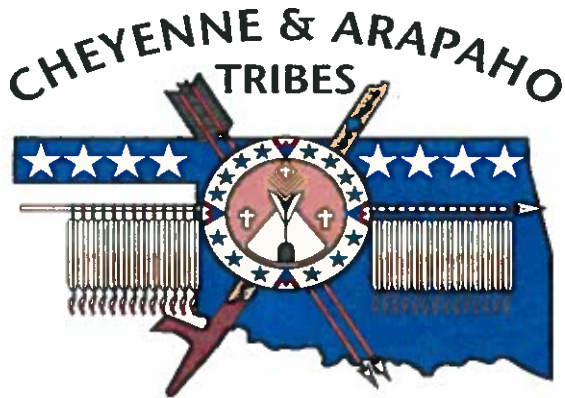


Applicant's Name: \_\_\_\_\_

License Status:      NEW FILING    or    RENEWAL



## CHEYENNE & ARAPAHO GAMING COMMISSION

*Vendor Licensing Division*

# ***Form G – Addendum: Personal References For Vendor Licensee***

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, § 1001).

### APPLICANT'S VENDOR INFORMATION

Vendor Entity's Name:		Date of Application:
Physical Address:		
Mailing Address:		
City:	State/Province:	Postal Code:
E-Mail Address:	Telephone Number:	Facsimile Number:
Person of Contact:		E-Mail:

### APPLICANT'S INFORMATION

Name: Last, First, Middle, Suffix		Position/Title:		E-mail Address:	
Residential Address:		City:	State/Province:	Postal Code:	Married/Maiden Names:
Mailing Address, If different from above:		City:	State/Province:	Postal Code:	Nick Name/Aliases Used:
Length at this Address: Yr(s):      Mo:	Home Phone Number:	Work Phone Number:		Work Facsimile Number:	
Social Security Number:	Date of Birth:	Age:	Place of Birth: (City, State, County)		
Driver License and State:		U.S. Citizen    If No, Please Specify Citizenship: Yes      No			
Race:	Height:	Weight:	Hair Color:	Eye Color:	
Tribal Affiliation, If Applicable:		Enrollment Number:		List All Languages Spoken:	
Circle Your Current Marital Status:    Single    Married    Legally Separated    Divorced    Widow/Widower					
Give the Name of Your Present Spouse:			List All Former Spouse(s):		

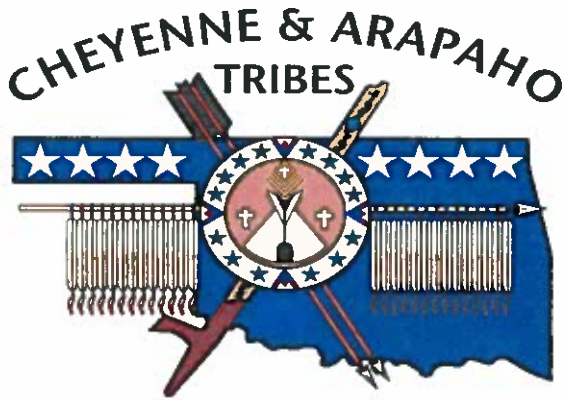
### LIST FIVE (5) PERSONAL REFERENCES THAT HAVE KNOWN YOU FOR FIVE (5) OR MORE YEARS, EXCLUDING CO-WORKERS, FAMILY MEMBERS, AND/OR IN-LAWS FOR VERIFICATION PURPOSES:

(1) Name:	Years Known:	Telephone Number:
(2) Name:	Years Known:	Telephone Number:
(3) Name:	Years Known:	Telephone Number:
(4) Name:	Years Known:	Telephone Number:
(5) Name:	Years Known:	Telephone Number:

**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, § 1001).**

Applicant's Name: \_\_\_\_\_

License Status:      NEW FILING    or    RENEWAL



## CHEYENNE & ARAPAHO GAMING COMMISSION

*Vendor Licensing Division*

### ***Form D (i) – Gaming License Application for Vendor Personnel***

All Vendor Personnel's Gaming License Application Fees are Two Hundred Dollars (\$200.00USD) per Individual as set by the Cheyenne & Arapaho Tribal Gaming Ordinance. Please Make Checks payable to the Cheyenne & Arapaho Gaming Commission.

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, § 1001).

