



**TRIBAL GAMING AGENCY
VENDOR LICENSE APPLICATION**
(Individual Applicant)

PIT RIVER GAMING COMMISSION
20265 Tamarack Avenue ♦ Burney, California 96013
(530) 335-2334 ext 238 ♦ (530) 335-4734

NOTICE TO APPLICANTS

AUTHORITY-

Indian Gaming Regulatory Act, 25 U.S.C. 2701 et seq. and Tribal Ordinance and Regulations.

PURPOSE:

To protect the tribe, employees, patrons, and public by ensuring that gaming activities are free from criminal activities and corruptive elements. The required information is used to determine the suitability of the applicant to be associated with the gaming industry.

BURDEN OF PROOF:

An applicant is seeking the granting of a privilege. The burden of proving the applicant's qualifications is at all times on the applicant.

DISCLOSURE OF INFORMATION:

An applicant may be subject to denial or other action for failing to provide all information, documentation, and assurances as required or requested, or failing to reveal any material facts, or providing misleading or untrue information. The Pit River Gaming Commission a Tribal Gaming Agency reserves the right to request additional information at any time. The disclosure of your Social Security Number (SSN) is voluntary. However, failure to supply a SSN may result in errors in processing your application.

WAIVER OF CLAIM FOR DAMAGES:

An applicant accepts any risk of adverse reaction, financial loss, or public notice, which may result from any action taken with respect to an application. By filing an application, an applicant expressly waives any claim for damages as a result of any action taken with respect to that application.

WITHDRAWAL OF AN APPLICATION:

An application may not be withdrawn without the permission of the Pit River Gaming Commission a Tribal Gaming Agency.

NOTICE REGARDING FALSE STATEMENTS:

In signing this application, I understand that false or misleading statements on any part of the application may be grounds for denial or revocation of a gaming license.

USE OF INFORMATION PROVIDED ON APPLICATION:

The information is requested to determine the eligibility of individuals to do business with the tribal gaming operation. The information will be used by the Pit River Gaming Commission a Tribal Gaming Agency and the National Indian Gaming Commission members and staff who have need for the information in performing their official duties. The information may be disclosed to the appropriate federal, tribal, state, local, or foreign law enforcement and regulatory agencies when relevant to civil, criminal, or regulatory investigation or prosecutions, or when pursuant to a requirement by the tribe in connection with the issuance or revocation of a gaming license, or investigation of activities while: associated with the tribe or the tribal gaming operation. Failure to consent to the disclosures requested in this application may result in the Tribe being unable to do business with you and your company.

LICENSE FEES:

The level of fees for issuance of a gaming license, and the payment of such fees, shall be in accordance with tribal regulations.

SPECIAL INSTRUCTIONS:

- o Complete each question. If not applicable, indicate so with "N/A".
- o Please type or print all answers. Do not use pencil. Failure to do so will cause delays and/or denial of your application.
If needed, attach additional documents or explanation sheets.
- o Submit two current passport quality photographs. Ensure the photograph is a full facial view, Write your name and social security number on the back of each picture.

IDENTIFICATION REQUIREMENTS:

As part of your application, we require that you provide positive proof of your identity, including one or more of the following official documents:

- o Certification of birth;
- o Valid driver's license;
- o State identification card;
- o Military identification card;
- o Valid passport; or
- o Alien registration card, if you are a registered alien.

WHO SHOULD COMPLETE AN APPLICATION:

Principals of vendors providing goods or services to the tribal gaming operation should complete the license application. For the purpose of this application, "Principals" includes officers and directors of the business entity; management; owners; partners; non-institutional stockholders (10% or more and the 10 largest stockholders); onsite vendor representatives that will be entering the gaming facility on behalf of the vendor and manager of the agreement, if applicable.

