



Choctaw Nation Gaming Commission

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

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

RENEWAL APPLICATION

Vendor Individual Gaming License or Vendor Permit

** Individual Licensing fee must be paid by the Company or Individual (if applicable).*

Instructions:

1. **You are advised that this Application is an official document and misrepresentation or failure to reveal information requested may be deemed as 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. A criminal report will be obtained for background investigation purposes. Certain positions may be subject to a non-scored credit check.
4. 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).
5. An updated photo must be attached or taken by Gaming Commission personnel in office. Individual head shots must meet the following criteria:
 - No facial piercings, hats, caps, and sunglasses.
 - Non-distracting backgrounds (without shadows, textures, or lines).
 - Must be a recent photo (within 6 months).
 - Must be a color photo with a clear image of the face.
 - Photo should not be changed by filters, phone apps, computer software, or artificial intelligence.
6. All requested documents must be submitted:
 - Valid Federal or State issued photo identification (cannot be expired) Social Security Card
 - Proof of Current Address (if different from photo id provided)
 - Birth Certificate or Passport
 - DD-214, DD-256 or Proof of Current Enlistment (if applicable)
 - Occupational License or Proof of Self Employment (if applicable)
 - Court Records (if applicable)
 - Gaming Vendors Only - 1 Fingerprint Card
 - Any other requested documents

NOTICE: The Gaming Commission reserves the right to request additional information and documentation throughout the course of the background investigation. All licensing fees are non-refundable. Failure to provide requested information within thirty (30) days may be grounds for a license denial.



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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 the Oklahoma Tribal State Gaming Compact. The purpose of the requested information is to determine the eligibility of individuals to be granted a vendor gaming license or vendor permit. The information will be used by the Tribal gaming regulatory authorities, Oklahoma Gaming Compliance Unit 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 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. The disclosure of your Social Security Number (SSN) is voluntary. However, failure to supply an 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 or vendor permit.

Printed Name: _____

Date: _____

Signature: _____



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AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____ authorize any duly accredited representative of the
Printed Name

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 vendor gaming license or vendor permit 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.

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

Executed at city of _____, state of _____, day of _____

month of _____, year of _____.

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



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Renewal Application Vendor Individual Gaming License or Vendor Permit

First Name Middle Name Last Name Suffix
Employer: _____ Job Title: _____

Remote Employee: No Yes

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

Alternate Phone: _____ Email: _____

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

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

Have you had any other Driver's License since the previous license approval date from the CNGC? No Yes If yes, list State(s) and License Number(s): _____

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

Has your name changed since the previous license approval date from the CNGC? No Yes
If yes, list reason _____ Provide copy of updated Social Security Card.

Please List Your Current Physical Address (no P.O. Boxes):

Street Address City State Zip Code County

Dates you have resided at your current address: _____ / _____ to present.
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 each address below:

From _____ / _____ To _____ / _____
Month Year Month Year Physical Address City State Zip

From _____ / _____ To _____ / _____
Month Year Month Year Physical Address City State Zip

(Attach page if additional space is needed)

1. Are you currently active Military/Reserve? No Yes

2. 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

3. Have you filed an application for an occupational license/permit (**Alcohol, CDL, Law Enforcement, Food Handling, Teaching, Nursing License or Certification, Cosmetology, etc.**) whether said license/permit was granted 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, whether said license/permit was granted since the previous license approval date from the CNGC? No Yes If yes, provide a copy of license/permit
Date: _____ Agency: _____ Casino: _____
5. Has any regulatory/issuing agency (gaming or occupational) denied your application or revoked your license since the previous license approval date with CNGC? No Yes If yes, please list all below:
Agency and reason: _____
6. Has any regulatory/issuing agency (gaming or occupational) issued a disciplinary charge, whether or not a suspension or revocation was imposed since the previous license approval date with CNGC? No Yes
If yes, please list all below:
Agency and reason: _____
7. Have you been arrested, charged, or cited with an offense (excluding traffic violations), in Oklahoma or any other State or other country since the previous license approval date from the CNGC? No Yes
If yes, Number of times: _____

List each offense below: Any charge(s) listed in questions 9 - 13 must also be listed below.

