

GRAND RONDE GAMING COMMISSION

Gaming License Update 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.)				Preferred Name:	
Title Applying For		Department		Temporary Employment Agency / 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	Place of Birth			Social Security Number	
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*	

* Documentation must be verified by Commission staff.

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

PERSONAL DISCLOSURE REVIEW DATA

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.)

The questions below refer to all juvenile arrests, 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 citation was issued, but you were not taken to jail. [i.e. MIP's, Fish and Game Citations, or Theft.]

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. Has a criminal indictment filed against you in any jurisdiction?

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

3. Had any contact with a law enforcement officer or agency?

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 an investigation whether you were arrested or not?

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 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 information, complaint indictment, or criminal investigation, regardless of the outcome?
 Yes _____ No _____ (If "Yes", list complete details on the extra page provided.)
2. Has your gaming license been revoked, denied, suspended or under review for any disciplinary action in any state, country or jurisdiction, by any regulatory agency or authority?
 Yes _____ No _____ (If "Yes", list complete details on the extra page provided.)
3. Do you have any relatives associated with or employed in the gaming industry?
 Yes _____ No _____ (If "Yes", state their name, relationship, and association or employment on the extra page provided.)
4. List in the space provided below, all licenses, work permits and professional certifications in any state, foreign country or other jurisdiction, currently or previously held or granted. (Includes gaming licenses and/or Sheriff's cards. The "Status" Options are: Current, lapsed or not renewed, revoked, denied, suspended, or pending.)

TYPE OF LICENSE	AGENCY NAME		
PERIOD HELD	MAILING ADDRESS		
STATUS	CITY	STATE	ZIP CODE

TYPE OF LICENSE	AGENCY NAME		
PERIOD HELD	MAILING ADDRESS		
STATUS	CITY	STATE	ZIP CODE

5. 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

PERSONAL REFERENCES

List three (3) personal references, including one reference who was acquainted with you during the last 5 years. Do not include relatives. You must complete **ALL** information requested in the spaces below.

NAME		YEARS KNOWN	TELEPHONE NO.	
MAILING ADDRESS			EMPLOYER	
CITY	STATE	ZIP CODE		

NAME		YEARS KNOWN	TELEPHONE NO.	
MAILING ADDRESS			EMPLOYER	
CITY	STATE	ZIP CODE		

NAME		YEARS KNOWN	TELEPHONE NO.	
MAILING ADDRESS			EMPLOYER	
CITY	STATE	ZIP CODE		

EMPLOYMENT HISTORY

Please list below all employment and/or unemployment since your original application, or since your last renewal application, whichever was later. **DO NOT LEAVE ANY GAPS IN TIME.**

1.	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.			
	TYPE OF BUSINESS		JOB TITLE	
GAMING PRESENT YES <input type="checkbox"/> NO <input type="checkbox"/>	NAME OF SUPERVISOR		DESCRIPTION OF DUTIES	
2.	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.			
	TYPE OF BUSINESS		JOB TITLE	
GAMING PRESENT YES <input type="checkbox"/> NO <input type="checkbox"/>	NAME OF SUPERVISOR		DESCRIPTION OF DUTIES	
3.	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.			
	TYPE OF BUSINESS		JOB TITLE	
GAMING PRESENT YES <input type="checkbox"/> NO <input type="checkbox"/>	NAME OF SUPERVISOR		DESCRIPTION OF DUTIES	
4.	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.			
	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. Previous marriages - If ever 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.

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

NOTICE: Each gaming license applicant shall complete a urinalysis test for drug use, as required, unless you are a current employee applying for a higher level of licensure.

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 1-800-270-3435.**

▶ **Experian, 505 City Parkway West, Orange, CA, 92868, telephone number 1-808-397-3742.**

▶ **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.

EXECUTED this _____ day of _____, 20__.

Signature

Print Name

SWORN STATEMENT AND DEPOSITION

State of Oregon)
County of _____) : ss.

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 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: _____