Section 1. Personal History Information

[A] PERSONAL INFORMATION

Last Name		First Name		Middle Name (if no middle name, indicate "NMN".)	
Alias(as), Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise					
Present Residence Address - Street or Route)			City, County, State, Zip		
Mailing Address (if different from above)					
Present Employer Business Address			City, County, State, Zip		
Current Occupation			Phone: Residence () _____ Business () _____ Fax () _____		
Date of Birth		Place of Birth (City, County, State, and Country)			
Age	Social Security Number _____ - _____ - _____	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Drivers License/Identification Card No. State Issued: _____		
Eye Color	Hair Color	Weight	Height		
Distinguishing marks (scars, tattoos, etc.). Describe and indicate location.					
Are you a Tribal member? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, list:					
Tribal affiliation: _____ Enrollment No.: _____ Location: _____					
List all languages (indicate whether spoken, written, or both)-. _____					

VENDOR LICENSE APPLICATION

VENDOR APPLICANTS
(INDIVIDUAL APPLICANT)

Do not misstate or omit any material fact(s) as each statement made herein is subject to verification. Any corrections, changes or other alterations must be initialed and dated by the applicant. Each page, including additional pages, must be initialed 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.

You are advised that this Gaming License Application is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for denial or revocation.

Date of Application: _____ / _____ / _____

Company Name: _____

Position in Company: _____

Tribal Gaming Agency: _____

Name / Address / Phone: _____

AFFIX A PASSPORT
QUALITY PHOTOGRAPH
TAKEN WITHIN THE
LAST 30 DAYS HERE

Date of Photograph: _____

Application #: _____

Do you have any family members who work in gaming or gaming related positions in this gaming facility? Yes No

If YES, provide name, address, relationship, position held, and supervisor's name.

Name	Address	Relationship	Position Held	Supervisor

Are you a United States citizen? Yes No If NO, what country? _____

Alien Registration Number: _____ If naturalized, Certificate Number: _____

Date naturalized: ____/____/____ Place: _____
(Submit copy of naturalization document for verification)

Are you eligible for employment in this country? Yes No

[B] MARITAL INFORMATION:

Single Married Separated Divorced Widowed

Information regarding current spouse:

Full Name: _____
Last First Middle Maiden

Date of Birth: ____/____/____ Place of Birth: _____

Residence Address (if different from applicant): _____

Telephone: Residence (____) _____ Business (____) _____

Employer: _____ Occupation: _____

Address of Employer: _____
Street City State Zip

Date of Marriage: ____/____/____

FORMER MARRIAGE(S):

Name (Last, First, Middle, Maiden)	Dates of Marriage (From-To)

Application #: _____

(3) Parents and/or Step-Parents

List name, place of birth, residence address, and most recent occupation of parents and/or step-parents. If retired or deceased, list last address and occupation.

Name (Last, First, Middle, Maiden)	Place of Birth	Address	Occupation
Father			
Mother			
Step-Father			
Step-Mother			

[D] EDUCATIONAL BACKGROUND: List below your formal education, and include any schools or training programs attended.

	Name of School	Location (City/State)	Dates of Attendance	Graduate	
High School				Yes	No
College/University				Yes	No
Other				Yes	No
Other				Yes	No

[E] **MILITARY INFORMATION:**

Have you ever served in any armed forces? Yes No (If YES, attach a copy of your DD214)

Branch of Service: _____ Dates of Service: from _____ to _____ State: _____

Type of Discharge: _____ Rating at Separation- _____ Serial Number: _____

While in the military, were you ever charged with any offense or disciplined? Yes No

If YES provide details: _____

[F] **EMPLOYMENT HISTORY:** Beginning with your current employment, list your employers, assignments, volunteer activities, military experience, and periods of unemployment during the last 15 years.