Date	Charge	Misdemeanor	Felony	City / State / Other Country	Disposition

(Attach page if additional space is needed)

8. Are you currently on a deferred or suspended sentence or on probation?
No Yes If yes, list charge(s): _____
9. Have you had a court dismiss any charges against you since the previous license approval date from the CNGC?
No Yes If yes, list charge(s): _____
10. Has your attorney 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 since the previous license approval date from the CNGC?
No Yes If yes, list charge(s): _____
11. Have you had charges expunged from your record by the court since the previous license approval date from the CNGC?
No Yes If yes, list charge(s): _____
12. Do you have an open criminal case?
No Yes If yes, list charge(s): _____

13. Are you currently the subject of a criminal investigation? No Yes

14. Have you had a bankruptcy, tax lien, foreclosure, auto charge off, repossession or were you the defendant in a civil judgement, small claim, or civil suit since the previous license approval date from the CNGC?
No Yes If yes, please provide the information for each one below:

Action Type or Case Number if Civil Judgement, Small Claim or Civil Suit	State of Filing	Date

(Attach page if additional space is needed.)

15. Have you had any other employers since the previous license approval date from the CNGC? **All months from your previous license approval date to present must be accounted for.** No Yes
If yes, please list employers information below:

Dates of Employment	Company Name	Company Address	Phone Number	Position Held

(Attach page if additional space is needed.)

16. Were you considered self-employed in any business listed above due to business ownership or being an independent contractor (including Uber, Lyft, Doordash or other 1099 employment)? No Yes

If yes, which business: _____
Please provide proof of self employment. (Tax documents, bank statements, etc.)

I, _____, do hereby attest that I have read this CNGC vendor application and that the contents and statements provided herein are true and contain a complete and accurate account of the information requested. I have executed this application with the knowledge that misrepresentation or failure to reveal all information requested may be sufficient cause for denial or revocation of my gaming license; and further attest that I am voluntarily submitting this application.

I hereby authorize the CNGC to investigate any information provided herein in order to determine my suitability for a CNGC vendor gaming license or vendor permit. I also understand that failure to report a new criminal charge or having an outstanding warrant for my arrest while holding a CNGC vendor gaming license or vendor permit is cause for my vendor gaming license or vendor permit to be suspended.

Applicant's Signature: _____ **Date:** _____

FOR OFFICE USE ONLY: Date: _____ Gaming Agent Signature: _____



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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 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 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

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

CNGC VENDOR GAMING LICENSE AND VENDOR PERMIT REGULATIONS

The CNGC reserves the right to modify the regulations in any way and at any time as needed without prior notice. Periodic inspections will be performed by members of the CNGC and State Compliance Agency to ensure all licensees are wearing a VALID vendor gaming license or vendor permit.

Initial in Space Provided:

All vendor licensees must attest to these regulations.

Vendor gaming license or vendor permit must be worn at all times while on property for work purposes.

- Choctaw Casino Security, Surveillance and the CNGC have the authority to verify that all licensees wear their vendor gaming license or vendor permit while on duty. Licensees working without their vendor gaming license or vendor permit will be reported to their immediate supervisor.

Vendor gaming license or vendor permit must be visible with front of card facing out.

Vendor gaming license or vendor 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 vendor gaming license or vendor permit.

Plastic badge holder must only contain the vendor gaming license or vendor permit issued by 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.

Licensees may not wear another individual's vendor gaming license or vendor permit or utilize another individual's electronic access card.

Vendor gaming license or vendor permit must be returned to the CNGC when a licensee resigns or is terminated.

If a vendor gaming license or vendor permit is lost a replacement may be requested by stopping by the CNGC during regular business hours.

- If the vendor gaming license or vendor permit is lost when the CNGC office is closed, the licensee must be issued a temporary work license by Security. The temporary work license may not be issued for more than four (4) consecutive days (weekend/holiday).

All licensees are responsible for complying with all laws, rules, regulations, and compacts related to tribal gaming.

All licensees are responsible for complying with the Choctaw Casino Dress Code and Personal Appearance Procedure at their assigned casino location(s).

All licensees are required to immediately notify the CNGC of any new criminal charges while licensed by CNGC. Failure to do so may result in suspension or revocation of your vendor gaming license or vendor permit.

Any licensee with an outstanding warrant (including traffic) will have their vendor gaming license or vendor permit suspended until a warrant release is obtained and provided to the CNGC. Failure to do so may result in denial or revocation of your vendor gaming license or vendor permit.

Vendor License expiration date is the same as the company license expiration date. Applications for renewal are due sixty (60) days before the license expires.

Vendor Permit expires two (2) years from approval date. Applications for renewal are due sixty (60) days before the permit expires.

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

Printed Name: _____

Signature: _____

Date: _____