

THLOPTHLOCCO TRIBAL TOWN GAMING CENTER

NON GAMING VENDOR APPLICATIONS

BUSINESS ENTITY

Alan Scott
Commissioner

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

Mike McCoy, Sec.
Gary Girty, Vice-Chair

05-2012

Thlopthlocco Tribal Town Gaming Commission

Initials: _____

THLOPTHLOCCO TRIBAL TOWN
OFFICE OF GAMING COMMISSION

NON GAMING VENDORS

PERSONAL HISTORY DISCLOSURE

Business Name: _____

Position Applied For: _____

Date Applied For: _____

License Number: _____
(TTTGC Use Only)

**NOTE: A RENEWAL FEE OF \$500 DOLLARS WILL BE/IS APPLICABLE AT
TIME OF THE ANNUAL ANNIVERSARY DATE FROM THE INTIAL
AGREEMENT DATE.**

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 persons completing this application form must have their fingerprints taken.
- G. All requested documents must be included with the application at the time of submission.
- H. 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. Please send a listing of current license received doing business within the last five (5) years.

Our offices are located at:

Physical Address

City Address

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

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.

Notice Regarding False Statements

A false statement on any part of your application may be grounds for not doing business with you. Also, you may be punished by fine or imprisonment (U.S. Code, Title 18, section 1001).

Signature Authority

Date

THLOPTHLOCCO TRIBAL TOWN GAMING COMMISSION

AUTHORIZATION FOR RELEASE OF INFORMATION

PRESENTED TO: _____

I, _____,
(Print/type signature authority)

Hereby authorize release to the Thlopthlocco Tribal Town Gaming Commission any information requested in order for the gaming commission to determine my suitability for involvement in Indian gaming.

This document authorizes 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 interests (real and personal), employment, criminal justice agencies, regulatory agencies, businesses, financial institutions, lending institutions, medical institutions, hospitals, and health care professionals.

I authorize review and copying of all documents.

I relinquish any right that I may otherwise have to pursue a cause of action against any person (or his or 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 U.S.C. 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, losses and expenses, including reasonable attorneys' fees.

A reproduction of this authorization is the same as the original.

Executed at (city) _____, (state) _____

On this _____ day of _____, 20 _____

Signature: _____

Subscribed and sworn to before me on this
_____ Day of _____, 20 _____.

Notary Public

Presented by Thlopthlocco Tribal Town Gaming Commission representative:

Commercial License Investigator: _____

Name: _____ Date: _____
(Print)

PERSONAL HISTORY DISCLOSURE FORM

**** IF ADDITIONAL SPACE IS NEEDED USE ANOTHER SHEET OF PAPER ****

New Applicant: Yes _____ No _____ Rehire/Reapply: Yes _____ No _____

Name: _____ / _____ / _____
Last First Middle

Telephone Number: (____) _____ Date of Birth: _____
 Social Security Number: _____ Citizenship: USA _____ Other: _____

List all languages Written or Spoken: _____

List other business names used: _____

1. Please provide your current business license number and the date of issue for the last five (5) years.

Current BL Number _____	State of Issuance _____
Previous BL Number _____	State of Issuance _____
Previous BL Number _____	State of Issuance _____
Previous BL Number _____	State of Issuance _____
Previous BL Number _____	State of Issuance _____

2. **RESIDENTIAL HISTORY**

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

Current Address _____				
	<small>Street</small>	<small>City</small>	<small>State</small>	<small>Zip Code</small>
From _____	To _____	Telephone Number(____) _____		
Previous Address _____				
	<small>Street</small>	<small>City</small>	<small>State</small>	<small>Zip Code</small>
From _____	To _____	Telephone Number(____) _____		
Previous Address _____				
	<small>Street</small>	<small>City</small>	<small>State</small>	<small>Zip Code</small>
From _____	To _____	Telephone Number(____) _____		
Previous Address _____				
	<small>Street</small>	<small>City</small>	<small>State</small>	<small>Zip Code</small>
From _____	To _____	Telephone Number(____) _____		

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

If "Yes" explain: _____

Attach separate page if necessary.

4. 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: _____

Attach separate page if necessary.

5. 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: _____

6. 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: _____

7. **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

8. **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 _____

9. **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.

10. 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 _____