



Choctaw Nation Gaming Commission

P.O. Box 5229 Durant, OK 74702-5229
Phone: (580) 924-8112 Fax: (580) 920-4966

Vendor Company License Application

LICENSE AND APPLICATION FEE SUBMISSION

When submitting an application for a vendor gaming license, the applicant shall remit the appropriate fee for Gaming/Gaming Related Vendors assessed in the fee schedule below. Payment should be made in the form of a cashier's check or company check made payable to the Choctaw Nation Gaming Commission, PO Box 5229 Durant, OK 74702. Wire Transfer Information can also be provided upon request. The fee is non-refundable and is used to offset the costs of the investigation.

The licensing investigation will not begin until the fee and a fully executed contract (if applicable) with the Choctaw Nation are received.

*New Application Processing Fee Structure Effective 6-1-23

| Gaming Vendors | License Fee |
|--|-------------|
| Gaming machine vendors with 1 to 25 licensed employees | \$7,500.00 |
| Gaming machine vendors with 26 to 50 licensed employees | \$10,000.00 |
| Gaming machine vendors with 51 to 100 licensed employees | \$15,000.00 |
| Additional employees over limit will require a license fee of \$250.00 per person. | |

| Gaming-Related Vendors | License Fee |
|--|-------------|
| Vendors with 1-10 licensed employees | \$1,500.00 |
| Vendors with 11-25 licensed employees | \$3,000.00 |
| Additional employees over limit will require a license fee of \$250.00 per person. | |

The following information must accompany the Vendor Application, if applicable:

- Certified Copy of Articles of Incorporation, including amendments
- Annual financial reports for past 2 years (at a minimum, income statement and balance sheet)
- Most current 10-K filing for publicly traded companies.
- Organizational Chart
- Operating Agreement
- Partnership Agreement
- Agreements or Contracts with Choctaw Nation of Oklahoma
- Financial Institution Verification (page 11)
- Other agreements to operate a business.

NOTE: The Gaming Commission reserves the right to request additional information and documentation throughout the course of the background investigation.



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

The undersigned hereby makes application for a license to conduct business with the Choctaw Nation of Oklahoma.

Upon the request of the Choctaw Nation Gaming Commission, I agree to report any changes in:

- Financial data or other information that may be deemed necessary or appropriate.
- Stockholders of the corporation
- Applicant's officers, directors, partners, investors, principals, or others required to complete application.
- Company Name
- Ownership Change
- Organizational Structure

SECTION I:

Official Name of Company: _____

Company Type:

Publicly Traded Co: Corporation: Partnership: Joint Venture:

LLC: Sole Proprietorship: Other(specify): _____

Federal Tax I.D. Number: _____ Or SSN (if sole proprietorship) _____

Trade Name (DBA): _____

Physical Address: _____

Phone Number: _____ Fax Number: _____

Contact Person: _____ Title/Position: _____

Phone Number: _____ Fax Number: _____

Email Address: _____

SECTION II:

List all other names and addresses under which the company has transacted business in the last two (2) years:

Is the company a subsidiary of any other company or have a parent/holding company? If so, provide the names below:

Subsidiaries: _____

Parent/Holding Companies: _____



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SECTION III:

Please Indicate which category best describes your company:

EGM Manufacturer:

EGM Distributor:

Gaming Equipment:

Gaming Services:

Gaming Supplies:

Marketing/Advertising:

IT Services:

Construction Services:

Other (specify): _____

Please provide a brief description of the goods or services that will be provided to Choctaw Casinos:

- Describe below any current or previous business relationship(s) with the gaming industry, including ownership interest in those businesses?

YES NO

If yes, please provide the information below:

| Name of Business | Address | Nature of Relationship | Dates of Relationship |
|------------------|---------|------------------------|-----------------------|
| | | | |
| | | | |
| | | | |

- Does the company have any current or previous business relationship(s) with any Indian Tribe or management interest in any Tribal business, either gaming or non-gaming?

YES NO

If yes, please provide the information below:

| Name of Tribe | Address | Nature of Relationship | Dates of Relationship |
|---------------|---------|------------------------|-----------------------|
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SECTION III continued:

- Has the company ever applied to any licensing or regulatory agency for a license, permit, or other authorization related to gaming, whether or not such license, permit, or authorization was granted?

