



Choctaw Nation Gaming Commission

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

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

INITIAL 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. A 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 vendor 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
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.

Printed Name

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

Personal Information:

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

Place of Birth: _____ Citizenship (Country): _____

Driver's License/Government Issued ID Number: _____ State: _____

Have you had any other Driver's License in the last five years? 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: _____

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

Dates you have resided at your current address: ____ / ____ to present.
Month Year

If you have not been at your current residence for at least five (5) years, list any additional residences (no post office boxes) in which you resided during the last five (5) years. All 60-months prior to the application date must be accounted for.

1. From ____ / ____ To ____ / ____
Month Year Month Year Physical Address City State Zip

2. From ____ / ____ To ____ / ____
Month Year Month Year Physical Address City State Zip

3. From ____ / ____ To ____ / ____
Month Year Month Year Physical Address City State Zip

4. From ____ / ____ To ____ / ____
Month Year Month Year Physical Address City State Zip

5. From ____ / ____ To ____ / ____
Month Year Month Year Physical Address City State Zip

Military History:

Are you currently active Military/Reserve? No Yes

Have you ever served in the military? No Yes If yes, answer the following:

Dates served: From ____ / ____ To ____ / ____ Branch of service: _____

Type of discharge: _____

Credit History:

In the last (10) years 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?

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

Employment History:

List the complete name, mailing address, and phone number of all employment history for the past five (5) years. All 60-months prior to the application date must be accounted for (unemployed, student, stay-at-home parent, self-employed, etc.). (Attach page if additional space is needed.)

1. From _____ / _____ To _____ / _____ Position: _____

Company Name: _____ Phone Number: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

2. From _____ / _____ To _____ / _____ Position: _____

Company Name: _____ Phone Number: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

3. From _____ / _____ To _____ / _____ Position: _____

Company Name: _____ Phone Number: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

4. From _____ / _____ To _____ / _____ Position: _____

Company Name: _____ Phone Number: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

5. From _____ / _____ To _____ / _____ Position: _____

Company Name: _____ Phone Number: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

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 company: _____

Please provide proof of business ownership. (Tax documents, bank statements, etc.)

Previous and/or Current Business Relationships:

- Do you have any existing or previous business relationships (excluding employment) with Indian Tribes including ownership interest in those businesses? No Yes If yes, explain below:
- Do you have any existing or previous business relationships (not including employment) within the general gaming industry? No Yes If yes, explain below:

If you answered yes to either of the above questions, please explain: _____

Gaming License:

Have you ever filed an application for a license or permit related to gaming? No Yes
 If yes, list all licenses below:

License Issue Date	Active	Expired	Agency & State	Casino	Position

(Attach page if additional space is needed.)

- Has a regulatory agency listed above ever denied your application or revoked your gaming license or permit? No Yes If yes, list all below:
 Agency and reason for denial: _____
- Has a regulatory agency listed above ever issued a disciplinary action on your gaming license or permit, whether or not a suspension or revocation was imposed? No Yes If yes, list all below:
 Agency and reason for disciplinary action: _____

Occupational License:

Have you ever filed an application for an occupational license (including certifications or permits) whether or not said license was granted? (Alcohol, CDL, Law Enforcement, Food Handling, Teaching, Nursing, Cosmetology, etc.)?

No Yes If yes, list all licenses below:

Date Issued	License Class/Permit Type	Active	Expired	Agency & State

(Attach page if additional space is needed.)

- Has a regulatory/issuing agency listed ever denied your application or revoked your license?
 No Yes If yes, list all below:
 Agency and reason for denial/revocation: _____
- Has a regulatory/issuing agency listed ever issued a disciplinary charge, whether or not a suspension or revocation was imposed? No Yes If yes, list all below:
 Agency and reason for disciplinary action: _____

Criminal History:

Answer the following questions completely. If you answer “Yes” to any of the following questions, it will be necessary for you to provide documents of the court’s final disposition, including suspended or deferred sentences. If the court no longer has these records, you must obtain a letter from the judge or court clerk stating such. If you fail to provide these documents with the application, the investigation will stop and your vendor gaming license or vendor permit will be suspended until the documentation is received. Giving false information or misinformation, or omitting information, to the following questions is grounds for denying a vendor gaming license or vendor permit. If false or misinformation, or omitted information is discovered after licensing has begun, this will be considered insubordination and willful neglect of duty and may be the basis for disciplinary action, including license revocation. You are not allowed to perform duties for a Choctaw Casino without a vendor gaming license or vendor permit.

ALL QUESTIONS MUST BE ANSWERED

1. Have you ever been arrested, charged, or cited with an offense (excluding traffic violations), in Oklahoma, any other State or other Country? 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 / State / Other Country	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 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): _____
6. Do you currently have an open criminal case? No Yes
If yes, list charge(s): _____
7. Are you required to register as a Sex Offender? No Yes
8. Are you currently the subject of a criminal investigation? No Yes

I, _____, a _____ Vendor
Print Name

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: _____

NOTICE: Failure to list any criminal charges on your application is considered falsification of your application which may result in denial of a Vendor Gaming License or Vendor Permit.

<p>FOR OFFICE USE ONLY:</p> <p>Gaming Commission Agent that reviewed application:</p> <p>Signature: _____ Date: _____</p>
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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: _____