Month and Year (From-To)	Name/Mailing Address/Employer Telephone Number		Reason for Leaving
Title	Description of Duties	Name of Supervisor	Gambling Related? Yes No
Month and Year (From-To)	Name/Mailing Address/Telephone Number of Employer Business		Reason for Leaving
Title	Description of Duties	Name of Supervisor	Gambling Related? Yes No
Month and Year (From-To)	Name/Mailing Address/Telephone Number of Employer Business		Reason for Leaving
Title	Description of Duties	Name of Supervisor	Gambling Related? Yes _____ No _____
Month and Year (From-To)	Name/Mailing Address/Telephone Number of Employer Business		Reason for Leaving
Title	Description of Duties	Name of Supervisor	Gambling Related? Yes No
Month and Year (From-To)	Name/Mailing Address/Telephone Number of Employer Business		Reason for Leaving
Title	Description of Duties	Name of Supervisor	Gambling Related? Yes No

Application #: _____

[G] **RESIDENCES:** Please list all your residences (most recent first) for at least the past 15 years

Month and Year (From-To)	Street and Number	City	County and State	Rent/Own (check one)
				Own _____ Rent _____
				Own _____ Rent _____
				Own _____ Rent _____
				Own _____ Rent _____
				Own _____ Rent _____
				Own _____ Rent _____
				Own _____ Rent _____
				Own _____ Rent _____
				Own _____ Rent _____
				Own _____ Rent _____
				Own _____ Rent _____
				Own _____ Rent _____
				Own _____ Rent _____
				Own _____ Rent _____

Application #: _____

[H] **REFERENCES:** List name, address, and telephone number of at least three (3) personal references who are not related to you. Include at least one (1) reference you were acquainted with during each period of residence listed in Question [G] above. Do not include relatives, present employer, or your employees.

Name and Occupation	Street	City	State	Zip	Telephone	Years Known
Name	Home				Home	
Occupation	Mailing Address				Work	
Name	Home				Home	
Occupation	Mailing Address				Work	
Name	Home				Home	
Occupation	Mailing Address				Work	
Name	Home				Home	
Occupation	Mailing Address				Work	
Name	Home				Home	
Occupation	Mailing Address				Work	
Name	Home				Home	
Occupation	Mailing Address				Work	

[I] **BUSINESS INTERESTS:** List all businesses, corporations and partnerships with which you are or have been associated with in the past 15 years as an owner, officer, director, active shareholder, partner or other related capacity.

Dates of Involvement (From-To)		Name/Mailing Address/Telephone Number of Business			Name of Corporation/ Partnership
Capacity/Title	Primary Purpose	Amount of Investment	% Ownership/# Shares Owned		Gambling Related? <input type="checkbox"/> Yes <input type="checkbox"/> No
Dates of Involvement (From-To)		Name/Mailing Address & Telephone Number of Business			Name of Corporation/ Partnership
Capacity/Title	Primary Purpose	Amount of Investment	% Ownership/# Shares Owned		Gambling Related? <input type="checkbox"/> Yes <input type="checkbox"/> No

Application #: _____

Dates of Involvement (From-To)		Name/Mailing Address/Telephone Number of Business			Name of Corporation/ Partnership	
Capacity/Title	Primary Purpose	Amount of Investment	% Ownership/# Shares Owned		Gambling Related? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Dates of Involvement (From-To)		Name/Mailing Address Telephone Number of Business			Name of Corporation] Partnership	
Capacity/Title	Primary Purpose	amount of Investment	% Ownership/# Shares Owned		Gambling Related? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Dates of Involvement (From-To)		Name/Mailing Address/Telephone Number of Business			Name of Corporation/ Partnership	
Capacity/Title	Primary Purpose	Amount of Investment	% Ownership/# Shares Owned		Gambling Related? <input type="checkbox"/> Yes <input type="checkbox"/> No	

[J] Describe all previous or existing business relationships with any Indian Tribe, including any ownership interest in those businesses:

[K] Describe any existing or previous business relationships with the gaming industry, including any ownership interests in those businesses:

Section 2. Other Licensing Information

[A] Have you ever held or applied for a permit, license, or certificate related to gaming, whether or not such license, permit or certificate was granted? Yes No

If YES, list below any licensing or regulatory agency (tribal, state, or local) to which You have applied for a license, permit, or certificate related to gaming activities or lottery, whether or not such license, permit, or certificate was granted. (Include any applications denied, withdrawn, and/or pending.)