YES NO

If yes, please provide the following information for each license, permit, or authorization:

| Name of Licensing Authority | Address | Telephone Number | Date Issued |
|-----------------------------|---------|------------------|-------------|
| | | | |
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| | | | |
| | | | |

- Has the company ever had any disciplinary action, suspension revocation or denial related to a gaming license listed above?

YES NO

| Name of Licensing Authority | Address | Telephone Number | Type Of Disciplinary Action | Date of Disciplinary Action |
|-----------------------------|---------|------------------|-----------------------------|-----------------------------|
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***A statement must be attached for each disciplinary action listed above.**

SECTION IV:

- In the last ten (10) years, has the company ever filed for bankruptcy?

YES NO

- In the last ten (10) years, has the company ever been subject of any type of investigation by any governmental agency for any type of criminal or civil violation?

YES NO



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SECTION IV continued:

3. In the last ten (10) years, has the company ever been involved in any civil litigation alleging unfair or anti-competitive business practices or misleading advertising or violations of security regulations?

YES NO

4. Is the company currently a party to any civil lawsuits?

YES NO

If yes, please provide the information below:

| Case Name or Case Number | Court | Date Filed | Disposition |
|--------------------------|-------|------------|-------------|
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***A statement must be attached for each civil action listed above.**

SECTION V:

1. State of Incorporation: _____ Date: _____

2. Oklahoma business registration or license number: _____

3. Date of Oklahoma registration: _____

4. Other States or Jurisdictions where registered or qualified to do business:

| State/Jurisdiction | Date of Registration | License Number |
|--------------------|----------------------|----------------|
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SECTION VI:

Provide names, addresses, emails, and telephone numbers of three (3) consumer-based business references with whom you have routinely conducted business within the last five (5) years and one (1) financial institution reference.

Business References:

1. Name of Business: _____

Mailing Address: _____

Contact Person: _____ Phone: _____

Email: _____ Fax: _____

2. Name of Business: _____

Mailing Address: _____

Contact Person: _____ Phone: _____

Email: _____ Fax: _____

3. Name of Business: _____

Mailing Address: _____

Contact Person: _____ Phone: _____

Email: _____ Fax: _____

Financial Institution Reference: *Please provide a completed Financial Institution Verification with your application.

1. Name of Financial Institution: _____

Mailing Address: _____

Contact Person: _____ Phone: _____

Email: _____ Fax: _____



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SECTION VII:

The following persons must complete the Vendor Gaming License Application including, Privacy Act Notice & Notice Regarding False Statements, Authorization for Release of Information, Release of All Claims, and CNGC Rules Regarding Gaming Licenses:

1. All owners or partners.
2. All trustees, beneficiaries or shareholder holding five percent (5%) or more of companies beneficial or controlling ownership-either directly or indirectly.
3. All officers, directors, principals, management employees or key employees.
4. All persons responsible for on-site supervision, management, or technical assistance, including machine technicians.
5. All persons with access to physical or virtual intellectual property, gaming equipment, gaming data, or other sensitive information as determined by CNGC.

Provide the following information for each person identified above (continue information on additional page if necessary). Those listed below must also provide a valid photo identification and other required documents as listed on the Vendor Gaming License Application.

| Full Name | Job Title/Position | Years with Company | Ownership Interest Yes or No | Remote Access Needed | |
|-----------|--------------------|--------------------|---------------------------------|----------------------|----|
| | | | | Yes | No |
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SECTION VIII:

I, _____ agree to submit payment in full, for the licensing fee as required by
Printed Name
the Choctaw Nation Gaming Commission with submission of this application.

I certify that I am a duly authorized representative of the company with knowledge and authority to provide the above information and to act on behalf of this business entity, and to the best of my knowledge and belief that the foregoing information is true, accurate, and complete as of the date of this document. I understand that untruthful or misleading answers are cause for denial of the application and/or revocation of any gaming license granted. I further understand that this company has a continuing duty to provide all material, assistance, and information required by the Choctaw Nation Gaming Commission, including any information that may be requested from company owners, shareholders, directors, officers or any person(s) that will be responsible for on-site supervision, management, and technical assistance, including gaming machine technicians; and to fully cooperate in any investigation conducted by or on their behalf. If any information provided on this application changes or otherwise becomes inaccurate, or new information becomes available, I agree to promptly notify the Choctaw Nation Gaming Commission with or without a formal request for such information.

| | |
|--|-------------------|
| Signature of Authorized Representative | Title or Position |
| Company Name | Date |

◆ ----- ◆

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



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Authorization for Release of Information for Vendor Licensing

The undersigned has filed an application for a gaming license with the Choctaw Nation Gaming Commission. Federal, State and/or Tribal law requires that the Choctaw Nation Gaming Commission is authorized to perform a thorough investigation of the undersigned, including, but not limited to, the companies background, finances, and associates.

