

**Wichita Gaming Commission**  
**Telephone (405) 638-3678 Fax (405) 638-3683**

**Class F**  
**Technician License**

**NAME OF APPLICANT:** \_\_\_\_\_ **VENDOR:** \_\_\_\_\_

**INSTRUCTIONS**

**PLEASE READ CAREFULLY AND FOLLOW THE LICENSING INSTRUCTIONS.**

- Use blue or black ink only when completing this application form.
- All answers should be neatly printed. If the application cannot be read, it will not be considered.
- Answer all questions accurately and in as much detail as possible. If a question does not apply to you, please state so with the acronym “N/A” or insert the words “not applicable”.
- Complete the application form in its entirety (no questions should be left blank). There should be **NO gaps in Residential or Employment history.**
- Please wait to sign the application in the areas where a notary public signature is required.
- All persons completing this application form must have their fingerprints taken.
- All pages of the application form, including additional sheets, must be initialed.

**YOU ARE REQUIRED TO ATTACH THE FOLLOWING DOCUMENTS:**

- A completed gaming license application
- Official Identification Card (Driver’s license/ID)
- Social Security Card
- Copies of ALL court documents on criminal /civil complaints (Misdemeanor/Felony/ Bankruptcy) regardless of the outcome. Court documents include dispositions or the outcome of any and all charges, convictions (felony/misdemeanor) whether pending investigation, dismissed, dropped, filed nolle prosequi or closed. *Do not include minor traffic violations.*
- A copy of a DD214/DD215 in relation to any military service.
- A copy of tribal enrollment.
- Submit a current photograph.

**556.2 Privacy Notice.**

*In compliance with the Privacy Act of 1974, the following information is provided:*

*Solicitation of the information on this form is authorized by 25 U.S.C. 2701 et seq. The purpose of the requested information is to determine the eligibility of individuals to be employed in a gaming operation. The information will be used by National Indian Gaming Commission members and staff who have need for the information in the performance of their official duties. 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 investigations or prosecutions or when pursuant to a requirement by a tribe or the National Indian Gaming Commission in connection 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 hire you in a primary management official or key employee position.*

*The disclosure of your Social Security Number (SSN) is voluntary. However, failure to supply a SSN may result in errors in processing your application.*

**NOTICE REGARDING FALSE STATEMENTS:**

A false statement on any part of your application may be grounds for not hiring you, or firing you after you begin work. Also you may be punished by fine or imprisonment (U.S. Code, title 18, section 1001).

I have read the above notices and consent to the routine uses as described.

\_\_\_\_\_ **Applicant Initials** \_\_\_\_\_ WGC Initials

**PERSONAL HISTORY**

**\*\*IF ADDITIONAL SPACE IS NEEDED USE AN ADDITIONAL SHEET OF PAPER\*\***

Position: \_\_\_\_\_

New Applicant \_\_\_\_\_

Renewal \_\_\_\_\_

Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_

\_\_\_\_\_  
\*List all other names used: alias, maiden, previous marriage, written or oral

Social Security Number (s) \_\_\_\_\_

Place of Birth \_\_\_\_\_ Citizenship: USA \_\_\_\_\_ Other \_\_\_\_\_

Telephone: Home ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ County \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Eye Color \_\_\_\_\_ Hair Color \_\_\_\_\_

Gender: Male \_\_\_\_\_ Female \_\_\_\_\_

Other languages spoken: \_\_\_\_\_

Driver's License/ID # \_\_\_\_\_ State \_\_\_\_\_ Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Has your license ever been: Revoked \_\_\_\_\_ Suspended \_\_\_\_\_ Reinstated \_\_\_\_\_ Date/Year \_\_\_\_\_

List all other Drivers Licenses or ID's held within the last 10 years:

Previous DL Number \_\_\_\_\_ State of Issue \_\_\_\_\_

Previous DL Number \_\_\_\_\_ State of Issue \_\_\_\_\_

Tribal Member: YES \_\_\_ NO \_\_\_

If yes, Tribal Affiliation \_\_\_\_\_ Enrollment # \_\_\_\_\_ Location \_\_\_\_\_

Marital Information: Single \_\_\_ Married \_\_\_ Separated \_\_\_ Divorced \_\_\_ Widowed \_\_\_ Co habitant \_\_\_

Spouse's Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Telephone ( ) \_\_\_\_\_

Date of Marriage \_\_\_\_/\_\_\_\_/\_\_\_\_

## RESIDENTIAL HISTORY

\*\* Note- Application will be considered incomplete if any Gaps between Residential History dates exist.