**CHEYENNE & ARAPAHO GAMING COMM'S FORM D (i) – GAMING LICENSE APPLICATION for VENDOR PERSONNEL**

APPLICANT'S VENDOR INFORMATION			
Vendor Entity's Name:		Date of Application:	
Physical Address:			
Mailing Address:			
City:	State/Province:	Postal Code:	Telephone Number:
Person of Contact:	E-Mail:	FAX Number:	

APPLICANT'S INFORMATION					
Name: Last, First, Middle, Suffix		Position/Title:		E-mail Address:	
Residential Address:		City:	State/Province:	Postal Code:	Married/Maiden Names:
Mailing Address, If different from above:		City:	State/Province:	Postal Code:	Nick Name/Aliases Used:
Length at this Address: Yr(s):      Mo:	Home Phone Number:	Work Phone Number:		Work Facsimile Number:	
Social Security Number:	Date of Birth:	Age:	Place of Birth: (City, State, County)		
Driver License and State:	U.S. Citizen    If No, Please Specify Citizenship: Yes      No		Race:	List All Languages Spoken:	
Tribal Affiliation, If Applicable:	Enrollment Number:	Height:	Weight:	Hair Color:	Eye Color:
Circle Your Current Marital Status:    Single    Married    Legally Separated    Divorced    Widow/Widower					
Give the Name of Your Present Spouse:			List All Former Spouse(s):		

PERSONAL REFERENCES		
<b>LIST FIVE (5) PERSONAL REFERENCES THAT HAVE KNOWN YOU FOR FIVE (5) OR MORE YEARS, EXCLUDING CO-WORKERS, FAMILY MEMBERS, AND/OR IN-LAWS FOR VERIFICATION PURPOSES:</b>		
(1) Name:	Years Known:	Telephone Number:
(2) Name:	Years Known:	Telephone Number:
(3) Name:	Years Known:	Telephone Number:
(4) Name:	Years Known:	Telephone Number:
(5) Name:	Years Known:	Telephone Number:

MILITARY INFORMATION		
<b>Yes</b>	<b>No</b>	1. Have you ever served in a military organization of the United States?
<b>Yes</b>	<b>No</b>	2. Have you ever been an active or inactive member of the Reserve Forces of the United States?
<b>Yes</b>	<b>No</b>	3. Have you ever been tried by military court martial?



<b>Yes</b>	<b>No</b>	4. Have you had charges filed against you under Article 15 of the Uniform Code of Military Justice (summary court, desk court, captain's mast, company punishment, etc.)?
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**MILITARY INFORMATION CONTINUED:**

Please Explain All 'YES' Answers with Questions Numbered: Give the Details of the Charge(s) and their Disposition(s) and Please Provide Copy of DD-214 (Attach Additional Sheets If Necessary).

**RESIDENTIAL HISTORY:**

LIST ALL RESIDENTIAL ADDRESS(S) FOR THE PREVIOUS FIVE (5) YEARS: (Including Month & Year.)  
LIST A REFERENCE BELOW EACH ADDRESS FOR VERIFICATION PURPOSES:

(1) Address:	City:	State/Province:	Postal Code:	From:	To:
Name of Reference:	Address:			Telephone Number:	
(2) Address:	City:	State/Province:	Postal Code:	From:	To:
Name of Reference:	Address:			Telephone Number:	
(3) Address:	City:	State/Province:	Postal Code:	From:	To:
Name of Reference:	Address:			Telephone Number:	
(4) Address:	City:	State/Province:	Postal Code:	From:	To:
Name of Reference:	Address:			Telephone Number:	
(5) Address:	City:	State/Province:	Postal Code:	From:	To:
Name of Reference:	Address:			Telephone Number:	

**EDUCATIONAL INFORMATION:**

Please Disclose All Previous and Current Educational Institutions that you have attended since the age of Eighteen (18) beginning with High School. Attach additional sheets if necessary.

Name of School:	Location:	Major of Study:	Dates Attended (Mo/Yrs)	Graduate: Yes No	Degree:
Name of School:	Location:	Major of Study:	Dates Attended (Mo/Yrs)	Graduate: Yes No	Degree:
Name of School:	Location:	Major of Study:	Dates Attended (Mo/Yrs)	Graduate: Yes No	Degree:
Name of School:	Location:	Major of Study:	Dates Attended (Mo/Yrs)	Graduate: Yes No	Degree:

**EMPLOYMENT HISTORY:**

Provide the information regarding your employment for the past Five (5) Years including the approximate month/year for each "From/To" dates. Begin with your present job and work backwards. Place any unemployment periods between jobs in proper sequence. Include all part-time and full-time employment and

any military service. Mark 'Yes' to 'Gaming Present' If employment was with any gambling-related entities (such as casino gaming, horse racing, dog racing, pari-mutuel operation, lottery, sports betting, etc.).

