Gaming
Vendor License
Class “D”

☐ NEW

☐ RENEWAL

INSTRUCTIONS

1. **PLEASE, ANSWER EVERY QUESTION**. If you feel that a question is not applicable, indicate so by answering with **"N/A".** Provide last **10 years** Work History, Residential History and Drivers License #.

2. **INITIAL EACH PAGE** in the space provided (lower right corner.) This acknowledges that you have read and understand ALL of the information contained on that page. If you do not understand any information, please call the WGC office for clarification. Please use blue or black ink, (or type-written) to answer all questions. **DO NOT USE PENCIL.**

3. Some areas may require additional sheets. These sheets can be obtained by copying sheets in this package or by merely using blank paper.

4. Please submit the following:
   - **APPLICATION** ..……..… Page 2
   - **NOTARIZED** RELEASE OF ALL CLAIMS…….…….. Page 13
   - **NOTARIZED** VERIFICATION OF IDENTITY ….. ……. Page 14
   - **NOTARIZED** AUTHORIZATION TO RELEASE INFORMATION …… Page 15
   - Completed CONSENT TO DISCLOSE TAX INFORMATION …….. Page 16
   - Articles of Incorporation, including Amendments.
   - Articles of Organization, including Amendments.
   - Corporation annual and bi-annual reports. (Previous two years).
   - Organizational charts.
   - Publicly traded company information.
   - Application (or renewal) Fee. All fees are non-refundable.
   - Renewal applications are due with all fees 60 days prior to expiration date. Applications submitted after the 60 days will be assessed a late fee.
   - A fingerprint card for each Principal processed through their State of Residency.
   - Submit a current photograph for each Principal of the Company
   - **Proof of each Principal's identity, (copies of TWO of the following documents.)**
     - **Certificate of birth.**
     - **Valid Driver's license.**
     - **Valid state identification card.**
     - **U.S. Military identification card.**
     - **Valid U.S. Passport.**
     - **Alien registration card.**
     - **Valid Tribal CDIB**
5. Principals (of the business entity) are defined as follows:
   - Officers
   - Owners
   - Business Partners
   - Chief Executive Officer (CEO)
   - Chief Operating Officer (COO)
   - Chief Financial Officer (CFO)
   - Managers of this agreement
   - Any individual WGC deems necessary

Applicant's Initials _____

APPLICATION

☐ New Application
Date Submitted: ___/___/_____

☐ Renewal
_____Licensing Fee

Official Name of the Company	Federal Identification Number
Company Trade Name (DBA)	State Tax Identification Number
Physical Address	Mailing Address

Business Structure:

☐ Corporation ☐ Partnership ☐ Joint Venture
☐ Sole Proprietorship ☐ Trust ☐ Limited Liability

Company Telephone Number	Company Fax Number
Official Contact for Company	Social Security Account Number (SSN)
Title/Position Held	Date of Birth

Applicant's Initials _____

BUSINESS DESCRIPTION

Provide a brief description of business activity (e.g. product, service, game provided)

_____

_____

_____

State the type of equipment, goods and services that will be provided specifically to the Casino: (Please provide copies of gaming laboratory certifications and/or attorney opinions for the machines to be placed in our facilities.)

_____

_____

_____

PUBLICLY TRADED COMPANIES

If your company is publicly traded, the following documents must be submitted with your completed application.

Copies of the past three years Annual and Quarterly Reports to Stockholders, Forms 10-K, 10KSB, and 8-K, and amendments thereto, and all other material documents or documents considered to be confidential or furnished to the holders of debt or equity securities of the Publicly Traded Company (PTC) which may be filed by a PTC with the SEC or any other national or regional securities exchange.

A list of the holders of a PTC's voting securities and submission of any amendments that are created after the vendor is licensed.

Copies of all press releases issued by the PTC or subsidiary thereof, FAXED to the CPN TGRA at or before time of release, to be followed by the filing of a hard copy of any such press release within five calendar days after release, following the submission of an application.

Notification after the election or appointment of any director, executive officer, or any other officer actively and directly engaged in the administration or supervision of the activities associated with the PTC.

A profit and loss statement and balance sheet for the PTC for the previous year. Documents filed with or furnished to the SEC containing the same information may be substituted instead so that duplicate filing of the same information will be avoided.

Initial here, if not applicable_____

Applicant's Initials _____

PRIOR LICENSING

Has the Company or any of its Principals ever applied for a license, permit or other authorization to participate in any gaming operation? Attach as an exhibit a list which includes Licensing Tribe/State or Regulatory Authority name, address, phone number AND FAX NUMBER; type of license, license number and date of issuance.

