



## **Non-Gaming Vendor License Class “F”**

- NEW
  
- RENEWAL



Wichita Gaming Commission  
Class "F" Non-Gaming Vendor License Application

**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 14
- **NOTARIZED VERIFICATION OF IDENTITY** ..... Page 15
- **NOTARIZED AUTHORIZATION TO RELEASE INFORMATION** ..... Page 16
- Completed **CONSENT TO DISCLOSE TAX INFORMATION** ..... Page 17
- 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



# APPLICATION

New Application

Date Submitted: \_\_\_/\_\_\_/\_\_\_

Renewal

\_\_\_\_\_ Licensing Fee

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Official Name of the Company

Federal Identification Number

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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)

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Title/Position Held

Date of Birth



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### BUSINESS DESCRIPTION

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

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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.)

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### 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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



### 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: \_\_\_\_\_



### 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 five (5) 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.





### 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: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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**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. \_\_\_\_\_



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**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.

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**BUSINESS**

Has this business, or any of its 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]



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**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 may 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.

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[remainder of page intentionally left blank]



### 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



### VERIFICATION of IDENTITY

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

\_\_\_\_\_ 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, complete and accurate to the best of my knowledge and belief.  
**Initials**

\_\_\_\_\_  
**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



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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





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**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.**



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**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: \_\_\_\_\_



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**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: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_



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**PRINCIPAL RESIDENTIAL HISTORY**

(Past 10 years)

From:	To:	
Address		
City	State	Zip Code
<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other, explain.		
If rented, list landlord:		
Landlords address:		
Landlords phone number:		

From:	To:	
Address		
City	State	Zip Code
<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other, explain.		
If rented, list landlord:		
Landlords address:		
Landlords phone number:		

From:	To:	
Address		
City	State	Zip Code
<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other, explain.		
If rented, list landlord:		
Landlords address:		
Landlords phone number:		



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**OWNERSHIP INTEREST**

(Provide the following information for each principal.)

Within the **past two years**, have you held an ownership interest in any business?  YES  NO

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 <input type="checkbox"/> Yes <input type="checkbox"/> 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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**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: \_\_\_\_\_



**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: \_\_\_\_\_



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**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: \_\_\_\_\_





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**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



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**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 ( )	



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**PRINCIPAL**

**Business Interests:** List all businesses, corporations and partnerships with which you are or have been associated with in the past five (5) 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: _____



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**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)



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**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:

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**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)



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**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)



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**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.



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**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: \_\_\_\_\_





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**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.



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**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: \_\_\_\_\_



## 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**



## 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.