List your current home address and all addresses for the last 10 years (beginning with current)

**Current Address** \_\_\_\_\_

City/State/Zip Code

From \_\_\_\_\_ To \_\_\_\_\_ Did you own / rent / other \_\_\_\_\_

Name, address, and telephone number of landlord: \_\_\_\_\_

Name, address, and telephone number of a person that knew you while you lived at this address:

**Previous Address** \_\_\_\_\_

City/State/ Zip Code

From \_\_\_\_\_ To \_\_\_\_\_ Did you own / rent / other \_\_\_\_\_

Name, address, and telephone number of landlord: \_\_\_\_\_

Name, address, and telephone number of a person that knew you while you lived at this address:

**Previous Address** \_\_\_\_\_

City/State/ Zip Code

From \_\_\_\_\_ To \_\_\_\_\_ Did you own / rent / other \_\_\_\_\_

Name, address, and telephone number of landlord: \_\_\_\_\_

Name, address, and telephone number of a person that knew you while you lived at this address:

**Previous Address** \_\_\_\_\_

City/State/ Zip Code

From \_\_\_\_\_ To \_\_\_\_\_ Did you own / rent / other \_\_\_\_\_

Name, address, and telephone number of landlord: \_\_\_\_\_

Name, address, and telephone number of a person that knew you while you lived at this address:

**Previous Address** \_\_\_\_\_

City/State/ Zip Code

From \_\_\_\_\_ To \_\_\_\_\_ Did you own / rent / other \_\_\_\_\_

Name, address, and telephone number of landlord: \_\_\_\_\_

Name, address, and telephone number of a person that knew you while you lived at this address:

## EMPLOYMENT HISTORY

**\*\*Note- Application will be considered incomplete if any gaps between employment history dates exist. If unemployed or in school, list dates and indicate unemployed or school.**

List your current employer(s) and all employers for the **last 10 years** beginning with current.

**Current Employer** \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip Code

Telephone Number ( ) \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Supervisors Name \_\_\_\_\_ Position held \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Ownership interest in the business: Yes \_\_\_ No \_\_\_ if yes, \_\_\_\_\_ % owned in the business

**Previous Employer** \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip Code

Telephone Number ( ) \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Supervisors Name \_\_\_\_\_ Position held \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Ownership interest in the business: Yes \_\_\_ No \_\_\_ if yes, \_\_\_\_\_ % owned in the business

**Previous Employer** \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip Code

Telephone Number ( ) \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Supervisors Name \_\_\_\_\_ Position held \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Ownership interest in the business: Yes \_\_\_ No \_\_\_ if yes, \_\_\_\_\_ % owned in the business

**Previous Employer** \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip Code

Telephone Number ( ) \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Supervisors Name \_\_\_\_\_ Position held \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Ownership interest in the business: Yes \_\_\_ No \_\_\_ if yes, \_\_\_\_\_ % owned in the business

**Do you** have any existing or previous business relationships with Indian Tribes, including ownership interest in those businesses: Yes \_\_\_ No \_\_\_

If "Yes" explain: \_\_\_\_\_

**Do you** have any existing or previous business relationships with the Wichita & Affiliated Tribes ( or entity doing business with the Wichita & Affiliated Tribes) which you have received or will receive any type of fees (including finder's fee) or other payment based on the revenues or profits of the gaming facility to which you are applying or any Wichita gaming facility? Yes \_\_\_ No \_\_\_ If "Yes" explain: \_\_\_\_\_

**Do you** have any existing or previous business relationships with the gaming industry in general, including ownership interests in those businesses: Yes \_\_\_ No \_\_\_ If "Yes" explain: \_\_\_\_\_

Have you ever filed an application for a **license, permit or other registration, certification or other authorization related to gaming**: Yes \_\_\_ No \_\_\_

*Name of Agency/Tribe*: \_\_\_\_\_

Address: \_\_\_\_\_

Type of License: \_\_\_\_\_

Current Status of License: Pending \_\_\_ Granted \_\_\_ Expired \_\_\_ Denied \_\_\_ Suspended \_\_\_ Revoked \_\_\_

If DENIED, SUSPENDED or REVOKED, explain \_\_\_\_\_

*Name of Agency/Tribe*: \_\_\_\_\_

Address: \_\_\_\_\_

Type of License: \_\_\_\_\_

Current Status of License: Pending \_\_\_ Granted \_\_\_ Expired \_\_\_ Denied \_\_\_ Suspended \_\_\_ Revoked \_\_\_

If DENIED, SUSPENDED or REVOKED, explain \_\_\_\_\_

*Name of Agency/Tribe*: \_\_\_\_\_

Address: \_\_\_\_\_

Type of License: \_\_\_\_\_

Current Status of License: Pending \_\_\_ Granted \_\_\_ Expired \_\_\_ Denied \_\_\_ Suspended \_\_\_ Revoked \_\_\_

If DENIED, SUSPENDED or REVOKED, explain \_\_\_\_\_

Have you ever filed an application for a **professional or occupational license or permit**: Yes \_\_\_ No \_\_\_

Name of Agency/Tribe: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone ( ) \_\_\_\_\_

Type of License: \_\_\_\_\_

Current Status of License: Pending \_\_\_ Granted \_\_\_ Expired \_\_\_ Denied \_\_\_ Suspended \_\_\_ Revoked \_\_\_

If DENIED, SUSPENDED or REVOKED, explain \_\_\_\_\_

Name of Agency/Tribe: \_\_\_\_\_

Address: \_\_\_\_\_

Type of License: \_\_\_\_\_

Current Status of License: Pending \_\_\_ Granted \_\_\_ Expired \_\_\_ Denied \_\_\_ Suspended \_\_\_ Revoked \_\_\_

If DENIED, SUSPENDED or REVOKED, explain \_\_\_\_\_

**Do you** have any relatives associated with, employed by, or who have a pending application for employment with *ANY* tribal gaming operation? Yes \_\_\_ No \_\_\_

If "Yes", provide the person's name, relationship, address, telephone number, the position or job title, and name of the tribe and operation:

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

**Do you** have any relatives that are members of the Wichita Gaming Commission, Wichita Executive Committee or employed by the Wichita & Affiliated Tribes or any Wichita Tribe gaming facility? Yes \_\_\_ No \_\_\_

If "Yes", WGC \_\_\_ WEC \_\_\_ Tribal Employee \_\_\_ Wichita Gaming facility \_\_\_

Relationship to member: \_\_\_\_\_

### MILITARY SERVICE HISTORY

Have you ever served in any armed forces? Yes \_\_\_ No \_\_\_ (If "Yes" attach a copy of your DD-214)

Branch of Service \_\_\_\_\_ Dates of Service: From \_\_\_\_\_ To \_\_\_\_\_ State \_\_\_\_\_

Type of Discharge \_\_\_\_\_ Rating at Separation \_\_\_\_\_

While in military, were you ever charged with any offense or disciplined? Yes \_\_\_ No \_\_\_

If "Yes", provide details \_\_\_\_\_

## EDUCATIONAL BACKGROUND

List education and include any schools or training programs attended.

Name of School \_\_\_\_\_ Dates Attended: From \_\_\_\_\_ to \_\_\_\_\_

City/State \_\_\_\_\_ Degree/Graduate/GED \_\_\_\_\_ Year \_\_\_\_\_

Name of School \_\_\_\_\_ Dates Attended: From \_\_\_\_\_ to \_\_\_\_\_

City/State \_\_\_\_\_ Degree/Graduate/GED \_\_\_\_\_ Year \_\_\_\_\_

## REFERENCES

List the names, addresses and telephone numbers for three personal references. (**DO NOT** use family members)

Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Years known \_\_\_\_\_

Telephone Number: Home: \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Years known \_\_\_\_\_

Telephone Number: Home: \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Years Known \_\_\_\_\_

Telephone Number: Home: \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

## CRIMINAL HISTORY

Please answer each question keeping in mind this includes all charges and convictions whether the cases are pending investigation, have been dismissed, dropped, files nolle prosequi or are closed.

Do not assume that an arrest or charge is “*not supposed to be*” on your record. A criminal record is not cleared, erased, sealed or expunged unless you were given and have in your possess a written order from a judge directing that action.

\_\_\_\_\_ **Applicant Initials**

1. Have you ever been investigated for , detained, allegedly charged or convicted with any of the following:

- |  |     |    |
|--|-----|----|
| • Driving Under the Influence (DUI or DWI)   | Yes | No |
| • Driving after Revocation or Suspension of License                                | Yes | No |
| • Domestic Violence or Assault/Battery   | Yes | No |
| • Criminal Sex Offenses: Sexual Abuse/Misconduct/Assault                           | Yes | No |
| • Fleeing a Police Officer or Obstructing the Legal Process                        | Yes | No |
| • Criminal Damage to Property or Receiving/Possession of Stolen Property           | Yes | No |
| • Theft  | Yes | No |
| • Possession/Distribution of Drugs or Alcohol, Marijuana Cocaine, Methamphetamines | Yes | No |
| • Fraud  | Yes | No |
| • Burglary   | Yes | No |
| • Issuance of Worthless or Dishonored Checks                                       | Yes | No |
| • Public Intoxication  | Yes | No |
| • Forgery  | Yes | No |
| • Embezzlement   | Yes | No |
| • Disorderly Conduct   | Yes | No |
| • Shoplifting  | Yes | No |
| • Vehicular Homicide   | Yes | No |
| • Arson  | Yes | No |
| • Breaking and entering  | Yes | No |
| • Extortion  | Yes | No |
| • Tampering with records   | Yes | No |
| • Other _____  | Yes | No |

2. Are you currently being prosecuted or facing pending charges, in any jurisdiction for any of the above charges? Yes No

3. Have or are you on a deferred sentence or deferred prosecution, pre-prosecution program, or a deferred judgment and sentence for any offense (s)? Yes No

4. Have you served or are you currently serving a criminal sentence, including probation (supervised or unsupervised), in a criminal diversion program, out on bail or parole? Yes No

5. Have you ever been involved in ANY inquiry, questioning, informal investigation, formal investigation by an employer, management, supervisor, law enforcement officer, etc., regarding theft, fraud, embezzlement, harassment, scams or any other offense? Yes No

6. Regardless of your answers to the above questions, have you ever:  
 a. Been arrested, served with a criminal summons, bench warrant restraining order or charged with, or convicted of ANY crime or offense in any manner? Yes No

b. Been detained, handcuffed, arrested or charged even if the charges were dismissed, dropped, or you were found not guilty? Yes No



**NOTE- IF YOU ANSWERED YES TO ANY OF THE QUESTIONS IN "CRIMINAL HISTORY"; LIST CHARGES INDIVIDUALLY. YOU ARE ALSO REQUIRED TO ATTACH ALL COURT DOCUMENTS RELATED TO EACH CHARGE. COURT DOCUMENTS INCLUDE DISPOSITIONS (OUTCOME) OF ANY AND ALL CHARGES OR CONVICTIONS REGARDLESS OF THE OUTCOME.**

**CRIMINAL HISTORY INFORMATION**

Date of Charge: \_\_\_\_\_

Charge: \_\_\_\_\_

Name of Court: \_\_\_\_\_  
County, State

Disposition (Outcome): \_\_\_\_\_

Date of Charge: \_\_\_\_\_

Charge: \_\_\_\_\_

Name of Court: \_\_\_\_\_  
County, State

Disposition (Outcome): \_\_\_\_\_

Date of Charge: \_\_\_\_\_

Charge: \_\_\_\_\_

Name of Court: \_\_\_\_\_  
County, State

Disposition (Outcome): \_\_\_\_\_

Date of Charge: \_\_\_\_\_

Charge: \_\_\_\_\_

Name of Court: \_\_\_\_\_  
County, State

Disposition (Outcome): \_\_\_\_\_

## GAMING INDUSTRY RELATIONS

A. Financial or any other interest in gambling activities: Please indicate by answering the following questions:

Invested or loaned money, have an option to purchase or have a contract for service to any gambling facility or activity? Yes    No

Have ownership interest in equipment being leased or otherwise provided to any gambling facilities? Yes    No

Have investment or ownership interest in any business involved in any activities as a result of the operation of gaming? Yes    No

Do you receive any revenue or payment or money from any person who is involved in the activities as a result of the operation of gaming/ Yes    No

B. Have you ever been prohibited or excluded from any gaming activities and/or gaming establishments? Yes    No  
\*if yes, attach a detailed statement

C. Have you ever been charged or convicted of a gambling crime in any jurisdiction regardless of the outcome? Yes    No  
\*if yes, attach a detailed statement

## FINANCIAL HSITORY INFORMATION

A. Have you ever filed bankruptcy in any jurisdiction? Yes    No  
\*If yes, please provide the federal district court where the bankruptcy was filed, date filed, and describe the circumstances which resulted in this action. **Provide copies of your bankruptcy petition and the order discharging debts.**

---

B. Have you ever been a petitioner/respondent in a civil suit? Yes    No  
**\*If yes, please explain and give court name and address.**

---

C. Have you ever been a defendant/respondent in a civil suit and/or had a judgment or lien rendered against you such as student loans, garnishment of wages, child support? **\*If yes, provide court documents** Yes    No

D. Have you ever had your state or federal personal income tax return audited Or adjusted? **\*If yes, provide details** Yes    No

---



---

**\*\*\*PLEASE DO NOT SIGN THIS PAGE YET\*\*\***

**CERTIFICATION**

I certify that all information and statements made by me in this gaming license application are true, complete and correct to the best of my knowledge and belief and are made in good faith.