- ☐ YES
- ☐ NO

If yes, please provide details: _____

_____

_____

_____

GAMING LICENSE DENIED, SUSPENDED, REVOKED

Has a gaming license for the Company or any of its Principals ever been denied, suspended, or revoked?

- ☐ YES
- ☐ NO

If yes, please provide details: _____

_____

_____

_____

Applicant's Initials _____

DEBT, INSOLVENCY OR BANKRUPTCY PLAN

Has the Company or any of its Principals ever filed, or had filed against it, a proceeding for bankruptcy?

- ☐ YES
- ☐ NO

If yes, please provide details: _____

_____

_____

FINANCIAL RECORDS

Who prepares the tax returns, government forms and reports for the business?

Name: _____

Address: _____

Title: _____

Telephone #: _____

Fax: _____

Where are financial records/books for this business kept?

Physical address: _____

Mailing Address: _____

Applicant's Initials _____

FINANCIAL INTEREST

Does any family member of any Principals have any financial interest in any business related to gaming?

- ☐ YES
- ☐ NO

If yes, please provide details: _____

_____

_____

_____

PRIOR NAMES AND ADDRESSES OF THE COMPANY

List all OTHER names the company has done business under for the last ten (10) years:

_____

_____

_____

BUSINESS REFERENCES

Provide three business references and one financial reference as an Exhibit. Include Name of business, Contact name, address, phone and FAX number.

Applicant's Initials _____

LITIGATION

Is the Company currently a party to any civil lawsuits?

☐ YES
☐ NO

If yes, please submit, as an exhibit, a description of all existing civil litigation to which the company or any subsidiary is presently a party, whether in Oklahoma or another jurisdiction. Include the following:

- Official Title or caption of the case.
- Docket or case number.
- Name and location of the court before which the case is pending.
- Identity of all parties to the litigation.
- General nature of all claims being made.

MISCONDUCT

In the past ten (10) years have any of the company's officers, executives, or managers been accused of misconduct?

☐ YES
☐ NO

If yes, please provide details: _____

_____

_____

_____

Applicant's Initials _____

BUSINESS

Will the business be investing in or loaning money to the gaming operation? _____Yes _____ No If Yes, amount

of cash or other investment $ _____

Please describe the source of funds for this investment: _____

_____

Does the business have or anticipate an investment, a business relationship, or any other role in this or any other gaming operation? _____ Yes _____ No. If Yes, provide details and describe role.
_____

_____

_____

_____

Complete the following if the applicant business is a corporation,

(a) State of Incorporation: _____ Date: _____

(b) Date of Qualification to do business in the State of Oklahoma: _____

(c) A notarized copy of the Articles of Incorporation is attached: _____ yes or _____ no

If NO, state reason: _____

(d) A complete list of all stockholders showing the number of shares of record held by each is filed herewith:

_____ yes _____ no. If NO, state reasons: _____

_____

Complete the following if the applicant business is a Sole proprietorship, partnership, or other form of business organization.

1. State where registered or qualified to do business: _____

2. Date of qualification to do business in Oklahoma: _____

   Provide Oklahoma business registration or license number: _____

3. Attach a true and correct copy of the partnership agreement, if applicable: _____

4. Attach a true and correct copy of any other agreement to do business, if applicable. _____

Applicant's Initials _____

BUSINESS

List of Qualifiers:

Provide the following information for each owner, partner, officer, director, or stockholder (with ten percent or more of the shares), the ten (10) largest stockholders, and any person(s) that will be responsible for on-site supervision or management.

(1) Name: _____ Title: _____

Address: _____ Telephone Number: (_____) _____

Social Security Number: _____ Percentage of Ownership in Company : _____

(2) Name: _____ Title: _____

Address: _____ Telephone Number: (_____) _____

Social Security Number: _____ Percentage of Ownership in Company : _____

(3) Name: _____ Title: _____

Address: _____ Telephone Number: (_____) _____

Social Security Number: _____ Percentage of Ownership in Company : _____

(4) Name: _____ Title: _____

Address: _____ Telephone Number: (_____) _____

Social Security Number: _____ Percentage of Ownership in Company : _____

(5) Name: _____ Title: _____

Address: _____ Telephone Number: (_____) _____

(6) Social Security Number: _____ Percentage of Ownership in Company : _____

List your company's major funding and financial sources, and major financial liabilities, including those of $50,000 or more.

_____

_____

_____

Applicant's Initials _____

BUSINESS

Has this business, or any of it's officers, directors, partners, investors, managers, or principals, ever been a defendant in a civil action? _____ yes _____ no. If yes, complete the following for each:

Dates	Court Name / Address	Name of Action	Disposition

On behalf of the applicant, I agree to the following:

1. To maintain a ledger in the principal office of the corporation which shall at all times reflect the ownership of every class of security issued by the corporation and be available for inspection by the Tribal Gaming Agency and their authorized agents at all reasonable times with or without notice.

