



## Choctaw Nation Gaming Commission

P.O. Box 5229 Durant, OK 74702-5229

Phone: (580) 924-8112 Fax: (580) 920-4966

### Non-Key Permit/Special Events License Application

#### **Instructions:**

1. Print or type in blue or black ink. Do not use a pencil.
  
2. Answer all questions accurately and in as much detail as possible. If a question does not pertain to you, write "N/A" (not applicable) in the space provided but do not leave it blank. **(No question should be left blank).**
  
3. All requested documents must be submitted:
  - Valid Federal or State issued photo identification (cannot be expired)
  - Social Security card
  - Any other requested documents
  
4. Application may be faxed or emailed to Darla Emerson
  - Email: [demerson@choctawnation.com](mailto:demerson@choctawnation.com)
  - Fax: 580-920-4966
  
5. Photo must be emailed to Darla Emerson [demerson@choctawnation.com](mailto:demerson@choctawnation.com)
  - Individual Headshots only (passport/ID style)
  - Recent photo (may be taken with cell phone)
  - No hats, head covering or sunglasses

**NOTICE: Failure to list a criminal charge on your application is considered falsification of your gaming application which may result in denial of a gaming license.**



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## Non-Key Permit/Special Events License

Name of applicant: \_\_\_\_\_  
First Middle Last Jr./Sr.

Location: \_\_\_\_\_ Dept & Job Title: \_\_\_\_\_  
Work Site

SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: Male  Female

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_ Provide a legible copy

Do you have a CDIB or Tribal Membership? No  Yes  Tribe \_\_\_\_\_ Provide a legible copy

Do you have a Choctaw Nation electronic access key card? No  Yes  If yes, please provide the 5 digit number on the card following the asterisk or plus sign (\*) or (+). \_\_\_\_\_

Have you ever used any other names, legal or otherwise including alias, nickname, birth name, maiden name or previous marriage? No  Yes  If yes, list all names: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Text messages may be sent to this number? No  Yes

Home Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

### Current Physical Address (no P.O. Boxes):

\_\_\_\_\_  
Street Address City State Zip Code County

1. Have you ever been arrested, charged, or cited with an offense filed against you whether or not there was a conviction (does not include minor traffic violations)? No  Yes  If yes, charges must be listed below.

2. Have you been convicted, or do you have an ongoing prosecution for a felony?  
No  Yes  If yes, charges must be listed below.

### If you answered yes to question 1 or 2 list the date, charge, and disposition (i.e. fine paid, deferred)

Date	Charge	Misdemeanor / Felony	City and State	Sentence / Outcome

(Attach page if additional space is needed.)

3. Are you currently on a deferred sentence or on probation? No  Yes  If yes, list charge(s)

4. Have you ever had a court dismiss any charges against you? No  Yes  If yes, list charge(s)

5. Has your attorney told you that if anyone ever asked if you have been convicted of a crime, you should tell them "no" because the sentence was deferred and the charges then dismissed? No  Yes  If yes, list charge(s)

6. Have you ever had charges expunged from your record by the court? No  Yes  If yes, list charge(s)

7. Are you required to register as a Sex Offender? No  Yes

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approved  Denied

Date \_\_\_\_\_ Approver \_\_\_\_\_



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## RELEASE OF ALL CLAIMS

The undersigned has filed an application with the Choctaw Nation Gaming Commission. In consideration of the assurance by the Commissioner that no determination on said application will be taken except for a deliberate, intensive, and through investigation of the undersigned, including, but not limited to, background, associates, and finances. The undersigned does for myself, my heirs, executors, administrators, successors and assigns, hereby release, remise, and forever discharge the Choctaw Nation, the facility operation, the Choctaw Nation Gaming Commission, its members agents, and associates 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 the undersigned ever had, now has, may have, or claim to have, against any or all of said entities or individuals arising out of or by the reason of, the processing or investigation of or other action relating to, the undersigned's application.

I, the undersigned, have read this release and its terms. I executed it voluntarily and with full knowledge of its significance.

