



**APPLICATION FOR Renewal
Non-Gaming VENDOR**

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. Company fee of \$_____.

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

Amount of Annual Business	Company Fee
\$25,000 - \$50,000	\$250
\$50,001 - \$100,000	\$500
➤ \$100,000	\$1,000

2. List of Gaming Licenses/permits/certificates ever issued or applied for.

Company 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.

**CITIZEN POTAWATOMI NATION GAMING COMMISSION
 VENDOR LICENSING
 NON-GAMING VENDOR**

NON-GAMING VENDOR NAME:	
EIN /FEIN:	
PHONE:	
ADDRESS:	

CONTACT PERSON:
PHONE:
E-MAIL:

BELOW IS FOR OFFICE USE ONLY	
Date:	
Prepared By:	
CHECKLIST:	NOTES:
Application	
ARI	
APP (OR RENEWAL) FEES	
Business Ref ()	
BGC Websites ()	
BGC Clear	

INDIVIDUALS ARI APP FEE BGC CLR PIC ID

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

Notary Stamp/Seal



CITIZEN POTAWATOMI NATION GAMING COMMISSION

VENDOR BUSINESS DESCRIPTION

Vendor Name:

Detailed description of what services/products this company provides in direct relation to our gaming facilities:

Grand Casino
777 Grand Casino Blvd.
Shawnee, OK 74804

Firelake Entertainment Center
41207 Hardesty Rd, Shawnee
Shawnee, OK 74801

Both facilities

Does this company provide services to other CPN entities outside of gaming?

YES

NO

Please list all contact person(s) in the casino:



Citizen Potawatomi Nation Gaming Commission

Non-Gaming Vendor License

BUSINESS NAME

FEIN

INDICATE THE REASON(S) FOR FILING THIS FORM:

If other, please explain

OWNERSHIP INFORMATION

1. HOW IS THIS BUSINESS OWNED?

If other, please explain

Web page address (if any)

2. PHONE NUMBER

FAX NUMBER

EMAIL

3. TRUE NAME OF INDIVIDUAL, PARTNERSHIP, CORPORATION, OR LLC

4. SOCIAL SECURITY NUMBER IF INDIVIDUAL

Address

City

State

Zip Code

Country

5. NAMES OF PARTNERS/CORPORATE PRINCIPALS/MANAGING MEMBERS:

A. First, Middle, Last Name

B. First, Middle, Last Name

SSN

TITLE

SSN

TITLE

City

State

Zip

City

State

Zip

D.O.B.

Country

D.O.B.

Country

C. First, Middle, Last Name

D. First, Middle, Last Name

SSN

TITLE

SSN

TITLE

City

State

Zip

City

State

Zip

D.O.B.

Country

D.O.B.

Country

PHYSICAL LOCATION, CLASIFICATION AND INFORMATION:

6. TRADE NAME OF BUSINESS (DBA)

7. PHYSICAL LOCATION OF BUSINESS:

ADDRESS CITY ST ZIP
Mailing Address if different COUNTRY

8. PRIOR NAMES AND ADDRESS FOR THE LAST FIVE YEARS:

A. NAME		B. NAME	
ADDRESS		ADDRESS	
CITY	ST	CITY	ST
ZIP	COUNTRY	ZIP	COUNTRY

9. BUSINESS DESCRIPTION, SPECIFICALLY TO OUR CASINO

10. NAME OF BUSINESS CONTACT:

NAME ADDRESS
CITY STATE ZIP COUNTRY

11. THIS IS A ...

If a subsidiary, name of parent company

12. DATE YOU WOULD LIKE TO START WORKING WITH OUR CASINO:

13. WHO ARE YOU WORKING WITH (CONTACT PERSON) AT OUR CASINO?

14. DO YOU HAVE A WRITTEN AGREEMENT OR CONTRACT WITH US?

IF NOT , HOW WILL YOU CONDUCT BUSINESS WITH OUR CASINO?

15. WHEN AND WHERE IS THE BUSINESS INCORPORATED?

16. LIST AT LEAST 3 COMPANIES YOU ARE CURRENTLY DOING BUSINESS WITH FOR MORE THAN ONE YEAR:

A. NAME				B. NAME			
ADDRESS				ADDRESS			
CITY	ST	ZIP		CITY	ST	ZIP	
PHONE	FAX			PHONE	FAX		
C. NAME				D. NAME			
ADDRESS				ADDRESS			
CITY	ST	ZIP		CITY	ST	ZIP	
PHONE	FAX			PHONE	FAX		

17. LIST WHERE IN OKLAHOMA YOU ARE CURRENTLY DOING BUSINESS WITH A TRIBE OR TRIBAL GAMING:

A.		C.		E.	
B.		D.		F.	

18. HAS YOUR BUSINESS EVER BEEN LICENSED TO DO BUSINESS WITH TRIBAL GAMING?

If yes , please list

A.		C.		E.	
B.		D.		F.	

19. HAS YOUR BUSINESS EVER HAD ITS GAMING LICENSE SUSPENDED, REVOKED, OR DISCIPLINED?

If so, please explain

20. WILL THERE BE TECHNICIANS OR FIELD REPRESENTATIVES VISITING ANY OF OUR LOCATIONS?

A. First, Middle, Last Name				TITLE	
SSN	City		ST	ZIP	
D.O.B.	Country				
B. First, Middle, Last Name				TITLE	
SSN	City		ST	ZIP	
D.O.B.	Country				