



APPLICATION FOR NEW GAMING VENDOR PRINCIPAL/TECHNICIAN

To begin the CPN Licensing process, the following application must be completed along with requested documents, signed forms, and ID's. Please return to:

**CPN GAMING COMMISSION
1601 S GORDON COOPER DR.
SHAWNEE, OKLAHOMA 74801**

All information must be sent in a complete package. Failure to do so will result in the licensing process being delayed.

1. Individual processing fees (\$300 per individual)

Make checks payable to: **CPN GAMING COMMISSION**

2. Two forms of ID's (one must be current driver's license)
 - a. Valid State Driver's License
 - b. Valid State Identification Card
 - c. Social Security Card
 - d. Birth Certificate
 - e. Valid U.S. Passport
 - f. Alien registration card
 - g. Tribal Membership Card
 - h. CDIB (Certified Degree of Indian Blood)
 - i. Valid school identification card (with photo)
3. Picture taken within the past 2-3 months
4. Fingerprint card
5. Tax Documents from Self-Employment (Current or Past Ten (10) years (If applicable))
6. DD-214 (If applicable)
7. List of Gaming Licenses/permits/certificates ever issued or applied for.

Applicant will **NOT** be approved for a license until all requested information is provided, background completed and licensing decision is made.

Feel free to contact CPNGC Licensing @ 405-878-4838 or licensing@cpngc.org with questions.



GAMING LICENSE

NEW

VENDOR PRINCIPAL/TECHNICIAN APPLICATION

COMPANY NAME: _____

NAME: _____

POSITION: _____

DATE: _____



Citizen Potawatomi Nation Gaming Commission

The Citizen Potawatomi Nation Gaming Commission (CPNGC) is required by law to regulate and protect the integrity of the Tribe's gaming operations. This includes the requirement to investigate and license all gaming license applicants and licensees. In order to be employed by the CPN Gaming Enterprises, you must apply for, obtain, and maintain a valid gaming license, including providing all appropriate documents within the timeframe specified by the CPNGC Background Licensing Department.

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 granted a gaming license. The information will be used by the Tribal gaming regulatory authorities and by the National Indian Gaming Commission (NIGC) members and staff who have need for the information in the performance of their official duties. The information may be disclosed by the Tribe or the NIGC 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 NIGC in connection with the issuance, denial, or revocation of a gaming license, 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 license you for 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 license application may be grounds for denying a license or the suspension or revocation of a license. Also, you may be punished by fine or imprisonment (U.S. Code, title 18, section 1001)

1. I have read the above information and fully understand all of its terms. My signature shall be considered full acceptance, acknowledgment, and agreement to the terms above. It is my right to request a paper copy of the signed document.

Signature: _____

Citizen Potawatomi Nation Gaming Commission

AUTHORIZATION TO RELEASE INFORMATION - VENDOR

Daniel LeClaire
Executive Director

PLEASE READ CAREFULLY BEFORE SIGNING

I authorize the Citizen Potawatomi Nation Gaming Commission and their authorized agents, for the purpose of determining suitability for involvement in Indian Gaming activities, including operational and regulatory, to obtain any and all information and records requested which are related to activities including past, present and future criminal investigations and law enforcement matters; administrative and internal investigations; regulatory and disciplinary proceedings; military activities and records. Educational and other information sources may include but are not limited to employers, educational institutions, criminal justice, law enforcement and court records, investigation and regulatory agencies, tax records, financial and lending institutions, consumer credit reports, businesses, residential management agents, property interests (real and personal), and relatives and acquaintances.

The Federal Fair Credit Reporting Act, consistent with the Consumer Credit Reform Act of 1996, mandates that the Citizen Potawatomi Nation Gaming Commission make written disclosure to you, the applicant, that the Citizen Potawatomi Nation Gaming Commission may procure a consumer credit report for employment and licensing purposes.

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 and 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 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 regulations.

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

My signature below shall be considered full acceptance, acknowledgement and agreement to the terms above.