Applicant Name: _____	Type of Application: _____
License/permit/certificate number: _____	Dates Held: From _____ To _____
City: _____	County: _____ State: _____ Tribe: _____
Action Taken: _____ Issuing Agency: _____	
Applicant Name: _____	Type of Application: _____
License/permit/certificate number: _____	Dates Held: From _____ To _____
City: _____	County: _____ State: _____ Tribe: _____
Action Taken: _____ Issuing Agency: _____	

[B] Have you ever held or applied to a licensing or regulatory agency for an occupational license, permit, registration, or certificate of any type whether or not the license, permit, or certificate was granted? Yes No

If YES, list below any licensing or regulatory agency to which you have applied for a license, permit, registration, or certificate whether or not such license, permit, registration, or certificate was granted. (Include any applications denied, withdrawn, and/or pending.)

Applicant Name: _____	Date of Application: _____/_____/_____
License/permit/registration/certificate number: _____	City: _____ County: _____ State: _____
Dates: From _____ To _____	Type: _____
Action Taken: _____ Issuing Agency: _____	
Applicant Name: _____	Date of Application: _____/_____/_____
License/permit/registration/certificate number _____	City: _____ County: _____ State: _____
Dates: From _____ To _____	Type: _____
Action Taken _____ Issuing Agency: _____	

[C] Have any disciplinary actions ever been taken, or are any such actions pending, for any, of the above listed license(s), permit(s), registration(s), and/or certificate(s)?

Yes No If YES, provide details below:

Licensing Agency	Date of Action	Nature of Action	Disposition (e.g., revoked, fined, probation)

[D] Have you ever appeared before any licensing agency or similar authority either inside or outside the State of California, for any reason whatsoever? Yes No

If yes, provide complete details:

Section 3. Criminal History Information

[A] Have you ever been convicted of or charged with a felony, or are you currently being prosecuted for a felony?
 Yes No

If YES, please explain: list the charge, date, city, name/address of the courts involved and the disposition. (Including but not limited to theft burglary, embezzlement, falsifying income tax, tax evasion, murder, manslaughter, assault, DUI, fraud, possession/use or sale of drugs, etc.)

Date	Arresting Agency Location - City & State	Original Charge (if any)	Final Charge (if amended or reduced)	Court Location - City & State	Disposition (dismissed, not guilty, guilty, amount of fine and/or length and dates of

[B] Are you now being, or have you in the past 10 years been convicted of or prosecuted for any misdemeanor (including on-going prosecutions)?
 Yes No

If YES, please list the charge, date, city, name/address of the courts involved and the disposition. (Including but not limited to DUI, assault and battery, disorderly conduct, minor shoplifting, property damage, public intoxication, trespassing, etc.)

Date	Arresting Agency Location - City & State	Original Charge (if any)	Final Charge (if amended or reduced)	Court Location - City & State	Disposition (dismissed, not guilty, guilty, amount of fine and/or length and dates of

[C] Are you now, or have you ever been, charged with ANY CRIME (excluding minor traffic violations) within the last 10 years, whether or not convicted, that is not otherwise listed above? Yes No

If YES, please list the charge, date, city, name/address of the courts involved and the disposition.

Date	Arresting Agency Location - City & State	Original Charge (if any)	Final Charge (if amended or reduced)	Court Location - City & State	Disposition (dismissed, not guilty, guilty, amount of fine and/or length and dates of

[D] Have you ever received a pardon for or expungement of any criminal offense? Yes No

If YES, provide details below including the charge, date, city, name/address of the courts involved, and the disposition.

Date	Arresting Agency Location - City & State	Original Charge (if any)	Final Charge (if amended or reduced)	Court - Location City & State	Disposition (pardon, expungement)

Section 4. Financial History Information

[A] Have you ever filed for bankruptcy, in any jurisdiction? Yes No

Date filed: ____/____/____ Date discharged: ____/____/____ Where filed: _____

[B] Have you ever been a plaintiff in a civil suit? Yes No

If YES, explain and give court name and address:

[C] Have you ever been a defendant in a civil suit and/or had a judgment or lien rendered against you? Yes No

If YES, explain and give court name and address:

[D] Have you ever had your state or federal personal income tax return audited or adjusted? Yes No

If YES, provide details and dates:

[E] GROSS ANNUAL INCOME (FOR HOUSEHOLD):

Source: _____ Annual Amount: _____
 Source: _____ Annual Amount: _____
 Source: _____ Annual Amount: _____

TOTAL GROSS ANNUAL INCOME: _____

[F] STATEMENT OF ASSETS (FOR HOUSEHOLD):

List the total value of all assets held, both tangible and intangible, on the appropriate line below. Enter the amounts as of the date of this application. If applicable, your investment in any gambling or related business should be reflected below.

