b>	
<b>BUSINESS ADDRESS</b>		<b>CITY</b>	<b>STATE/COUNTRY</b>
<b>BUSINESS PARTNER'S NAME</b>		<b>ADDRESS</b>	
<b>CITY</b>		<b>STATE/COUNTRY</b>	<b>ZIP</b>
<b>BUSINESS PARTNER'S NAME</b>		<b>ADDRESS</b>	
<b>CITY</b>		<b>STATE/COUNTRY</b>	<b>ZIP</b>

- B.** Have you ever been employed by, OR owned a business that owned, maintained or operated, any gaming device, including any lottery devices? (Including what are referred to as "gray slot machines".) (If "yes", please state on the extra page provided, when and where, and give names, type of position held, and locations of the businesses in which you were involved.)  
 YES  NO
- C.** Do you conduct, or have you conducted, any business, or have contracts in any state, country or other jurisdiction, to supply gaming goods or services? (If "yes", please indicate on the extra page provided, the nature of goods and services involved for each state or jurisdiction.)  
 YES  NO
- D.** Do you have a joint venture or other contractual agreement with any entity to supply any state, foreign country, or other jurisdiction, with gaming goods or services? (If "yes", please indicate on the extra page provided, the state or jurisdiction, and name and address of business.)  
 YES  NO
- E.** Do you have any immediate family members associated with or employed in the gaming industry? (If "yes", you must provide their name, relationship, and association or employment on the extra page provided.)  
 YES  NO

**13. OTHER BUSINESS (continued)**

- F. Do you have any business relationship with any gaming employee or official in any gaming entity in Oregon? (If "yes", please indicate on the extra page provided, the name of the employee or official and type of business relationship.)  
 YES  NO
- G. Do you have any business interest in any known Oregon Lottery vendor or contractor? (If yes, please indicate on the extra page provided, the name of the vendor or contractor and the type of business interest.)  
 YES  NO
- H. To the best of your knowledge, have you ever been employed by, or associated with, any business or person connected in any way with an illegal gambling or gaming enterprise? (If "yes", please explain on the extra page provided.)  
 YES  NO
- I. Have you ever engaged in any type of unlawful gambling or unlawful gaming enterprise? (If "yes", please explain on the extra page provided.)  
 YES  NO
- J. Do you have any existing or previous business relationships with any Indian tribe, including ownership interest in those businesses? If "yes", state when and where, and give names and locations of the businesses in which you were involved, and the names and addresses of all partners. (Provide complete information on the extra page provided. Include a detailed description of any owners, ownership percentages and locations, or contracts held in any gaming operation.)  
 YES  NO

**14. PERSONAL VEHICLES:**

A. List below all motor vehicles, boats or airplanes that are owned or used by you.

MAKE AND MODEL (Vehicle, boat, plane)	LICENSE NO. (Vehicle, boat, plane)	STATE REGISTERED	REGISTERED OWNER'S LAST NAME, FIRST NAME, MIDDLE INITIAL (Not lienholder)

**AUTHORIZATION FOR DISCLOSURE AND REQUEST TO OBTAIN CONSUMER CREDIT REPORT**

I understand that as part of the licensing process, including the initial and review of the gaming license process by the Grand Ronde Gaming Commission, the Commission may obtain a consumer credit report on me. I also understand that the consumer credit report will be used as part of the investigation on my application for a new or renewal of a gaming license.

I also understand that the information contained in the consumer credit report may be used as part of the Commission's decision to issue a gaming license. Additionally, I also understand that if the Commission decides, based on my consumer credit report, not to issue a license to me, I will be notified by a separate notice from the Commission of that adverse action and my rights regarding the information contained in the consumer credit report.

I have been informed that the Gaming Commission will be obtaining a credit report on me from the following:

- ◆ **Choicepoint Response Center, PO Box 740006, Atlanta, Georgia, 30374-0006, telephone number 1-800-685-1111.**
- ◆ **Experian, 505 City Parkway West, Orange, CA, 92868, telephone number 1-888-397-3742.**
- ◆ **Trans Union, 2 Baldwin Place, Box 1000, Chester, PA, 19022, telephone number 1-800-888-4213.**

I further understand that the Commission, as part of my license application file, will retain this authorization.

By signing this document, you acknowledge you have read and been informed of the forgoing disclosure and authorization.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

## REQUEST TO WITHDRAW GAMING LICENSE APPLICATION

### TO GRAND RONDE GAMING COMMISSION:

Should my employment with Spirit Mountain Casino be terminated, or the offer of employment withdrawn, or for any reason, I request the Grand Ronde Gaming Commission to withdraw my application for a gaming license, and immediately cease the background investigation process. In accordance with Regulation 2.1.4, the Director has the authority to grant or deny the request.