Signed and or attested before me

In the County of _____, State

this _____ day of _____ 20____

Authorized Representative Signature

Business/Corporation/Entity

Notary Signature

Citizen Potawatomi Nation Gaming Commission
1601 South Gordon Cooper Drive
Shawnee, OK 74801
Phone (405) 878-4838
FAX (405) 275-1198
RS05162022

Notary Stamp/Seal

Citizen Potawatomi Nation Gaming Commission Vendor Acknowledgement

Gaming Commission Authority - A Vendor License may be rescinded, suspended or revoked for cause at any time at the discretion of the CPNGC or its appropriate agents.

Agreement to Disclose Material Changes in Information, Violations, Arrests, and Charges

I understand that I have five(5) business days to notify CPNGC of any criminal charges, arrests, criminal or civil lawsuits, violations of regulations or policy within the casino, or changes in material information that pertain to me while working in a gaming enterprise of the Citizen Potawatomi Nation.

Material information includes the following:

- 1) Name
- 2) Social Security Number, Driver's License Number
- 3) Address, phone number or other contact information
- 4) Marital status
- 5) Persons living, staying, or otherwise dwelling in household
- 6) Other employment

*If I fail to inform the Gaming Commission within five (5) business days, I understand that I may be fined, my license may be suspended or both.

Expiration and Renewal Gaming License Responsibility

It is MY RESPONSIBILITY to renew my gaming/employee license with the CPNGC at least thirty (30) days before the expiration date. Furthermore, failure to complete the renewal application process prior to thirty (30) days of expiration will result in the following actions:

- 1) I will be fined \$200.00 per week for violating Vendor License regulations
- 2) My Vendor license will be suspended until the renewal process is complete
- 3) I may be denied the renewal of my License

I understand the Citizen Potawatomi Nation Gaming Commission is NOT RESPONSIBLE FOR NOTIFYING ME OF THE EXPIRATION AND RENEWAL DATE FOR MY LICENSE.

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 the Citizen Potawatomi Nation.

Signature of Licensee _____ Date _____

Signature of Commission Agent _____ Date _____



CITIZEN POTAWATOMI NATION VENDOR LICENSING GAMING TECHNICIAN / PRINCIPAL

Technician / Principal Name:

Alias / Maiden Name:

Position:

Date of Hire:

Date of Birth:

Social Security #:

Drivers License #:

Phone #:

Mobile #:

Email:

Home Address:

States and/or Counties Ever Resided:

BELOW IS FOR OFFICE USE ONLY

Date:

Prepared By:

Company:

License#:

Expiration:

Tribes/Gaming Affiliation:

CHECKLIST:

NOTES:

Fees

ARI

IDS

Picture

AFP

FPR

FPF

GLV's

Websites

ERF

PRF

APP

CLEAR

CREDIT

EXPLAINING THIS DOCUMENT

Authority:

Indian Gaming Regulatory Act, 25 U.S.C. 2701 et seq. and Tribal Ordinance 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 employed by tribal gaming operations.

Burden of proof:

An applicant is seeking the granting of a privilege. The burden of proving the applicant's qualifications and suitability 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 Citizen Potawatomi Nation Gaming Commission (CPNGC) reserves the right to request additional information at any time. The disclosure of your Social Security Number (SSN) is voluntary. However, failure to supply a SSN will stop the licensing process. As a result, you will not be able to work for the Citizen Potawatomi Nation Gaming Enterprises.***

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 CPNGC.

Use of information provided on application:

The information is requested to determine the suitability of individuals to be employed by the tribal gaming operation. The information will be used by the CPNGC members and staff to determine said suitability. 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 prosecution or when pursuant to a requirement by the tribe in connection with the issuance or revocation of a 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 CPNGC being unable to issue a license.

ANSWER EVERY QUESTION. If you feel that a question is not applicable, indicate so by answering with "N/A".

**Indicates required field.*

Personal Information

*First: _____ Middle: _____ *Last: _____

I do not have a middle name.

Legal Suffix: _____ (Ex Jr. Sr. II, etc.)