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

*\*\*\*For Notary Public service only\*\*\**

State of \_\_\_\_\_

County of \_\_\_\_\_

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Notary Public Signature

My Commission Expires: \_\_\_\_\_

Seal

**\*\*\*PLEASE DO NOT SIGN THIS PAGE YET\*\*\***

**Wichita Gaming Commission**

PO Box 786, Anadarko, OK 73005 P: (405) 638-3678 F: (405) 638-3683

**AUTHORIZATION FOR RELEASE OF INFORMATION**

**Presented To The Wichita Gaming Commission:**

I, \_\_\_\_\_ (applicants full name) hereby authorize release to the Wichita Gaming Commission and the National Indian Gaming Commission (NIGC) any information requested in order for the Wichita Gaming Commission and NIGC to determine my suitability for involvement in Indian Gaming.

This document authorized release of requested information whether or not such information would otherwise be protected from disclosure by any constitutional, statutory or common law privilege. 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 the purpose listed in the first paragraph of this document.

I authorize release of any information related to my activities including: schools, property interest, employment, criminal justice agencies, regulatory agencies, businesses, financial institutions, credit reporting agencies and lending institutions.

I relinquish any right that I may otherwise have to pursue a cause of action against any person (or his/her agent) to whom this request is presented when such cause of action arises out of a response to a request for information pursuant to the Indian Gaming Regulatory Act of 1988 (25 USC ss 2701 et seq.) I further agree to indemnify and hold harmless any person to whom this request is lawfully presented. Such indemnification and holding harmless includes all claims, damages, loses and expenses, including reasonable attorney's fees. I authorize review and copying of all documents. A reproduction of this authorization is the same as the original.

Name \_\_\_\_\_ SSN \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_ DL# \_\_\_\_\_ State \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**\*\*\*\*\*FOR NOTARY PUBLIC SERVICE ONLY, DO NOT WRITE BELOW THIS LINE\*\*\*\*\***

Subscribed and sworn before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

State of \_\_\_\_\_

County of \_\_\_\_\_

Notary Public \_\_\_\_\_

My Commission Expires: \_\_\_\_\_



## Full Disclosure Assurances

I acknowledge that:

I do not have any criminal history such as arrests, detentions, deferred sentencing, dismissed, dropped, or nolle prosequi court cases with any law enforcement agency, tribal court records or ANY court jurisdictions (City, County, Tribal, State Police) **other than** what is listed on my gaming license application. \_\_\_\_\_ *Initials*

I am currently not on or have been on any supervised/unsupervised probation, parole, diversion program, deferred sentence or out on bail. \_\_\_\_\_ *Initials*

I do not owe any court jurisdiction any money for bench warrants or fines other than what is listed on my gaming license application. \_\_\_\_\_ *Initials*

I am currently not involved with any preliminary or criminal investigation. \_\_\_\_\_ *Initials*

I understand that the Wichita Gaming Commission will deny, revoke, or suspend my application for a Wichita Gaming Commission License if I fail to disclose any criminal activities, criminal records, reputations, habits or associations that pose a threat to the Wichita & Affiliated Tribe, public interests or to the effective regulation of gaming at the Wichita Tribe gaming facilities. \_\_\_\_\_ *Initials*

I understand that the phrase "I did not remember" or "I just forgot" will not be accepted as excuses for failing to reveal criminal history. \_\_\_\_\_ *Initials*

I understand that the burden of proving my good character and integrity's mine alone. I will obtain and provide any required documents as requested by the Wichita Gaming Commission within the specified time given. \_\_\_\_\_ *Initials*

I understand that it is my responsibility to report all future charges, arrests, major citations, bench warrants, bankruptcies, etc., regardless of the outcome to the Wichita Gaming Commission within seventy two (72) hours. Failure to report any future charges, arrests, major citations, bench warrants, bankruptcies, etc., may result in suspension and/or revocation of my gaming license. \_\_\_\_\_ *Initials*

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 \_\_\_\_\_ *Initials*

Lastly, I certify that I understand all sections and have answered them in good faith with the full knowledge that I can be denied a Wichita Gaming Commission License for not being honest or for failing to disclose any criminal history that I know I may have been involved in. \_\_\_\_\_ *Initials*

**Applicant Signature:** \_\_\_\_\_

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

WGC Representative: \_\_\_\_\_

Date: \_\_\_\_\_