



# Choctaw Nation Gaming Commission

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

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

## Gaming License Renewal Application

### Instructions:

1. Original application must be submitted 30 days prior to license expiration date. A photocopy will not be accepted. Fingerprints must also be taken by CNGC at that time.
2. Print or type in blue or black ink. Do not use a pencil.
3. 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**).
4. Persons completing this application for a Key/Primary position will have their fingerprints and photo taken by Gaming Commission personnel. A credit report will also be obtained for background investigation purposes.
5. All requested documents must be submitted:
  - Valid Federal or State issued photo identification (cannot be expired)
  - Proof of Residence (if different from identification card)
  - DD-214, DD-256 or Proof of Current Enlistment (if applicable)
  - Occupational License
  - Court Records
  - Any other requested documents

**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 and prevent employment with Choctaw Casinos.**



# Choctaw Nation Gaming Commission

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

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

## Gaming License Renewal Application

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

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): You must provide proof of your current address

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

Length of time at your current address: \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_  
Month Year Month Year

Have you had any other physical addresses since the previous license approval date from Choctaw Nation Gaming Commission (CNGC)? No \_\_\_ Yes \_\_\_ If yes, please list:

\_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_  
Address City State Zip County

\_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_  
Address City State Zip County

(Attach page if additional space is needed)

1. Have you served with the military since the previous license approval date from the CNGC?

No \_\_\_ Yes \_\_\_ If yes, in what branch of service: \_\_\_\_\_

Dates served: \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_ Type of discharge: \_\_\_\_\_  
Month Year Month Year Provide DD214/DD256 or Proof of Current Enlistment

2. Has your name changed since the previous license approval date from the CNGC?

No \_\_\_ Yes \_\_\_ If yes, list reason \_\_\_\_\_ Provide copy of Social Security Card

3. Have you filed an application for an occupational license/permit (i.e. **Alcohol, CDL, CLEET, Food Handling, Teaching, Nursing License or Certification, Cosmetology, etc.**) since the previous license approval date from the CNGC?

No \_\_\_ Yes \_\_\_ If yes, provide a copy of license/permit

Date: \_\_\_\_\_ Agency: \_\_\_\_\_ License Class/Type: \_\_\_\_\_

4. Have you filed an application for a gaming license/permit since the previous license approval date from the CNGC?

No \_\_\_ Yes \_\_\_ If yes, provide a copy of license/permit

Date: \_\_\_\_\_ Agency: \_\_\_\_\_ Casino: \_\_\_\_\_

Date: \_\_\_\_\_ Agency: \_\_\_\_\_ Casino: \_\_\_\_\_

5. Has any regulatory/issuing agency (gaming or occupational) ever denied your application or revoked your license?  
 No \_\_\_\_\_ Yes \_\_\_\_\_ If yes, list all below.  
 Agency and reason: \_\_\_\_\_
6. Has any regulatory/issuing agency (gaming or occupational) ever issued a disciplinary charge, whether or not a suspension or revocation was imposed? No \_\_\_\_\_ Yes \_\_\_\_\_ If yes, list all below.  
 Agency and reason: \_\_\_\_\_
7. Have you been arrested or had any charges (Excluding minor traffic violations) filed against you whether or not there was a conviction since the previous license approval date with CNGC? No \_\_\_\_\_ Yes \_\_\_\_\_  
**All charges must be listed below.** If yes, were those charges reported to CNGC? No \_\_\_\_\_ Yes \_\_\_\_\_
8. Have you been convicted or do you have an ongoing prosecution for a felony since the previous license approval date from the CNGC? No \_\_\_\_\_ Yes \_\_\_\_\_ **If YES, charges must be listed below.**

**If you answered yes to question 7 or 8 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)

9. Have you had a **bankruptcy, tax lien, repossession, small claims, civil suit or civil judgment** filed against you since the previous license approval date from the CNGC?  
 No \_\_\_\_\_ Yes \_\_\_\_\_ If yes, list each and attach a statement. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

10. Have you had any other employers since the previous license approval date from the CNGC?  
 No \_\_\_\_\_ Yes \_\_\_\_\_ If yes, please list employer(s) information below.

