

GRAND RONDE GAMING COMMISSION

Gaming License Renewal Application

Last Name		First Name		Middle Name	
Aliases (Please list name and indicate whether name is nickname, maiden name, other name change(s) - whether legal or otherwise.)					
Present Title		Present Department		Temporary Employment Agency or Vendor (if applicable)	
Physical Residence Address, Street or RFD				City	State Zip
Mailing Address (If Different From Above)				City	State Zip
Res. Phone ()		Driver's License or State ID No.			State
Date of Birth			Social Security Number		
Badge Number		Gaming License Number			Date of Expiration

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
Grand Ronde, Oregon 97347
(503) 879-2362 or toll free 877-419-1771

The following questions, numbers 1-8, are since your last application (original and/or renewal).

IN ACCORDANCE WITH REGULATION 2.1.2 (E), IT IS THE RESPONSIBILITY OF EVERY LICENSEE TO PROMPTLY REPORT ANY ARRESTS TO THE GAMING COMMISSION.

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

1. Have you been arrested or cited (criminally) since your last disclosure? (If yes, please complete the disclosure below. If charges are pending, please include the next court date.)

Yes ____ No ____

DATE OF ARREST	CHARGES	LOCATION CITY AND STATE	ARRESTING AGENCY	DISPOSITION OF CHARGES

Since your last application have you:

2. Had a criminal indictment filed against you in any jurisdiction?

Yes ____ No ____ (If yes, list complete details on the extra page provided.)

3. Been detained or questioned by any law enforcement officer?

Yes ____ No ____ (If yes, list complete details on the extra page provided.)

4. Been a suspect or possible suspect in any crime?

Yes ____ No ____ (If yes, list complete details on the extra page provided.)

5. Been convicted of a crime?

Yes ____ No ____ (If "Yes", please answer questions a - d below)

- a) Have you had a conviction or civil record "purged" or "expunged" from your record by a court order? Yes ____ No ____
- b) Have you been given a "deferred" sentence? Yes ____ No ____
- c) Have you been given a "diversion"? Yes ____ No ____
- d) Have you been given a "pardon"? Yes ____ No ____

6. Been the subject of a Grand Jury investigation?

Yes _____ No _____ (If yes, list complete details on the extra page provided.)

7. Entered into an agreement with any law enforcement agency, or prosecutory agency to cooperate with them in lieu of you yourself being prosecuted? (Example -- testifying for the prosecution, working as an informant, etc.)

Yes _____ No _____ (If yes, list complete details on the extra page provided.)

8. Had any new or additional civil litigation, **including bankruptcies**, involving you as an individual, or litigation against your current or past employer, in which you were named as either a plaintiff or defendant?

Yes _____ No _____ (If yes, list complete details in the space below.)

PLAINTIFF/ DEFENDANT	COURT/CASE #	CITY, COUNTY & STATE	DISPOSITION

MISCELLANEOUS:

1. Are you in a business relationship where any partner, owner, officer, or director has been arrested, indicted, or questioned as the result of an information, complaint indictment, or criminal investigation, regardless of the outcome?

Yes _____ No _____ (If yes, list complete details on the extra page provided.)

2. Have you held a privileged license or certification, which has been revoked, denied, suspended or under review for any disciplinary action in any state, country or jurisdiction, by any regulatory agency or authority? (i.e. teaching certification, concealed handgun permit, CNA certification, etc.)

Yes _____ No _____ (If yes, list complete details on the extra page provided.)

3. Do you currently have any relatives associated with or employed in the gaming industry? (i.e., spouse, children, siblings, parents, etc.)

Yes _____ No _____ **(If "yes", place their name, relationship, and association or employment information on the extra page provided.)**

VEHICLES

List below all motor vehicles, boats or airplanes that are **owned or used** by you:

MAKE AND MODEL (Vehicle, boat, plane)	LICENSE NUMBER (Vehicle, boat, plane)	STATE REGISTERED IN	REGISTERED OWNER'S FULL NAME (Not lienholder)

RESIDENCES:

Please list below **all** resident addresses **since your original application**, or since your last renewal application, whichever was the last document submitted to the Commission:

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

EMPLOYMENT HISTORY:

List below **any other employment** you have obtained since your original application, or since your last renewal application, whichever was later. *(List additional employment on the extra page provided, if necessary.)*

MONTH AND YEAR	BUSINESS NAME		
FROM:	MAILING ADDRESS		
TO:	CITY	STATE	ZIP CODE
REASON FOR LEAVING	EMPLOYER TELEPHONE NO.		
	TYPE OF BUSINESS	JOB TITLE	
GAMING PRESENT YES <input type="checkbox"/> NO <input type="checkbox"/>	NAME OF SUPERVISOR	DESCRIPTION OF DUTIES	

MARITAL/DOMESTIC PARTNER INFORMATION:

QUESTIONS 1 through 10 RELATE TO YOUR CURRENT DOMESTIC STATUS. YOU MUST COMPLETE THE FOLLOWING QUESTIONS. (Note - If you are divorced, you must mark "divorced", not "single".)

1. Single Married Separated Divorced Widowed Engaged Dom. Partner

2. What is the length of time your current status has existed? _____

3. Current marriage: _____
Date City County State

4. Spouse _____
Maiden Name of Wife, or Last Name of Husband First Name Middle Name

5. Fiancé or domestic partner's full name: _____
Last Name First Middle

6. Date of birth: _____ Place of birth: _____
(Spouse, fiancé, domestic partner) City State Country

7. Residence address: _____
Street City State Zip

8. Residence telephone no.: (____) _____ Business telephone no.: (____) _____
(Spouse, fiancé, domestic partner)

9. Employer: _____ Occupation: _____
(Spouse, fiancé, domestic partner) (Spouse, fiancé, domestic partner)

10. Employer's address: _____
(Spouse, fiancé, domestic partner) Street City State Zip

11. Your previous marriages (since last application) - If legally separated, divorced, annulled or widowed, indicate below:

Spouse's Name	Mailing Address	City	State	Zip Code
Date of Order/Decree	County and State of Order/Decree			

THE GRAND RONDE GAMING COMMISSION RESERVES THE RIGHT TO REQUEST FULL DISCLOSURE AT ANY TIME DEEMED NECESSARY DURING AN INVESTIGATION.

As the licensee, I hereby attest that the information provided is true, accurate, and complete to the best of my knowledge.

Signature

Print Name

Date

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

AUTHORIZATION FOR DISCLOSURE AND 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 gaming license and the review and decision-making on whether to issue or renew a gaming license by the Commission.

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 foregoing disclosure and authorization.

Print Name

Date

Signature