2. To provide any further financial data or other information which may be deemed necessary or appropriate.

3. Upon request to submit balance sheets and profit and loss statements, audited by independent certified public accountants for the three (3) preceding fiscal years.

4. Upon request to provide to the Wichita Gaming Commission (WGC) an annual profit and loss statement and balance sheet and a copy of applicant's annual Federal Tax Return within 30 days after such return is filed.

5. To provide to the WGC, at least annually, a complete list of all stockholders of the corporation showing the number of shares held by each.

6. To report to the WGC any change in applicant's officers, directors, partners, investors, principals, or others who would be required to provide information under List of Qualifiers of this application.

7. To provide an organizational chart of the business down to department head level.

8. To require all those persons required to provide information under List of Qualifiers of this application, when requested, to execute and file an application with the WGC.

9. To pay the fees or costs of the investigation of the applicant, including those persons required to provide information under List of Qualifiers of this application, as required by the WGC.

[remainder of page intentionally left blank]

Applicant's Initials _____

BUSINESS

Use of Information Provided:

The purpose of the requesting information is to determine the eligibility of the business to be licensed. The information will be used by the Wichita Gaming Commission and staff who have need for the information in the performance of their official duties. The information my be disclosed to the appropriate federal, tribal, state, local, or foreign law enforcement and regulatory agencies when relevant to civil, criminal, or regulatory investigations or prosecution, or when pursuant to a requirement by the Tribe or the National Indian Gaming Commission in connection with the issuance or revocation of a gaming license, or investigation of activities while associated with a Tribe or a gaming operation. Failure to consent to the disclosures indicated in this notice may result in the Tribe's being unable to license this business.

Notice Regarding False Statements:

In signing this application, I understand that false or misleading statements on any part of the application may be grounds for denial or revocation of a gaming license.

[remainder of page intentionally left blank]

Applicant's Initials _____

RELEASE OF ALL CLAIMS

The undersigned has filed with the Wichita Gaming Commission (WGC) certain forms and documents in connection with a written request for licensing by the WGC. The undersigned does for myself, my heirs, executors, administrators, successors and assigns, hereby release, remise, and forever discharge the Wichita and Affiliated Tribes and WGC, its members, agents, and employees from any and all manner of actions, causes of action, suits, debts, judgments, executions, claims and demands whatsoever, know 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 reason of the processing or investigation of or other action relating to this 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 the:

State of: _____ City of: _____County of: _____

This _____day of_____20____

_____ _____

Individual's Printed/Typed Name Individual's Signature

Notary Public

Signed and or attested before me on this _____day of_____20____

In the County of _____, in the State of _____.

Notary Signature: _____

Notary Commission Number: _____

My Commission Expires: _____ 20_____

Notary Seal

Applicant's Initials _____

VERIFICATION of IDENTITY

I, _____, being first duly sworn upon oath or affirmation, depose and
Please Print Full Name
state that:

_____ I am the individual who is submitting this form.
Initials

_____ I personally supplied the information contained in this form.
Initials

_____ I swear (or affirm) that the information contained in this form is true,
Initials
complete and accurate to the best of my knowledge and belief.

_____ _____
Individual's Signature Date

Notary Public

Signed and or attested before me on this _____day of_____20_____

In the County of _____, in the State of _____.

Notary Signature: _____

Notary Commission Number: _____

My Commission Expires: _____ 20_____

Notary Seal

Applicant's Initials _____

AUTHORIZATION TO RELEASE INFORMATION

(Execute one for each Principal)

I, _____, hereby authorize any tribal, federal, or state gaming enforcement agency and their authorized agents, for the purpose of determining my suitability for involvement in Indian Gaming activities, including operations and regulations, to obtain any and all information and records requested related to my activities including past, present and future criminal investigations and enforcement matters; administrative and internal investigations; regulatory and disciplinary proceedings; medical records and claims; military activities and records, educational and information may include but are not limited to, employers, educational institutions, criminal justice, enforcement and court records, investigation and regulatory agencies, tax records, financial and lending institutions, businesses, residential management agents, property interests (real and personal), medical facilities, health care professionals and relatives and acquaintances.

I authorize custodians of such records and sources of information to release such documents, records, correspondence and information, and to permit the review and copying of any and all documents, reports, records, correspondence, and information pertaining to my activities, upon request of the representative of the agencies indicated above, regardless of any previous agreement to the contrary.