*Address: _____

*City _____ *State/Province _____ *Zip Code _____

*Country: _____ State County: _____

*Primary Phone #: _____ *Primary Phone Type _____

Secondary Phone #: _____ Secondary Phone Type _____

E-mail Address: _____

*Please list your Social Security Number: _____ - _____ - _____

*Current Driver's License # _____ State Issued _____ Expiration _____

*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:

1. Petition # _____
2. Date Granted _____
3. Court _____
4. City/State _____
5. Certificate # _____

If you are a legally authorized Permanent Resident Alien, provide the 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 number from that authorization: _____

Affiliations

*Do you have any relatives employed by or associated in a business relationship with Citizen Potawatomi Nation and/or FireLake Enterprises? Yes _____ No _____

If yes, please list:

Name(s)

Relationship to you

*Are you an enrolled member of a Native American Tribe? Yes _____ No _____

If yes, what is your Tribal Affiliation?

*Have you ever been known by any other name? (Alias) Yes _____ No _____

If yes, list all names. (Married, Maiden, Divorced, etc.)

1. _____

2. _____

If you are married, please list:

Spouse's full name: First _____ MI _____ Last _____

Address: _____ ST _____ Zip _____

Phone # _____ Date of birth: _____

*Provide the following information for each of your children over 18 (including step, adopted, foster) and dependents. Please include the following for each person:

Person's name address: First _____ MI _____ Last _____

Address: _____ ST _____ Zip _____

Phone # _____ Date of birth: _____

Relationship to you: _____

*List any adults, not disclosed above, with who you reside.

Please include the following for each person:

Person's name address: First _____ MI _____ Last _____

Address: _____ ST _____ Zip _____

Phone # _____ Date of birth: _____

Relationship to you: _____

Employer's Name: _____

Employer's Address: _____

Residences

*For the last ten(10) years,list all your previous home addresses. Do not list your current address. Month & year are sufficient. Also include whether you owned or rented the residence. Use additional paper if needed.

1. Address: _____ City _____ State _____ Zip Code _____

a. Month/Year _____/_____

b. Owned/Rented _____

2. Address: _____ City _____ State _____ Zip Code _____

c. Month/Year _____/_____

d. Owned/Rented _____

3. Address: _____ City _____ State _____ Zip Code _____

e. Month/Year _____/_____

f. Owned/Rented _____

Personal References

*Please provide the following information for five (5) character references over the age of 18 who have known you for at least one year, including one personal reference who was acquainted with you during each period of residence. Please DO NOT include immediate family members. (This includes: Spouse, relatives, or in-laws)

1. Name _____

Address _____

City _____ State _____ Zip _____

Phone Number: _____

Email: _____

Number of years you have known _____ Relationship to this person: _____

2. Name _____
Address _____
City _____ State _____ Zip _____
Phone Number: _____
Email: _____
Number of years you have known _____ Relationship to this person: _____

3. Name _____
Address _____
City _____ State _____ Zip _____
Phone Number: _____
Email: _____
Number of years you have known _____ Relationship to this person: _____

4. Name _____
Address _____
City _____ State _____ Zip _____
Phone Number: _____
Email: _____
Number of years you have known _____ Relationship to this person: _____

5. Name _____
Address _____
City _____ State _____ Zip _____
Phone Number: _____
Email: _____
Number of years you have known _____ Relationship to this person: _____

Licensing

*Have you ever been issued or applied for a gaming license?

Yes _____ No _____

If yes, when were you licensed and through which regulatory agency?

(ATTACH ADDITIONAL LICENSES)

*Have you ever filed an application for an occupational license or permit? (I.e. CLEET License, Real Estate License, Cosmetology, Certified Nurses Aid, etc.)

Yes _____ No _____

Can you provide copies of this license or permit?

Yes _____ No _____

If you cannot provide copies of this license or permit, please explain

Employment

Please provide information regarding your employment for the past *ten (10)* years. Begin with your present job and work backwards. List "Gaps" as "Unemployed". Use additional paper for additional employment.