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## CONSENT TO JURISDICTION

I, \_\_\_\_\_ the undersigned, do hereby explicitly consent and adhere to the jurisdiction of the Choctaw Nation, as well as the Choctaw Nation Gaming Commission so long as I have a working relationship, temporary or otherwise with the Choctaw Nation gaming operation or an entity within the jurisdiction thereof. I further acknowledge that after termination of such relationship that all acts done by myself within the Choctaw Nation facilities or jurisdiction thereof, may fall within the normal statutes of limitations provided by applicable law; and

Furthermore I, the undersigned, do hereby affirm that I meet the standards to be issued a license by the Choctaw Nation Gaming Commission as set forth in the laws of the Choctaw Nation, the Indian Gaming Regulatory Act, and all applicable regulations set forth herein; and

Finally I, the undersigned, hereby request that the Choctaw Nation Gaming Commission issue me a temporary license (if applicable) so that I may establish a working relationship within the Choctaw Nation gaming facilities or jurisdiction thereof on a probationary basis until the Choctaw Nation Gaming Commission has the necessary information to make a final determination. I fully acknowledge and understand that a temporary license shall not be valid for more than ninety (90) days, without good cause for an extension as determined by the Choctaw Nation Gaming Commission; and

I understand that a gaming license is a privilege and not a right.

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## PRIVACY ACT NOTICE AND NOTICE REGARDING FALSE STATEMENTS

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 granted a gaming license. The information will be used by the Tribal gaming regulatory authorities and by the National Indian Gaming Commission (NIGC) members and staff who have need for the information in the performance of their official duties. The information may be disclosed by the Tribe or the NIGC 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 NIGC in connection with the issuance, denial, 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 a tribe's being unable to license you for a primary management official or key employee position. 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 license application may be grounds for denying a license or the suspension or revocation of a license. Also, you may be punished by fine or imprisonment (U.S. Code, title 18, Section 1001).

## CERTIFICATION

I hereby acknowledge receipt of the above notices and understand that compliance with the same is a condition of maintaining my gaming license.

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_



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# AUTHORIZATION FOR RELEASE OF INFORMATION

I, \_\_\_\_\_ hereby authorize release to the  
Print/Type Applicant's Full Legal Name

Choctaw Nation Gaming Commission any information requested in order for the Choctaw Nation Gaming Commission to determine my suitability for continued involvement in Indian gaming.

This document authorizes release of requested information whether or not such information would otherwise be protected from disclosure by a 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 any information related to my activities including: schools, property interest (real and personal), employment, criminal justice agencies, regulatory agencies, business, financial institutions, lending institutions, medical institutions, hospitals, and health care professionals.

I authorize review and copying of all documents.

I relinquish any right that I may otherwise have to pursue a cause of action against any person (or his or her agent) to whom this request is presented when such cause of action arises out of a response to a request for information pursuant to the Indian Gaming Regulatory Act of 1988 (25 U.S.C. § 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's fees.

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

**Applicant's Signature:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

CHOCTAW NATION GAMING COMMISSION RULES REGARDING GAMING LICENSES

**Periodic inspections will be performed by members of the Choctaw Nation Gaming Commission and State Compliance Agency to ensure all licensees are wearing a VALID GAMING LICENSE.**

Initial in Space Provided

\_\_\_\_\_ Non-Key Permit/Special Events license must be worn at all times while at work.

- Choctaw Casino Security and Choctaw Nation Gaming Commission have the authority to verify that all associates wear their Non-Key Permit/Special Events license while on duty. Associates working without their Non-Key Permit/Special Events license will be reported to their immediate supervisor and the Choctaw Nation Gaming Commission.

\_\_\_\_\_ Non-Key Permit/Special Events license/permit must be visible with front of card facing out.

\_\_\_\_\_ The Non-Key Permit/Special Events license must be worn on a neck lanyard or clipped to the front chest area.

\_\_\_\_\_ Do not apply anything extra to the Non-Key Permit/Special Events license such as stickers, name tags, photos, etc.

\_\_\_\_\_ Plastic badge holder must only contain the license from the CNGC and/or badges issued by Choctaw Casinos.

- Use for storage of money, pictures, stickers, etc. will not be permitted.

\_\_\_\_\_ An associate may not wear another associate's Non-Key Permit/Special Events license or use another associate's access card.

\_\_\_\_\_ When an associate resigns or is terminated, the Non-Key Permit/Special Events license must be returned to the Choctaw Nation Gaming Commission.

\_\_\_\_\_ If a gaming license is lost, notify your supervisor so that the supervisor may request a new license to be issued by the Choctaw Nation Gaming Commission. There will be a \$5.00 charge to replace a lost license.

- If a Non-Key Permit/Special Events license is lost when the Gaming Commission or Human Resources Department is closed, the associate must be issued a temporary work license through Security. The temporary work license may not be issued for more than four (4) consecutive days (weekend/holiday).

**I attest/affirm that I have read the above information and that I fully understand this information.**

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_