For myself, my heirs, administrators, successors, and assigns, I hereby release, remise and forever discharge any person or entity to whom this request is presented and their agents and employees from any an all manner of actions, causes of actions, suits, debts, judgments, executions, claims and demands whatsoever, known or unknown in law or equity, which I ever had, now have, may have or may claim to have against such person or entity or their agents and employees arising out of or by reason of complying with this request.

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 connections with a background investigation for any purpose listed in this document.

I agree to indemnify and hold harmless any person or entity to whom this request is lawfully presented and their agents and employees from an against all claims, damages, losses, and expenses including reasonable attorney's fees arising out of or by reason of complying with this request.

I understand that the information and records released by records custodians and other sources of information is for the purpose of conducting a background investigation to process my license or license renewal application related to employment, management, or providing goods, services, or financing in conjunction with gaming activities, operations, or regulations.

Copies of this authorization that show my signature are as valid as the original release signed by me.

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 the:

State of: _____ City of: _____County of: _____

This _____day of_____20____

_____ _____

Individual's Printed/Typed Name Individual's Signature

Notary Public

Signed and or attested before me on this _____day of_____20_____

In the County of _____, in the State of _____.

Notary Signature: _____

Notary Commission Number: _____

My Commission Expires: _____ 20_____

Notary Seal

Applicant's Initials _____

CONSENT TO DISCLOSE TAX INFORMATION

(CORPORATION)

As a Principal of the corporation listed below, I authorize the Internal Revenue Service to disclose any of the returns and return information, as those terms are defined in Section 6103(b) of the Internal Revenue Code, for the tax year(s) listed below, which represent the last three years, to the Wichita and Affiliated Tribes of Oklahoma and their Tribal Gaming Regulatory Authority for their use as a regulatory agency of gaming activities. This information may be used in administrative or judicial proceedings connected with the issuance of vendor licenses

As an officer of the corporation listed below, I also authorize the Internal Revenue Service to disclose this information to any person to the extent Revenue Service deems necessary to clarify any matter pertaining to this that is published, discussed, or otherwise disseminated in the public record.

I am aware that without this authorization, the returns and return information are confidential and are protected by law under the Internal Revenue Code.

Corporation's Name: _____

Corporation Officer Name (Please Print): _____

Corporate Officer Signature: _____

Corporate Officer Title: _____

Federal Employer Identification Number: _____

Current Address: _____

_____

Previous Address: (If at current address less than 2 years) _____

_____

Tax Years: _____ through _____

Current Telephone Number: _____ Date: _____

NOTE: Treasury Regulations require that the Internal Revenue Service must receive your request within 60 days following the date on which you sign and date the consent. Failure to complete all lines will result in the delay of processing your application.

Applicant's Initials _____

PRINCIPAL PERSONAL INFORMATION

(Provide the following information for each principal with a Recent Photograph.)

Full Name: _____
First Middle Last

Title/Position: _____

Home Address: _____
Street No, PO Box, Etc. City State Zip

Social Security No._____ Date of Birth (Mo, Day, Yr):_____

Place of Birth: City _____State _____County_____

Gender: □ Male □ Female

Race: □ Asian □ Black □ American Indian □ White □ Other

Height: _____feet _____inches Weight: _____lbs.

Color of eyes: □ Blue □ Brown □ Hazel □ Green □ Black

Hair Color: □ Black □ Blonde □ Brown □ Red

How long have you lived at the above address? _____yrs.

Do you □ Own □ Rent □ Other, Explain: _____

If renting, list the name of your landlord: _____

Landlord's address: _____Phone #_____

Are you a United States Citizen: □ YES □ NO

If NO, what country are you a citizen of: _____

If you are a naturalized citizen, provide the following:

Petition #:_____ Date Granted:_____ Court: _____ City/State: _____Certificate #_____

If you are a legally authorized Permanent Resident Alien, provide the "A" number from your Alien Registration Card: _____

If you do not have an Alien Registration Card but are an alien authorized to be employed in the United States, please provide the "A" number from that authorization: _____

Applicant's Initials _____

PRINCIPAL PERSONAL INFORMATION

(Continued)

List all Languages written and or spoken: _____

Drivers License #::_____State Issued: _____

Type of License:_____ Expiration Date: _____

Have you ever been known by any other name?

☐ YES ☐ NO

List other names used, oral or written, include maiden and married names.

Maiden Name: _____ Dates Used: From: _____ To: _____

Name: _____ Dates Used: From: _____ To: _____

Name: _____ Dates Used: From: _____ To: _____

Are you: ☐ Single ☐ Engaged ☐ Married ☐ Separated ☐ Divorced ☐ Widowed

If married, date and state of marriage: _____

Spouse's Full Name: _____

Home Phone #: _____

Address: _____

DOB: _____

SSN: _____

If employed, employer's name, address and telephone number: _____
_____
_____

Applicant's Initials _____

PRINCIPAL RESIDENTIAL HISTORY

(Past ten years)

From:	To:	
Address		
City	State	Zip Code
☐ Own ☐ Rent ☐ Other, explain.		
If rented, list landlord:		
Landlords address:		
Landlords phone number:		

From:	To:	
Address		
City	State	Zip Code
☐ Own ☐ Rent ☐ Other, explain.		
If rented, list landlord:		
Landlords address:		
Landlords phone number:		

From:	To:	
Address		
City	State	Zip Code
☐ Own ☐ Rent ☐ Other, explain.		
If rented, list landlord:		
Landlords address:		
Landlords phone number:		

Applicant's Initials _____

OWNERSHIP INTEREST

(Provide the following information for each principal.)

Within the past two years, have you held an ownership interest in any business?

From:	To:	
Name of Business		
Address:		Phone Number:
City	State	Zip Code
Your Title/Position	Percent of Interest Held by You:	
Brief description of job duties:		
Can you provide ownership documents ☐ Yes ☐ No		

CRIMINAL HISTORY

Have any of the Principals ever:

☐ YES ☐ NO Been arrested or charged with any crime or offense?

☐ YES ☐ NO Been convicted of a felony or misdemeanor?

☐ YES ☐ NO Had records expunged or sealed?

☐ YES ☐ NO Been an un-indicted co-party?

If yes, please provide details: _____

_____

_____

Applicant's Initials _____

BUSINESS RELATIONSHIPS - TRIBAL

(Provide the following information for each principal.)

Have you ever had any business relationships with, been an elected official of, or sat on a committee or board of any Indian Tribe?

□ YES

□ NO

If Yes, complete the following section.

List the name of the Indian Tribe: _____

Address: _____
Street No, PO Box, Etc. City State Zip

Dates of business relationship: From: _____ To: _____

Nature of business relationship:_____

Do you have ownership interest in this Tribal business relationship?

□ YES

□ NO

If yes, complete the following:

Your Title/Position: _____ % interest held by you:_____

Do you still have ownership interest in this Tribal business relationship?

□ YES

□ NO

If No, list reason: _____

Will you be able to provide verification documents of this Tribal business relationship?

□ YES

□ NO

If No, list reason: _____

Applicant's Initials _____

BUSINESS RELATIONSHIPS – GAMING

(Provide the following information for each principal.)

Have you ever had any business relationships, including employment, within the Gaming Industry?

☐ YES

☐ NO

If Yes, complete the following section.

List the name of the Gaming Industry: _____

Address: _____
Street No, PO Box, Etc. City State Zip

Phone #: _____

Dates of business relationship: From: _____ To: _____

Nature of business relationship: _____

Did you have ownership interest in this Gaming business relationship?

☐ YES

☐ NO

If yes, complete the following:

Your Title/Position: _____ % interest held by you: _____

Do you still have ownership interest in this Gaming business relationship?

☐ YES

☐ NO

If No, list reason: _____

Will you be able to provide verification documents of this Gaming business relationship?

☐ YES

☐ NO

If No, list reason: _____

Applicant's Initials _____

RELATIONSHIPS – PERSONAL

(Provide the following information for each principal.)

Do you have any relatives employed by or associated in a business relationship with any Wichita owned Casino?

□ YES

□ NO

If Yes, complete the following sections

Person's Name: _____

Address: _____
Street No, PO Box, Etc. City State Zip

Phone #: _____

Person's Job Title:

From: _____ To: _____

Nature of business relationship: _____

Relationship to you: _____

Person's Name: _____

Address: _____
Street No, PO Box, Etc. City State Zip

Phone #: _____

Person's Job Title:

From: _____ To: _____

Nature of business relationship: _____

Relationship to you: _____

Applicant's Initials _____

PRINCIPAL

Military Information:

Have you ever served in any armed forces? _____ Yes _____ No (If Yes, attach a copy of your DD214)
Branch of Service: _____ Dates of Service: From _____ To _____ State: _____
Type of Discharge: _____ Rating at Separation: _____ Serial Number: _____
While in the military, were you ever charged with any offence or disciplined? _____ Yes _____ No
If Yes, provide details: _____
_____

Employment History:

Beginning with your current employment, list your employers, assignments, volunteer activities, military experience, and periods of unemployment during the last 10 years.

