

THLOPTHLOCCO TRIBAL TOWN
Federal Charter 1938 – Creek Tribe
GAMING COMMISSION

Please be advised, these requirements and prerequisites are set standards as a regulatory and integral part of the Office of Gaming Commission. Without further due and delay, be assured the following material(s) will not be considered complete until all the requisitions are met.

Anytime you desire to place new equipment for use at the Thlopthlocco Gaming Center the commission requests that you first submit written notice to the General Manager and then submit the following information.

IN SUBMISSION OF NEW EQUIPMENT

- Device or commercial name for each piece of equipment in operation
- Total number of equipment with the device name
- Serial number of each piece of equipment with the device name
- New equipment offered, or which can be offered, on each name device
- Brief description of each piece of equipment
- Business plan and projected sales for each piece of equipment
- Previous sales report from prior companies
- Manufacturer for each device
- Vendor for each device
- Address, phone number and contact person for each vendor

Thank you,

Alan Scott
Chairman
Office of the Gaming Commission

THLOPTHLOCCO TRIBAL TOWN GAMING CENTER

NON GAMING PRINCIPAL APPLICATION

Mike McCoy, B.S.
Commissioner

P.O. Box 188 Okemah, OK 74859
918-560-6198 Fax 918-623-0045

Alan Scott, Sec.
Gary Girty, V.P.

THLOPTHLOCCO TRIBAL TOWN
OFFICE OF GAMING COMMISSION

NON GAMING PRINCIPAL APPLICATION

PERSONAL HISTORY DISCLOSURE

Applicant Name: _____

Business Applied For: _____

Date Applied For: _____

License Number: _____
(TTTGC Use Only)

APPLICATION INSTRUCTIONS
PERSONAL HISTORY DISCLOSURE

I. COMPLETING THIS FORM:

- A. Use black ink only or all answers should be typed when completing this application form.
- B. Answer all questions accurately and in as much detail as possible. **If a question does not pertain to you, write "N/A" (not applicable).**
- C. Complete the application form in its entirety **(no questions should be left blank).**
- D. Sign the Authorization for Release of Information form in the presence of a Notary Public and have your signatures Notarized.
- E. All persons completing this application form must attach one (1) current front view photograph of themselves.
- F. All requested documents must be included with the application at the time of submission.
- G. All pages of the application form, including additional sheets, must be initialed.

II. ESTABLISHING YOUR IDENTITY AND WORK AUTHORIZATION:

All applicants must come to the Thlopthlocco Tribal Town Gaming Commission and establish their identity and employment authorization. Our offices are located at:

<u>Physical Address</u>	<u>City Address</u>
Office of Gaming Commission c/o: Thlopthlocco Tribal Town I-40 Exit 227 Clearview Rd. Okemah, OK 74859 Bldg.103	Thlopthlocco Creek Tribal Town c/o: Office of Gaming Commission P.O. Box 188 Okemah, OK 74859

To establish your identity, you must present one of the following:

- A. A current state issued driver's license that has a photograph and identifying information;

- B. A current identification card issued to persons in the U.S. military service (or their dependents) that has a photograph and identifying information;
- C. A current school identification card containing a photograph, an expiration date, the seal or logo of the issuing institution, and the signature of the carrier;
- E. A current identification card issued by a federal, state or local government agency that has a photograph and identifying information;
- F. The latest expired casino employee license;
- G. A current U.S passport or foreign passport with a proper INS authorization;
- H. Tribal I.D.

AFFIX A PHOTOGRAPH HERE

(MUST HAVE BEEN TAKEN WITHIN THE LAST 12 MONTHS)

PRIVACY NOTICE

NOTICE TO APPLICANT

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 Thlopthlocco Tribal Town Gaming Commission in connection with the hiring or firing of an employee, 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 will result in the tribe being unable to conduct business with you as a principal of the business entity.

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 for firing you after you begin work. Also, you may be punished by fine or imprisonment (U.S. Code, Title 18, section 1001).

Applicant's Signature

Date

THLOPTHLOCCO TRIBAL TOWN GAMING COMMISSION

AUTHORIZATION FOR RELEASE OF INFORMATION

PRESENTED TO:

3. **EMPLOYMENT HISTORY**

List your current employer(s). List previous employers, for the last five years, (beginning with most recent). You may use month and year for date information.

Current Employer _____ From _____ To _____

Address _____ Telephone Number (____) _____
Street City State Zip Code

Title _____ Ownership interest in this business: Yes ____ No ____

Previous Employer _____ From _____ To _____

Address _____ Telephone Number (____) _____
Street City State Zip Code

Title _____ Ownership interest in this business: Yes ____ No ____

Previous Employer _____ From _____ To _____

Address _____ Telephone Number (____) _____
Street City State Zip Code

Title _____ Ownership interest in this business: Yes ____ No ____

Previous Employer _____ From _____ To _____

Address _____ Telephone Number (____) _____
Street City State Zip Code

Title _____ Ownership interest in this business: Yes ____ No ____

Previous Employer _____ From _____ To _____

Address _____ Telephone Number (____) _____
Street City State Zip Code

Title _____ Ownership interest in this business: Yes ____ No ____

Previous Employer _____ From _____ To _____

Address _____ Telephone Number (____) _____
Street City State Zip Code

Title _____ Ownership interest in this business: Yes ____ No ____

4. Do you have any existing or previous business relationships with Indian Tribes, including ownership interest in those businesses: YES ____ NO ____

If "Yes" explain: _____

5. 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: _____

6. Have you ever filed an application for a license or permit related to gaming (whether or not license/permit was granted): Yes _____ No _____

If "Yes" Name of Agency/Tribe: _____

Address: _____

If "Yes" Name of Agency/Tribe: _____

Address: _____

If "Yes" Name of Agency/Tribe: _____

Address: _____

7. Have you ever filed an application for an occupational license or permit (whether or not license/permit was granted): Yes _____ No _____

If "Yes" Name of Agency: _____

Address: _____

8. **REFERENCES**

List the names, addresses and telephone numbers for three personal references, including one personal reference that was acquainted with you during each period of residence listed under Residential History.

Name	Address				
Telephone	Street	City	State	Zip Code	
Name	Address				
Telephone	Street	City	State	Zip Code	
Name	Address				
Telephone	Street	City	State	Zip Code	

9. **EDUCATIONAL HISTORY**

Provide the following information regarding your education and include any training certificates you received.

Name of School/Other	City, State	Dates Attended	Graduate?	Telephone

10. **CRIMINAL HISTORY**

Have you ever been convicted of, or are you currently being prosecuted for a felony: Yes ___ No ___

If "Yes" Charge _____ Date _____

Name of Court _____ City & State of Court _____

Disposition _____

Charge _____ Date _____

Name of Court _____ City & State of Court _____

Disposition _____

Charge _____ Date _____

Name of Court _____ City & State of Court _____

Disposition _____

11. **Have you ever been convicted of, or are you currently being prosecuted for a misdemeanor (excluding minor traffic violations) within ten (10) years of the date of this application:**

Yes ___ No ___

If "Yes" Charge _____ Date _____

Name of Court _____ City & State of Court _____

Disposition _____

Charge _____ Date _____

Name of Court _____ City & State of Court _____

Disposition _____

Charge _____ Date _____

Name of Court _____ City & State of Court _____

Disposition _____

A. Please submit copies of any/all convictions currently being prosecuted.

12. List each criminal charge (excluding minor traffic charges) whether or not there is a conviction, for the last ten (10) years that is not otherwise listed under felonies and/or misdemeanors (above).

Charge _____ Date _____

Name of Court _____ City & State of Court _____

Disposition _____

Charge _____ Date _____

Name of Court _____ City & State of Court _____

Disposition _____

Charge _____ Date _____

Name of Court _____ City & State of Court _____

Disposition _____