



RENEWAL APPLICATION FOR VENDOR PRINCIPAL/TECHNICIAN

To begin the CPN Licensing renewal 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
 - a. Valid State Driver's License
 - b. Valid State Identification Card
 - c. Social Security Card
3. Updated picture taken within the past 2-3 months
4. Tax Documents from self-employment (current of past ten (10) years (If applicable))
5. DD-214 (If applicable)
6. List of Gaming License/permit/certificates ever issued or applied for.

All requested information above is due by _____, close of business.

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

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

Notary Signature

Business/Corporation/Entity

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

Notary Stamp/Seal



Citizen Potawatomi Nation Gaming Commission
VENDOR PRINCIPAL/TECH APPLICATION

Citizen Potawatomi Nation Gaming Commission

Privacy Act and Notice Regarding False Statements

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).

Name Printed _____

Signature _____ DATE: _____

Applicant's Initials _____



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



CPN GAMING LICENSE VENDOR RENEWAL APPLICATION

Marital Status:

Single Engaged Married Separated Divorced Widowed

If you were married/divorced in the last two (2) years, please list date of marriage/divorce

Spouses/Partner Full Name:

Do you have any relatives and/or roommates employed by or associated in a business relationship with Citizen Potawatomi Nation Enterprise? YES NO

If YES, complete the following.

Person's Name:

Person's Job Title:

Relationship to you:

In the past two years, have you served or been deployed by the military? YES NO

If YES, please provide supporting documentation.

Have you been arrested and/or charged with any offenses in the past two years? (Excluding traffic tickets)

YES NO

If YES, you must provide court documents, written statements and any other information deemed necessary or requested by the CPN Gaming Commission.

Please attach a list of permits, current licenses or pending license applications that allow you to participate in any gambling operation.

Include: Name of licensing agency, address, license #, type, active date, and inactive date.

Please state if license has ever been suspended, denied or revoked. Include an explanation.

Name:

Date: