



THLOPTHLOCCO TRIBAL TOWN GAMING CENTER

BUSINESS/CORPORATION/ENTITY VENDOR LICENSE APPLICATION

TRIBAL LICENSING FEE: \$3,000.00

Alan Scott
Commissioner

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918-560-6198 FAX 918-623-0045

Mike McCoy, Secretary
Gary Girty, Vice-Chair

**THLOPTHLOCCO TRIBAL TOWN
OFFICE OF THE GAMING COMMISSION**

**BUSINESS/CORPORATION/ENTITY
VENDOR LICENSE APPLICATION**

Tribal Licensing Fee: \$3,000.00

Annual Renewal Fee: \$3,000.00
(every other year)

Instructions: Type or print. Indicate "N/A" for items that do not apply. If more space is needed, attach separate sheets. False or incomplete answers could result in the denial or subsequent revocation of a license.

The undersigned hereby makes application for a license to do business with the Golden Pony Casino, a Thlopthlocco Tribal Town Gaming facility.

Name of Business/Corporation/Entity: _____

Physical Business Address: _____

Mailing Address (if different from above): _____

County: _____

Business Phone: _____ Business Fax: _____

Federal Tax ID Number: _____ Or SSN (if sole proprietorship): _____

Trade Name to be used: _____

If application is to replace a license obtained under another name at the same location, state former business name: _____

Provide general description of this business and its activities: _____

Type of gaming service to be provided: (check one)

Gaming Vendor

If a gaming vendor, business is a: Distributor Manufacturer

Cash Related Vendor Food and/or Beverage Vendor

Facility Construction and Maintenance Vendor

Utility Provider Private

Event Promoter Wholesalers, retailer, or other (specify): _____

Vendor is a: Partner Corporation Sole Proprietorship

Limited Liability Company Other (specify): _____

Will the vendor be investing 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: _____

Describe below any current or previous business relationship(s) with gaming industry, including ownership interests in those businesses. For each, list name of business, address, nature of business relationship, and date of relationship. Use additional sheets if necessary.

Name of Business	Address	Nature of Relationship	Dates of Relationship

Does this business have any current or previous investment, business relationship, or agreement with any Native American Tribe, or an ownership, financial, or management interest, either gaming or non-gaming related, in any tribal business? Yes No

If YES, list Tribe, location, nature of relationship & dates. Use additional sheets if necessary.

Tribe	Location	Nature of Relationship	Dates

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 below & describe role.

Provide names, address, & telephone numbers of three (3) business references & one (1) bank reference with whom you have regularly done business with within the past five (5) years.

Name	Address	City, State	Zip	Telephone

Has this business ever applied to any licensing or regulatory agency for a license, permit, or authorization related to gaming, whether or not such license, permit or authorization was granted: Yes No

If YES, complete the following information for each license, permit or authorization. Submit copy of application for each agency. Use additional sheets if necessary?

Agency, Tribe or State applied to: _____

Action Taken: _____ Location: _____

Dates: _____ Type of application: _____

Describe any disciplinary action, suspension, or revocation or denial: _____

Agency, Tribe or State applied to: _____

Action Taken: _____ Location: _____

Dates: _____ Type of application: _____

Describe any disciplinary action, suspension, or revocation or denial: _____

Agency, Tribe or State applied to: _____

Action Taken: _____ Location: _____

Dates: _____ Type of application: _____

Describe any disciplinary action, suspension, or revocation or denial: _____

Agency, Tribe or State applied to: _____

Action Taken: _____ Location: _____

Dates: _____ Type of application: _____

Describe any disciplinary action, suspension, or revocation or denial: _____

CORPORATION

1. State of incorporation: _____ Date: _____

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

3. A notarized copy of the Articles of Incorporation is attached: Yes No

If NO, state reasons: _____

4. A complete list of all stockholders, showing the number of shares or record held by each is filed herewith? Yes No

If NO, state reasons: _____

SOLE PROPRIETORSHIP, PARTNERSHIP, or other form of BUSINESS

1. State where registered or qualified to do business: _____
2. Provide state's business registration or license number: _____
3. Provide Oklahoma business registration or license number: _____
4. Date of qualification to do business in Oklahoma: _____
5. Attach a true & correct copy of the partnership agreement, if applicable: Yes No
If NO, state reasons: _____
6. Attach a true & correct copy of any other agreement to do business, if applicable: Yes No
If NO, state reasons: _____

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, & any person(s) that will be responsible for on site supervision or management, including gaming machine technicians. **Use additional sheets if necessary.

1. Name: _____ Title: _____
Address: _____ Phone: _____
SSN: _____ DOB: _____ Percentage of Ownership in Company: _____
2. Name: _____ Title: _____
Address: _____ Phone: _____
SSN: _____ DOB: _____ Percentage of Ownership in Company: _____
3. Name: _____ Title: _____
Address: _____ Phone: _____
SSN: _____ DOB: _____ Percentage of Ownership in Company: _____
4. Name: _____ Title: _____
Address: _____ Phone: _____
SSN: _____ DOB: _____ Percentage of Ownership in Company: _____
5. Name: _____ Title: _____
Address: _____ Phone: _____
SSN: _____ DOB: _____ Percentage of Ownership in Company: _____
6. Name: _____ Title: _____
Address: _____ Phone: _____

SSN: _____ DOB: _____ Percentage of Ownership in Company: .

7. Name: _____ Title: _____

Address: _____ Phone: _____

SSN: _____ DOB: _____ Percentage of Ownership in Company: .

8. Name: _____ Title: _____

Address: _____ Phone: _____

SSN: _____ DOB: _____ Percentage of Ownership in Company: .

9. Name: _____ Title: _____

Address: _____ Phone: _____

SSN: _____ DOB: _____ Percentage of Ownership in Company: _____

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

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	Nature of Action	Disposition

**THLOPTHLOCCO TRIBAL TOWN
OFFICE OF THE GAMING COMMISSION**

VENDOR AGREEMENT

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

1. To maintain a ledger in office of principles in the corporation which shall at all times reflect the ownership of every class of security issued by the corporation & be available for inspection by the Thlopthlocco Tribal Town Office of the Gaming commissioner & its authorized agents at all reasonable times without notice.
2. To provide any or all financial data or other information which may deem necessary or appropriate.
3. To provide the Thlopthlocco Tribal Town Office of the Gaming Commission a complete annual list of all stockholders of the corporation showing the number of shares held by each.
4. To provide the Thlopthlocco Tribal Town Office of the Gaming Commissioner an annual profit & loss statement, balance sheet, & a copy of the applicant's annual Federal Income Tax return within thirty (30) days after such return is filed.
5. To provide all balance sheets & profit & loss statement which have been audited by independent certified public accountants for the three (3) preceding fiscal years.
6. To require all applicant's officers, directors, partners, investors, principals or others to apply & obtain an application for a license as stated under section Sole Proprietorship, Partnership, or other form of Business, as a principal with the Thlopthlocco Tribal Town Office of the Gaming Commission.
7. To report to Thlopthlocco Tribal Town Office of the Gaming Commissioner any change in applicant's officers, directors, partners, investors, principals, or others who would be required to provide information under section Sole Proprietorship, Partnership, or other form of Business of this application.
8. To provide an organizational chart of the business down to department head level.
9. To submit payment for the licensing fees, costs of the investigation of all applicant's of officers, directors, partners, investors, principals, or others & any other fees set forth by the Thlopthlocco Tribal Town Office of the Gaming Commission in full with submission of this application.

Use of Information Provided:

The purpose of the requested information is to determine the eligibility of the business to be licensed. The information will be used by the Tribal Gaming Commission & staff who have need for the information in the performance of their official's duties. The information may be disclosed to the appropriate federal, tribal, state, local or foreign law enforcement & regulatory agencies when relevant to civil, criminal, or regulatory investigations or prosecutions, 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.

Applicant's Signature

Date

**THLOPTHLOCCO TRIBAL TOWN
OFFICE OF THE GAMING COMMISSION
RELEASE OF ALL CLAIMS**

The undersigned has filed an "application" with the Thlopthlocco Tribal Town Gaming Commission. In consideration of the assurance by the Commission that no determination on said "application" will be taken except after a deliberate, intensive and thorough investigation of the undersigned, including but not limited to background, associates and finances. The undersigned does for myself, my heirs, executors, administrators, successors and assigns, hereby release, remise, and forever discharge the Thlopthlocco Tribal Town, the facility operation, the

Office of Gaming Commission, its members agents and employees from any and all manner of action, suits, debts, judgments, executions, claims and demands whatsoever, known or unknown, in law or equity, which the undersigned ever had, now had, may have, or claim to have against any or all said entities or individuals arising out of or by reason of the processing or investigation of or other action relating to the undersigned's "application."

