



Choctaw Nation Gaming Commission

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

Non-Key/Special Events Permit

Instructions:

1. You are advised that this Application is an official document and misrepresentation or failure to reveal information requested may be sufficient cause for denial or revocation.
2. The application must be printed or typed in blue or black ink. Do **not** use a pencil.
3. All questions on the application must be answered 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 questions on the application should be left blank**).
4. All requested documents must be submitted:
 - Valid Federal or State issued photo identification (cannot be expired)
 - Social Security Card
 - Any other requested documents
5. Applications may be emailed or faxed to:
 - cngclicensing@choctawnation.com
 - Fax: 580-920-4966
6. Photo (for first time/renewing non-Choctaw Nation employees) must also be emailed to cngclicensing@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 any criminal charges on your application is considered falsification of your application which may result in denial of a Non-Key/Special Events Permit.



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Name of applicant: _____
First Middle Last Suffix

Choctaw Nation: Dept & Position: _____

Or
Vendor: Company Name: _____ Position: _____

Cell Phone: _____ Can text messages be sent to this number? No Yes

Alternate Phone: _____ Email: _____

SSN: _____ Date of Birth: _____ Gender: Male Female

Place of Birth: _____ Languages Written or Spoken: _____

Driver's License/Government Issued ID Number: _____ State: ____ Citizenship (Country): _____

Are you a member of a federally recognized Indian Tribe? No Yes
If yes, list Tribe: _____

Have you ever used any other names, legal or otherwise including an alias, nickname, birth name, maiden name or last name from a previous marriage? No Yes If yes, list all names: _____

Please List Your 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 (**excluding traffic violations**) in Oklahoma, or any other State? No Yes If yes, number of times: _____

List each offense below: Any charge(s) listed in questions 2-6 must also be listed below:

| Date | Charge | Misdemeanor | Felony | City and State | Disposition |
|------|--------|-------------|--------|----------------|-------------|
| | | | | | |
| | | | | | |
| | | | | | |

(Attach page if additional space is needed.)

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

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

4. Has your attorney ever told you that you do not have to list a criminal charge because you met your deferred sentence and the charge is now considered dismissed? No Yes
If yes, list charge(s): _____

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



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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 Senior Director 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: _____

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 permit. The information will be used by the Tribal gaming regulatory authorities and staff who have need for the information in the performance of their official duties. The information may be disclosed by the Tribe 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 in connection with the issuance, denial, or revocation of a gaming permit, 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 issue you a permit. 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 permit application may be grounds for denying a permit or the suspension or revocation of a permit. 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 permit.

Applicant's Signature: _____

Date: _____



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AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____ authorize any duly accredited representative of the Choctaw Nation Gaming Commission conducting my background investigation, to obtain any information relating to my activities from individuals, employers, criminal justice agencies, licensing agencies regulatory agencies or other sources of information.

I hereby authorize custodians of records and other sources of information pertaining to me to release such information upon request of the duly accredited representative authorized above regardless of any previous agreement to contrary.

I understand that information released by records custodians and sources of information is for official use by the Choctaw Nation Gaming Commission only for the purposes of determining my suitability for a gaming license with the Choctaw Nation Gaming Commission.

I forever release, fully discharge, and agree to indemnify, defend and hold harmless the Choctaw Nation Gaming Commission, the Choctaw Nation Casinos and the Choctaw Nation of Oklahoma and their respective officers, employees, Tribal Council, representatives and agents from any and all claims, causes of action, responsibility, liability, damages, losses, costs and expenses of any nature related directly or indirectly to performing such investigations and criminal history checks and using and relying on any information obtained therefrom. Additionally, I forever release, fully discharge, and agree to indemnify, defend and hold harmless any current or former employer, entity, individual, officer, employee or agent thereof, that furnishes written or verbal information about me from any and all claims, causes of action, responsibility, liability, damages, losses, costs and expenses of any nature related directly or indirectly to furnishing such information.

Copies of this authorization that show my signature are as valid as the original release signed by me. This authorization is valid from the date signed or upon the termination of my affiliation with the Choctaw Nation Gaming Commission and/or the Choctaw Nation Casino whichever is sooner.

I fully understand and give my authorization.

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

Applicant's Signature: _____

◆-----◆
NOTARY USE ONLY:

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 PERMITS

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

Initial in Space Provided

- _____ Non-Key/Special Events Permit must be worn at all times while at work.
 - Choctaw Casino Security, Surveillance and the CNGC have the authority to verify that all Individuals wear their gaming permit while on duty. Individuals working without their gaming permit will be reported to their immediate supervisor and the CNGC.

- _____ Non-Key/Special Events Permit must be visible with front of card facing out.

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

- _____ Additional items such as stickers, name tags, photos, etc. should not be applied or attached to the Non-Key/Special Events Permit.

- _____ Plastic badge holder must only contain the issued permit from the CNGC, or other cards issued by Choctaw Casinos.
 - Badge holder should not be used for storing any personal items such as pictures, money, etc.

- _____ Non-Key/Special Events Permit are non-transferrable. Individuals may not wear another individual's permit.

- _____ When an individual resigns or is terminated, the Non-Key/Special Events Permit must be returned to the CNGC.

- _____ If the Non-Key/Special Events Permit is lost a replacement may be requested by stopping by the CNGC during regular business hours.
 - If a Non-Key/Special Events Permit is lost when the CNGC is closed, the individual must be issued a temporary work permit by Security. The temporary work permit 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: _____