#### **Regulation 2.1.4**

A request for withdrawal of an application may be made by the applicant at any time prior to the licensing decision by the Commission by filing a written request with the Director. The Director shall either grant or deny the request.

This Authorization shall be in effect until such time as a new gaming license application is received by the Commission for processing.

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

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

\_\_\_\_\_  
**Print Name**



**SWORN STATEMENT AND DEPOSITION**

State of \_\_\_\_\_ )  
: ss.  
County of \_\_\_\_\_ )

I, \_\_\_\_\_, being duly sworn, depose and say that I have read the above and attached statements, documents, information and Personal Financial Questionnaire (if applicable), and that they are true and correct to the best of my knowledge and belief. Further, this statement is executed with the knowledge that misrepresentation, failure to disclose, or a misstatement or untrue statement of a material fact made in the above disclosure, may be deemed sufficient cause for the refusal by the Grand Ronde Gaming Commission to approve or license a contract, contractor or employee at Spirit Mountain Casino. Further, that I am aware that later discovery of an omission or misrepresentation made in the above statements, documents and information may be grounds for denial of a gaming license or the cancellation of an existing contract or agreement. Further, that I am voluntarily submitting this disclosure under oath with the full knowledge that Oregon Revised Statute 162.075, False Swearing, provides that, "(1) A person commits the crime of false swearing if the person makes a false sworn statement knowing it to be false. (2) False swearing is a Class A misdemeanor."

\_\_\_\_\_  
Signature Date  
\_\_\_\_\_  
Print Name

**\*\* THIS SECTION IS TO BE USED ONLY IF APPLICANT IS UNABLE TO FILL OUT THE APPLICATION THEMSELVES:**

I, \_\_\_\_\_, do hereby certify that I have prepared this document ON BEHALF of the applicant. That I hereby attest that the information provided is true, accurate and complete to the best of my knowledge.

\_\_\_\_\_  
Signature Business Address: \_\_\_\_\_  
\_\_\_\_\_  
Printed Name Title \_\_\_\_\_

**THE NOTARY SEAL IS FOR NOTARIZATION OF THE SIGNATURE IN EITHER SECTION ABOVE.**

Subscribed and Sworn to before me  
this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,  
at \_\_\_\_\_, \_\_\_\_\_.  
City State

\_\_\_\_\_  
Notary Public Signature  
\_\_\_\_\_  
Print Name

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

**AUTHORITY TO RELEASE CHARACTER  
AND PERSONAL HISTORY INFORMATION**

Having made application with the Grand Ronde Gaming Commission, I hereby authorize a complete investigation of my past and present record, including personal history, academic record, job performance, and criminal arrest and conviction to be conducted by the Grand Ronde Gaming Commission, Oregon State Police Tribal Gaming Section, or the National Indian Gaming Commission, to ascertain any and all past and present information which may concern my credit and character, whether same is of record or not, and release your organization and all persons whomsoever from any charge because of furnishing said information. In determining an applicant's suitability for licensing, the Director shall conduct a background investigation of the applicant, which shall remain confidential and not be disclosed to the applicant or any other parties unless required by order of a court of competent jurisdiction, or applicable law. I also acknowledge that to the extent this release of information is authorized, it may be shared with the Spirit Mountain Casino for personnel purposes only. I authorize a true copy of the original of this authorization as if the copy were the original itself.

**SCHOOL INFORMATION AUTHORIZATION:**

This is to authorize the release to Grand Ronde Gaming Commission and the Oregon State Police Tribal Gaming Section, or another agency authorized to conduct applicant investigations, information regarding my school records and transcripts.

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Print Name

Subscribed and Sworn to before me

this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_,

at \_\_\_\_\_, \_\_\_\_\_.  
City State

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

\_\_\_\_\_  
Print Name

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

**FINANCIAL RECORDS DISCLOSURE AUTHORIZATION**

**TO ANY FINANCIAL INSTITUTION:**

I authorize and direct you to disclose any and all records, and to deliver true copies thereof, concerning or pertaining in any way to me, to any agent of the Grand Ronde Gaming Commission or the Oregon State Police Tribal Gaming Section. Disclosure is authorized for any civil, administrative, or criminal action which may be undertaken against me by the State of Oregon or Tribe or any other person or business. Further, I authorize and direct you to honor a true copy of the original of this authorization as if the copy were the original itself.

**EXECUTED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

Subscribed and Sworn to before me

this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_,

at \_\_\_\_\_,  
City State

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

\_\_\_\_\_  
Print Name

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