ASSETS:	Original Cost/ Investment	Current Market Value
Cash & Checking Accounts	_____	_____
Savings Accounts & Notes Receivable	_____	_____
Stocks and Bonds	_____	_____
Business Investments	_____	_____
Real Estate	_____	_____
Other Assets (autos, boats, etc.)	_____	_____
TOTAL ASSETS	\$ _____	\$ _____

[G] STATEMENT OF LIABILITIES (FOR HOUSEHOLD):

List all liabilities owed, on the appropriate line below. Enter the amount as of the date of this application.

LIABILITIES:	Monthly Payment	Present Balance
Promissory Notes	_____	_____
Tax Liabilities	_____	_____
Mortgage or Rent.	_____	_____
Car Payments/Leases	_____	_____
Other Liabilities (credit cards, judgments, contingent liabilities, etc.)	_____	_____
Personal Loans	_____	_____
Estimated Monthly Living Expenses	_____	_____
TOTAL LIABILITIES	\$ _____	\$ _____

NOTE. ADDITIONAL FINANCIAL INFORMATION MAY BE REQUIRED BY THE TRIBAL GAMING AGENCY

RELEASE OF INFORMATION AUTHORIZATION

I, _____, hereby authorize any tribal, federal, or state gaming enforcement agency and their authorized agents, for the purpose of determining my suitability for involvement in Indian gaming activities, including operations and regulation, to obtain any and all information and records requested related to my activities including past, present, and future criminal investigations and enforcement matters; administrative and internal investigations; regulatory and disciplinary proceedings; medical records and claims; military activities and records; educational pursuits; financial and credit history; and real and personal property interests. Sources of such records and information may include, but are not limited to, employers, educational institutions; criminal justice, and law enforcement agencies, and court records; investigation and regulatory agencies; tax records; financial and lending institutions; businesses; residential management agents; property interests (real and personal); medical facilities; health care professionals; and relatives and acquaintances.

I authorize custodians of such records and sources of information to release such documents, records, correspondence, and information, and to permit the review and copying of any and all documents, reports, records, correspondence, and information pertaining to my activities, upon request of the representative of the Pit River Gaming Commission or California State Gaming Regulatory Agencies, regardless of any previous agreement to the contrary.

For myself, my heirs, administrators, successors and assigns, I hereby release, remise, and forever discharge any person or entity to whom this request is presented, and their agents and employees, from any and all manner of actions, causes of action, suits, debts, judgments, executions, claims, and demands whatsoever, known or unknown, in law or equity, which I ever had, now have, may have, or may claim to have against such person or entity or their agents and employees arising out of or by reason of complying with this request.

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 any purpose listed in this document.

I agree to indemnify and hold harmless any person or entity to whom this request is lawfully presented and their agents and employees from and against all claims, damages, losses, and expenses. including, reasonable attorney's fees, arising out of or by reason of complying with this request

I understand that the information and records released by records custodians and other sources of information is for the purpose of conducting a background investigation to process my license or license renewal application related to employment, management, or providing goods, services, or financing in conjunction with gaming activities, operations, or regulation.

Copies of this authorization that show my signature are as valid as the original release signed by me.

RELEASE OF INFORMATION AUTHORIZATION

Application #: _____

I, _____, do hereby certify that I have read the foregoing, understand its contents, and authorize release of such records and information about myself.

Signature

Date Signed

Full Name (type or print legibly)

Social Security Number

Current Address

Subscribed and sworn to before me this _____ day of _____

(Print Name)

Notary Public in and for the State of _____

Residing at _____

My Commission expires: _____