Month and Year (From-To)	Name / Mailing Address / Employer Telephone Number		Reason for Leaving
Title	Description of Duties	Name of Supervisor	Gambling Related Yes _____ No _____
Month and Year (From-To)	Name / Mailing Address / Employer Telephone Number		Reason for Leaving
Title	Description of Duties	Name of Supervisor	Gambling Related Yes _____ No _____
Month and Year (From-To)	Name / Mailing Address / Employer Telephone Number		Reason for Leaving
Title	Description of Duties	Name of Supervisor	Gambling Related Yes _____ No _____
Month and Year (From-To)	Name / Mailing Address / Employer Telephone Number		Reason for Leaving

Applicant's Initials _____

PRINCIPAL

Title	Description of Duties	Name of Supervisor	Gambling Related Yes _____ No _____
Month and Year (From-To)	Name / Mailing Address / Employer Telephone Number		Reason for Leaving
Title	Description of Duties	Name of Supervisor	Gambling Related Yes _____ No _____
Month and Year (From-To)	Name / Mailing Address / Employer Telephone Number		Reason for Leaving
Title	Description of Duties	Name of Supervisor	Gambling Related Yes _____ No _____

References: List names, addresses, and telephone numbers of at least three (3) personal references who are not related to you. Include at least one (1) reference you were acquainted with during each period of residence listed in question above. Do not include relatives, present employer or your employees.

Name and Occupation	Street City State Zip	Telephone	Years Known
Name	Home	Home ( )	
Occupation	Mailing Address	Work ( )	
Name	Home	Home ( )	
Occupation	Mailing Address	Work ( )	
Name	Home	Home ( )	
Occupation	Mailing Address	Work ( )	

Applicant's Initials _____

PRINCIPAL

Business Interests: List all businesses, corporations and partnerships with which you are or have been associated with in the past ten (10) years as an owner, officer, director, active shareholder, partner or other related capacity.

Date of Involvement (From – To)	Name / Mailing address / Telephone Number of Business		Name of Corporation / Partnership	
Capacity / Title	Primary Purpose	Amount of Investment	% Ownership # Shares Owned	Gambling Related? _____ Yes _____ No

Date of Involvement (From – To)	Name / Mailing address / Telephone Number of Business		Name of Corporation / Partnership	
Capacity / Title	Primary Purpose	Amount of Investment	% Ownership # Shares Owned	Gambling Related? _____ Yes _____ No

Other Licensing Information

Have you ever held or applied for a permit, license, or certificate related to gaming, whether or not such license, permit, or certificate was granted? _____ Yes _____ No

If Yes, list below any licensing or regulatory agency (tribal, state or local) to which you have applied for a license, permit, or certificate related to gaming activities or lottery, whether or not such license, permit, or certificate was granted. (Include any applications denied, withdrawn, and/or pending.)

Applicant Name:_____ Type of Application: _____

Licenses/permit/certificate number: _____ Dates Held: From _____ To _____

City: _____ County: _____ State: _____ Tribe: _____

Action Taken: _____ Issuing Agency: _____

Applicant Name:_____ Type of Application: _____

Licenses/permit/certificate number: _____ Dates Held: From _____ To _____

City: _____ County: _____ State: _____ Tribe: _____

Action Taken: _____ Issuing Agency: _____

Applicant's Initials _____

PRINCIPAL

Have you ever held or applied to a licensing or regulatory agency for an occupational license, permit, or certificate was granted.

_____ Yes _____ No If Yes, list below any licensing or regulatory agency which you have applied for a license, permit, registration, or certificate whether or not such license, permit, registration, or certificate was granted. (Include any applications denied, withdrawn, and/or pending).

Applicant Name:_____ Date of Application: _____

Licenses/permit/registration/certificate number: _____ Dates Held: From _____ To _____

City: _____ County: _____ State: _____ Type: _____

Action Taken: _____ Issuing Agency: _____

Applicant Name:_____ Date of Application: _____

Licenses/permit/registration/certificate number: _____ Dates Held: From _____ To _____

City: _____ County: _____ State: _____ Type: _____

Action Taken: _____ Issuing Agency: _____

Have any disciplinary actions ever been taken, or are any such actions pending, for any of the above listed license(s), permit(s), registration(s), and/or certificate(s)?

_____ Yes _____ No If Yes, provide details below.

Licensing Agency	Date of Action	Nature of Action	Disposition (e. g., revoked, fined, Probation)

Applicant's Initials _____

PRINCIPAL

Have you ever appeared before any licensing agency or similar authority either inside or outside the State of Oklahoma, for any other reason whatsoever?

_____ Yes _____ No If Yes, provide complete details:

_____

_____

_____

_____

_____

_____

_____

Criminal History Information

Have you ever been convicted of or charged with a felony, or have you been convicted of or are you currently being prosecuted for a felony?