Employers Name	Dates of Employment	Employers Address	Employers Phone	Position Held

(Attach page if additional space is needed.)

I, \_\_\_\_\_, do hereby attest that I have read the foregoing application and know the contents thereof; that the statements contained herein are true and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of a gaming license; and that I am voluntarily submitting this application.

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

<b>FOR OFFICE USE ONLY</b>	
Date: _____	Gaming Agent Signature: _____
Birth Certificate on file: _____	CDIB on file: _____



# Choctaw Nation Gaming Commission

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

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

## APPLICANT RECORD NOTIFICATION

As an applicant who may be required to be fingerprinted as part of my criminal history record check for a gaming license, I acknowledge and understand the following:

- My fingerprints will be used to check the criminal history records maintained by the FBI;
- I have the opportunity to complete or challenge the accuracy of the information contained in the FBI identification record;
- The procedures for obtaining a copy of my FBI criminal history record are set forth at 28 CFR §§ 16.30 - 16.33, or by visiting the FBI's website at <<http://www.fbi.gov/about-us/cjis/background-checks>>; and
- The procedure for obtaining a change, correction, or updating an FBI identification record are set forth at 28 CFR § 16.34.

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

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

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

## 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.

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

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

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



# Choctaw Nation Gaming Commission

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

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

## 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.

Executed at (city) \_\_\_\_\_, (state) \_\_\_\_\_, on this \_\_\_\_\_ day of  
(month) \_\_\_\_\_, (year) \_\_\_\_\_.

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

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Notary Public in County of \_\_\_\_\_ and for the State of: \_\_\_\_\_.

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

(Seal)

Date

Notary Signature



# Choctaw Nation Gaming Commission

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

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

## 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:** \_\_\_\_\_

## 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.

Executed at (city) \_\_\_\_\_, (state) \_\_\_\_\_,

on this \_\_\_\_\_ day of (month) \_\_\_\_\_, (year) \_\_\_\_\_.

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



Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Notary Public in County of \_\_\_\_\_ and for the State of: \_\_\_\_\_.

My Commission Expires: \_\_\_\_\_ (seal)

Date

Notary Signature

## 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

- \_\_\_\_\_ Gaming 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 gaming license while on duty. Associates working without their gaming license will be reported to their immediate supervisor and the Choctaw Nation Gaming Commission.
  
- \_\_\_\_\_ Gaming license must be visible with front of card facing out.
  
- \_\_\_\_\_ The gaming license must be worn on a neck lanyard or clipped to the front chest area.
  
- \_\_\_\_\_ Do not apply anything extra to the gaming license such as stickers, name tags, photos, etc.
  
- \_\_\_\_\_ Plastic badge holder must only contain the issued licenses 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 gaming license or use another associate's access card.
  
- \_\_\_\_\_ When an associate transfers/changes their department or location, the gaming license must be updated immediately.
  - When an associate resigns or is terminated, the gaming license must be returned to the Choctaw Nation Gaming Commission or the casino Human Resources department.
  
- \_\_\_\_\_ 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 gaming 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).

**Key & Primary Gaming Licenses expire two (2) years from approval date. Applications for renewal are due thirty (30) days before the license expires.**

### ASSOCIATES CRIMINAL HISTORY INFORMATION

- \_\_\_\_\_ All associates are required to immediately notify the Choctaw Nation Gaming Commission and the casino Human Resources Department of any criminal charges or convictions while employed with Choctaw Casinos. Failure to do so may result in suspension or revocation of your gaming license.
  
- \_\_\_\_\_ Any associate with an outstanding warrant (including traffic) will have their gaming license suspended until a warrant release is obtained and provided to the Choctaw Nation Gaming Commission. Failure to do so may result in denial of your gaming license.

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

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

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

<b>FOR OFFICE USE ONLY:</b> Date _____	
The Criminal History & Warrant Notification information has been reviewed with applicant.	
_____ HR or GC initials	_____ Applicant Initials