I, _____, the undersigned, have read this release and understand all its terms. I execute it voluntarily and with full knowledge of its significance; and

I, _____, being duly sworn, depose and say that I have read the foregoing application and know the contents thereof; that the statements contained herein are true and contain a full and true account of the information requested. **I executed this statement with the acknowledgement that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of a gaming license.**

I, _____, hereby expressly waive, release, & forever discharge the Thlopthlocco Tribal Town, the licensing agency & their agents from any & all manner of action & causes of action whatsoever; I, my administrators or executors can, shall, or may have against the Thlopthlocco Tribal Town, the licensing agency & their agents, as a result of my applying for a gaming license with the Thlopthlocco Tribal Town & The Office of Gaming Commission.

I, _____, hereby authorize the Thlopthlocco Tribal Town & its Commission to investigate my employment, residence, credit, criminal history, & to answer any questions about their experience with me & other pertinent items as stipulated on the submitted application relating to previous activities and habits.

I, _____, hereby authorize the Thlopthlocco Tribal Town Office of the Gaming Commission to release the information to all appropriate entities as required under federal and state laws & the tribal laws of the Thlopthlocco Tribal Town.

In witness whereof, I have executed this release at _____ City _____ State

On the _____ day of _____, 20_____.

Applicant's Signature

Notary
State of _____)
)SS.
County of _____)

Before me the undersigned, a Notary Public in and for said County and State on this _____ day of _____, 20_____ personally appeared _____
Personally known to me be the same person who executed the above instrument.

My Commission Expires: _____ Date _____ Notary Public

**THLOPTHLOCCO TRIBAL TOWN
OFFICE OF THE GAMING COMMISSION**

VENDOR CERTIFICATION

I certify that I am a duly authorized officer of the Vendor with knowledge and authority to provide the above information and to act on behalf of this business, corporation, or entity, and that to the best of my knowledge and belief the foregoing information is true, accurate, and complete as of the date of this application. I understand that untruthful or misleading answers are cause for denial of the application and/or revocation of any gaming license granted. I further understand that this business has a continuing duty to provide all materials, assistance, or information required by the Thlopthlocco Tribal Town, Office

of the Gaming Commission, including any information that may be requested from business owners, shareholders, directors, officers or other key personnel; and to fully cooperate in any investigations conducted by or on their behalf. If any information provided on this application changes or otherwise becomes inaccurate, or new information becomes available, I agree to promptly notify the Thlopthlocco Tribal Town, Office of the Gaming Commission with or without a formal request for such information.

Name: _____ Title: _____
(Print full name) (Authorized Signature)

Signature: _____ Date: _____

For (Business, Corporation, Entity) : _____

Subscribed and sworn to before this _____ day of _____, 20____.

Notary

State of _____)

)SS.

County of _____)

Before me the undersigned, a Notary Public in and for said County and State on this _____ day of

_____, 20____ personally appeared _____

Personally known to me be the same person who executed the above instrument.

My Commission Expires: _____
Date

Notary Public

**THLOPTHLOCCO TRIBAL TOWN
OFFICE OF THE GAMING COMMISSION**

RELEASE OF INFORMATION AUTHORIZATION

I, _____, as the duly authorization representative acting on behalf of the business entity listed below, authorize any investigator, agent or other representative of the federal government, the Thlopthlocco Tribal Town Office of the Gaming Commission, or any other tribal, state or local law enforcement of investigatory agency, in order to determine suitability of this business for involvement in Indian gaming activities, to obtain any information related to the business and its activities including any personal, business, criminal, or financial information, credit history, court records, tax records, and the like. Sources of such records and information may include, but are not limited to, financial or lending institutions, businesses, regulatory agencies, credit bureaus, and other sources, whether or not such information would otherwise be protected from disclosures by law or privilege.

I authorize custodians of such records and sources of information to release such information, permit the review and copying of any and all documents, records, or correspondence pertaining to this business, upon request of the Thlopthlocco Tribal Town Office of the Gaming Commission or its representative(s), regardless of any previous agreement to the contrary.

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

I understand and 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 understand that the information and records sought is for a background investigation required to process the license or license renewal application of this business for purpose of providing goods or services or financing in conjunction with gaming activities, operation, or regulation.

In witness whereof, I have executed this release at _____, _____.
City State

On the _____, day of _____, 20____.

Applicant's Signature

Notary

State of _____)
County of _____)SS.

Before me the undersigned, a Notary Public in and for said County and State on this ____day of _____, 20____ personally appeared _____
Personally known to me be the same person who executed the above instrument.

My Commission Expires: _____
Date

Notary Public