_____ Yes _____ No If Yes, please explain: list the date, city, name/address of the courts involved and the disposition. (Including but not limited to theft, burglary, embezzlement, falsifying income tax, tax evasion, murder, manslaughter, assault, DUI, fraud, possession/use/sale of drugs, etc.).

Date	Arresting Agency Location-City & State	Original Charge (If any)	Final Charge (If amended or reduced)	Court Location City & State	Disposition (dismissed, not guilty, guilty, amount of fine and/or length and dates of confinement and/or probation)

Applicant's Initials _____

PRINCIPAL

Are you now being, or have you in the past 10 years been convicted of or prosecuted for any misdemeanor (including on-going prosecutions)?

_____ Yes _____ No If Yes, please list the charge, date, city, name/address of the courts involved and the disposition. (Including but not limited to DUI, assault and battery, disorderly conduct, minor shoplifting, property damage, public intoxication, trespassing, etc.).

Date	Arresting Agency Location-City & State	Original Charge (If any)	Final Charge (If amended or reduced)	Court Location City & State	Disposition (dismissed, not guilty, guilty, amount of fine and/or length and dates of confinement and/or probation)

Are you now, or have you ever been charged with ANY CRIME (excluding minor traffic violations) within the last 10 years, whether or not convicted, that is not otherwise listed above?

_____ Yes _____ No If Yes, please list the charge, date, city, name/address of the courts involved and the disposition.

Date	Arresting Agency Location-City & State	Original Charge (If any)	Final Charge (if amended or reduced)	Court Location City & State	Disposition (dismissed, not guilty, guilty, amount of fine and/or length and dates of confinement and/or probation)

Applicant's Initials _____

PRINCIPAL

Have you ever received a pardon for or been expunged of any criminal offense? _____ Yes _____ No
If Yes, please list the charge, date, city, name/address of the courts involved, and the disposition.

Date	Arresting Agency Location-City & State	Original Charge (If any)	Final Charge (if amended or reduced)	Court Location City & State	Disposition (dismissed, not guilty, guilty, amount of fine and/or length and dates of confinement and/or probation)

Educational Background: List below your formal education, and include any schools or training programs attended.

	Name of School	Location (City / State)	Dates of Attendance	Graduate
High School				
College / University				
Other				
Other				

Game Play by Gaming Vendors:

Game Play by Gaming Vendors is PROHIBITED- Any individual who is directly or indirectly involved
In hardware or software development, engineering, maintenance, repair, installation, or any activity that relates to the Functionality of a gaming machine, gaming software, or gaming device is PROHIBITED from all game play or Promotions at any casino owned or operated by Wichita and Affiliated Tribes.

Applicant's Initials _____

PRINCIPAL

I certify that all statements made by me and records and documents provided by me in respect to this application are true, complete, and correct to the best of my knowledge and belief. I am aware that the purpose of this background investigation is to determine my suitability for a gaming license. I understand that, in determining my suitability for licensing, the tribal and/or state gaming agency may request my consumer credit report. My signature below authorizes these agencies to request my credit report for such purposes.

I also understand that the granting of a tribal gaming license imposes on me the responsibility to comply with all applicable gaming laws and regulations. I further understand that failure to comply with those laws and regulations may result in denial, suspension, or revocation of all license, or other sanctions of fines.

Name: _____
Please Print Last Name First Name Middle Name

Signature: _____ Date: _____/_____/_____

Subscribed and sworn to before me this _____ day of_____

_____

_____
(Print Name)

Notary Public in and for the State of _____

Residing at _____

My Commission expires: _____

Applicant's Initials _____

PRINCIPAL

Release of Information Authorization

I, _____, hereby authorize any tribal, federal, or state gaming enforcement agency and their authorized agents, for the purpose of determining my suitability for the involvement in Indian gaming activities, including operations and regulation, to obtain any and all investigations and enforcement matters; administrative and internal investigations; regulatory and disciplinary proceedings; medical records and claims; military activities and records; educational pursuits; financial and credit history; and real and personal property interests. Sources of such records and information may include, but are not limited to, employers, educational institutions, criminal justice, enforcement, and court records, investigation and regulatory agencies, tax records, financial and lending institutions, business, residential management agents, property interest (real and personal), medical facilities, health care professionals, and relatives and acquaintances.

I authorize custodians of such records and sources of information to release such documents, records, correspondence, and information, and to permit the review and copying of any and all documents, reports, records, correspondence, and information pertaining to my activities, upon request or the representative of the agencies indicated above, regardless of any previous agreements to the contrary.