The undersigned hereby authorizes the Choctaw Nation Gaming Commission:

A. To obtain any information from any source necessary to determine whether a gaming license should be issued to the undersigned: and

B. To release the information to other 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 the Choctaw Nation Gaming Commission, the information is relevant to licensing of the undersigned by the Choctaw Nation Gaming Commission. Such confidential and proprietary information will be held in trust and confidence. It shall be used only for the contemplated purpose and will not be released to the public.

The undersigned hereby releases, and forever discharges, the Choctaw Nation, its agents, and employees, from any and all causes of actions, and other claims as well as any and all judgments known or unknown, that the undersigned may have or claim to have arising out of or by reason of the processing investigation related to consideration of the undersigned's gaming license application, or any legally required reporting.

On behalf of _____, I, _____
Company Name Authorized Representative

have authorized the Choctaw Nation Gaming Commission to conduct a full investigation into the background of said company.

Therefore, you are hereby authorized to release any and all information pertaining to this company, documentary or otherwise, as requested by any employee or agent of the Choctaw Nation Gaming Commission.

A photo-static copy of this authorization is as effective and valid as the original.

In witness whereof, I have executed this release on the _____ day of _____, 20_____.

Signature of Authorized Representative

Title or Position

Company Name



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



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Release of All Claims

I, _____, the undersigned, as the authorized representative acting on
Printed Name

behalf of the company listed below, have filed with the Choctaw Nation Gaming Commission, an application. In consideration of the assurance by the Senior Director that no determination on said application will be taken except for a deliberate, intensive, and thorough 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 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 the undersigned ever had, now has, many 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 understand all of its terms. I execute it voluntarily and with full knowledge of its significance.

In witness whereof, I have executed this release in County of _____,
City of _____, State of _____ on the _____ day of _____, _____.

Signature of Authorized Representative

Title or Position

Company Name

Verification of Information

I, _____, being first duly sworn upon oath or affirmation, depose and state:
Printed Name

1. I am the individual who is submitting this form.
2. I personally supplied the information contained in this form.
3. I swear (or affirm) that the information contained in this form is true, complete, and accurate to the best of my knowledge and belief.

Signature of Authorized Representative

Date

Subscribed and sworn to before me this _____ day of and _____, _____.

Notary Public in County of _____ for the State of _____.

My Commission Expires: _____
(Seal) Date

Notary Signature



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FINANCIAL INSTITUTION REFERENCE VERIFICATION

TO BE COMPLETED BY YOUR COMPANY'S REPRESENTATIVE PRIOR TO SENDING IT TO THE FINANCIAL INSTITUTION.

Company Name: _____

Company Address: _____

City: _____ State: _____ Zip: _____

Financial Institution: _____

Checking Account #: _____ Loan Account #: _____

I hereby authorize the referenced financial institution to provide Choctaw Nation Gaming Commission the below information relative to the company's account(s) and/or credit experience with the business.

Signature of Authorized Company Representative

Date

TO BE COMPLETED BY FINANCIAL INSTITUTION REPRESENTATIVE AND RETURNED TO THE CHOCTAW NATION GAMING COMMISSION. Please email the completed verification to cngcvendorlicensing@choctawnation.com or fax it to (580) 920-4966 ATTN:Vendor Licensing Agents.

Financial Institution: _____ Name on Account: _____

Account Open Date: _____ Avg Yearly Balance: _____

N.S.F. Checks? Yes No If yes, how many? _____

Loan(s) Relationship? Yes No Loan Date: _____

Have any loan payments been delinquent? Indicate number of delinquent payments below (if applicable):

30-60: _____ 61-90: _____ 91 and above: _____

Date of last delinquent payment (if applicable): _____

Overall Customer Rating: Poor Satisfactory Excellent

Additional Remarks/Comments: _____

Completed By: _____

Signature of Authorized Financial Institution Representative

Position

Date