*Dates employed from _____ to _____

*Employer #1 Name _____

*Employer Address _____

*City _____ State _____ Zip Code _____

Country _____

*Employer Phone Number _____

*Can Contact Yes _____ No _____

*Supervisor _____

*Current Employer Yes _____ No _____

*Job Title _____

*Job Duties _____

*Reason for Leaving _____

*Dates employed from _____ to _____

*Employer #2 Name _____

*Employer Address _____

*City _____ State _____ Zip Code _____

Country _____

*Employer Phone Number _____

*Can Contact Yes _____ No _____

*Supervisor _____

*Current Employer Yes _____ No _____

*Job Title _____

*Job Duties _____

*Reason for Leaving _____

*Dates employed from _____ to _____

*Employer #3 Name _____

*Employer Address _____

*City _____ State _____ Zip Code _____

Country _____

*Employer Phone Number _____

*Can Contact Yes _____ No _____

*Supervisor _____

*Current Employer Yes _____ No _____

*Job Title _____

*Job Duties _____

*Reason for Leaving _____

Military

Have you ever served in the U.S. Armed Forces? Yes _____ No _____

If yes, you will be asked to provide verification documentation such as orders, certificate of release or discharge (i.e. DD214)

Have you ever been tried by a military court martial or have you had charges filed against you under Article 15 of the UCMJ (Uniform Code of Military Justice)? Yes _____ No _____

If yes, complete the following:

1. Details of the charge _____
2. Date of the Charge _____
3. Disposition _____

Business / Tribal Relationships

Within the past ten years, have you held an ownership interest in any business? Yes _____ No _____

If yes, please include:

Dates _____

Name of Business _____

Address _____

City _____ State _____ Zip Code _____

Phone# _____

Title/Positions _____

Percent of Interest you hold/held _____%

Brief description of job duties _____

Have you ever filed an application for a license or permit to participate in any gambling operation?

Yes _____ No _____

If yes, complete the following for each license or permit.

Type of License or Permit: _____

Name of the Licensing Agency: _____

Address: _____ ST _____ Zip _____

Phone#: _____

License # if applicable: _____

Active date: _____

Inactive date: _____

Was your license ever: __Suspended __Denied __Revoked?

If yes to any of the above, please explain.

Have you ever had any business relationships with, been employed by, been an elected official of, or served on a committee or board of any Indian Tribe?

Yes _____ No _____

If yes, please provide the following:

Name of the Indian Tribe

Address _____

City _____ State _____ Zip Code _____

Date of Business Relationship _____

Nature of Business Relationship _____

Do you have ownership interest in this Tribal business relationship? Yes _____ No _____

Have you ever had any business relationships with the Gaming Industry? Yes _____ No _____

If yes, please provide the following:

Name of Gaming Industry _____

Address _____

Phone# _____

Date of Business Relationship _____

Nature of Business Relationship _____

Do you have ownership interest in this Gaming business relationship? Yes _____ No _____

If yes, please provide the following:

Your Title/Position _____

Percentage of 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: _____

CRIMINAL HISTORY

Have you EVER been arrested? Yes _____ No _____

Have you EVER been charged with a crime? Yes _____ No _____

Have you ever had a civil or criminal record dismissed, expunged or sealed by court order?

Yes _____ No _____

Have you ever received a pardon for any criminal offense, or been granted immunity in lieu of testimony?

Yes _____ No _____

If you answered YES to any of the previous CRIMINAL HISTORY questions, please complete the following 6 questions. YOU MUST PROVIDE COURT DOCUMENTS AND A WRITTEN STATEMENT FOR EACH CASE. PLEASE BRING TO YOUR APPOINTMENT WITH THE GAMING COMMISSION AGENT.

Charge or Arrest #1. Please provide the following:

What was the charge? _____

Date of the Charge: _____

Arresting Agency: _____

Address of Agency: _____

Severity of charge

Misdemeanor _____ or Felony _____

Were you convicted of the charges?

Yes _____ No _____

Were the charges dismissed?

Yes _____ No _____

Did you have to appear in court?

Yes _____ No _____

If yes, please provide the following:

Name of court _____

Address of court _____

Final Result of Charges or Arrest _____

Use additional paper for additional charges. You must include all of the above Criminal History information.

Acknowledgment

By submitting your application you hereby certify that the facts set forth in the above employment application are true and complete to the best of your knowledge.

I have read the above information and fully understand all of its terms. My signature shall be considered full acceptance, acknowledgment, and agreement to the terms above. It is my right to request a paper copy of the signed document.

Printed Name: _____

Signature: _____

Date: _____