For myself, my heirs, administrators, successors and assignees, I hereby release, remise and forever discharge any person or entity to whom this request is presented, and their agents and employees, from any and all manner of actions, causes of action, suits debts, judgment executions, claims and demands whatsoever, known or unknown, in law or equity, which I ever had, now have, may have, or may claim to have against such person or entity or their agents and employees arising out of or by reason of complying with this request.

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 any purpose listed in this document.

I agree to indemnify and hold harmless any person or entity to whom this request is lawfully presented and their agents and employees from and against all claims, damages, losses, and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request.

I understand that the information and records released by records custodians and other sources of information is for the purpose of conducting a background investigation to process my license or license renewal, application related to employment, management, or providing goods, services, or financing in conjunction with gaming activities, operations, or regulation.

Applicant's Initials _____

PRINCIPAL

Copies of this authorization that show my signature are as valid as the original release signed by me.

I, _____, do hereby certify that I have read the foregoing, understand its contents, and authorize release of such records and information about myself.

_____ _____
Signature Date Signed

_____ _____
Full Name (type or print legibly) Social Security Number

Current Address: _____

Subscribes and sworn to before me this _____ day of _____, _____

_____

_____
(Print Name)

Notary Public in and for the State of _____

Residing at _____

My commission expires: _____

Applicant's Initials _____

NOTICE TO APPLICANTS

Authority: Indian Gaming Regulatory Act, 25 U.S.C 2701 et seq., and Tribal Ordinances and Regulations.
Purpose: To protect the tribe, employees, patrons and public by ensuring that gaming activities are free from criminal activities and corruptive elements. The required information is used to determine the suitability of the applicant associated with gaming activities.
Burden of proof: An applicant is seeking the granting of a privilege. The burden of proving the applicant's qualifications is at all times on the applicant.
Disclosure of information: An applicant may be subject to denial or other actions for failing to provide all information, documentation and assurances as required or requested, or for failing to reveal any material facts or for providing misleading or untrue information. The Wichita Gaming Commission (WGC) reserves the right to request additional information at any time. The disclosure of your Social Security Number (SSN) is **NOT** voluntary. Failure to supply a SSN will result in your application being denied.
Waiver of claim for damages: An applicant accepts any risk of adverse reaction, financial loss, or public notice that may result from any action taken with respect to an application. By filing an application, an applicant expressly waives any claim for damages as a result of any action taken with respect to that applicant.
Withdrawal of an application: An application may not be withdrawn without permission of the WGC.
Notice regarding false statements: In signing this application, I understand that false or misleading statements on any part of the application may be grounds for denial or revocation of a gaming vendor license.
Use of information provided on application: The information is requested to determine the eligibility of individuals to do business with the tribal gaming operation. The information will be used by the WGC and the National Indian Gaming Commission (NIGC) members and staff to determine said eligibility. The information may be disclosed to appropriate federal, tribal, state, local or foreign law enforcement and regulatory agencies when relevant to civil, criminal, or regulatory investigation or prosecutions, or when pursuant to a requirement by the tribe in connection with the issuance or revocation of a vendor license, or investigation of activities while associated with the tribe or tribal gaming operation. Failure to consent to the disclosures requested in this application may result in the tribe being unable to do business with you or your company.
Level of Fees: The level of fees for issuance of a ***Gaming*** or ***Non-Gaming*** related vendor license, and the payment of such fees, shall be set forth by the Wichita Gaming Commission.

Fees:
Current fee schedules are available at the following:

Return this application / renewal packet to:

Wichita & Affiliated Tribes
Gaming Commission
P.O. Box 786
Anadarko, Oklahoma 73005

Applicant's Initials _____

ADDITIONAL INFORMATION REQUESTED

The Wichita Gaming Commission has performed a cursory review of your applications and is requesting you or your company to provide the attached additional information or documentation.

Please be aware each sheet is entitled either "Business" or "Principal".

1. **PLEASE, ANSWER EVERY QUESTION**. If you feel that a question is not applicable, indicate so by answering with "N/A".

2. **INITIAL EACH PAGE** in the space provided (lower right corner.) This acknowledges that you have read and understand ALL of the information contained on that page. If you do not understand any information, please call the WGC office for clarification. Please use blue or black ink, (or type-written) to answer all questions. **DO NOT USE PENCIL.**

3. Some areas may require additional sheets. These sheets can be obtained by copying sheets in this package or by merely using blank paper.

4. Please submit the additional information:
   - Copies of corporate tax returns for the past three years.
   - Copies of corporate financial statements for the past three fiscal years.
   - Copies of any Gaming Licenses issued by any other federally-recognized Tribe within the State of Oklahoma.

Applicant's Initials _____