**EMPLOYMENT HISTORY CONTINUED:**

(1) Name of Employer(s):		Mailing Address:	City, State, Postal Code:	From: (MM/YR)	To: (MM/YR)
Title/Position:		Description of Duties:		Reason for Leaving:	
Gaming Present: Yes No	Telephone Number:	Facsimile Number:	Person of Contact:		
(2) Name of Employer(s):		Mailing Address:	City, State, Postal Code:	From: (MM/YR)	To: (MM/YR)
Title/Position:		Description of Duties:		Reason for Leaving:	
Gaming Present: Yes No	Telephone Number:	Facsimile Number:	Person of Contact:		
(3) Name of Employer(s):		Mailing Address:	City, State, Postal Code:	From: (MM/YR)	To: (MM/YR)
Title/Position:		Description of Duties:		Reason for Leaving:	
Gaming Present: Yes No	Telephone Number:	Facsimile Number:	Person of Contact:		
(4) Name of Employer(s):		Mailing Address:	City, State, Postal Code:	From: (MM/YR)	To: (MM/YR)
Title/Position:		Description of Duties:		Reason for Leaving:	
Gaming Present: Yes No	Telephone Number:	Facsimile Number:	Person of Contact:		
(5) Name of Employer(s):		Mailing Address:	City, State, Postal Code:	From: (MM/YR)	To: (MM/YR)
Title/Position:		Description of Duties:		Reason for Leaving:	
Gaming Present: Yes No	Telephone Number:	Facsimile Number:	Person of Contact:		

**LICENSURE INFORMATION:**

<b>Yes</b>	<b>No</b>	1. Have you ever held or applied for a privileged or professional license with any regulatory agency(s)?
<b>Yes</b>	<b>No</b>	2. Have you ever applied for a license, permit, registration, and/or other authorization to participate in lawful gambling operation in Oklahoma?
<b>Yes</b>	<b>No</b>	3. Have you ever applied in any other jurisdiction for a license, permit, registration, or other authorization to participate in a lawful gambling operation (including casino gaming, horse racing or dog racing, pari-mutuel operation, lottery, sports betting, etc.)?
<b>Yes</b>	<b>No</b>	4. Have you ever been Denied a license, permit, registration, and/or other authorization related to gambling?
<b>Yes</b>	<b>No</b>	5. Have you ever Withdrawn a license, permit, registration, and/or other authorization related to gambling?
<b>Yes</b>	<b>No</b>	6. Have you ever had any Disciplinary action(s) taken against any license, permit, registration, and/or other authorization you had related to gambling?
<b>Yes</b>	<b>No</b>	7. Have you ever had any license, permit, registration, and/or other authorization related to gambling be suspended and/or revoked?

If you answered 'Yes' to any of the questions above, please provide the following information below for Each license, permit, registration, and/or other authorization (Attach Additional Sheets, If Necessary).

A.) Name & Type of Jurisdiction (Agency of State or Tribal Entity); B.) Date of Application; C.) Type of license, permit, registration, and/or other authorization; D.) Status of license, permit, registration, and/or other authorization, (i.e. granting, denied, revoked, etc); E.) License, Permit, Registration, and/or Other Authorization Number; F.) Expiration Date; G.) Mailing Address of governmental and/or regulatory agency; H.) Business Telephone & Facsimile Number; and I.) Person of Contact, Title, and E-Mail Information.

**LICENSURE INFORMATION CONTINUED:**

Name & Type of Jurisdiction (Agency of State or Tribal Entity)	Date of Application	Type of license, permit, registration, and/or other authorization	Status of license, permit, registration, and/or other authorization, (i.e. granting, denied, revoked, etc)	License, Permit, Registration, and/or Other Authorization Number	Expiration Date	Mailing Address of governmental and/or regulatory agency	Business Phone & FAX Number	Person of Contact, Title, and E-Mail Information

**FINANCIAL INFORMATION:**

Do you have any financial or any other interest in Gambling Activities? Please indicate by answering the following questions, whether or not, you have a financial interest in any gambling activity including Non-Indian Business and/or Interest:

Type of Interest Held: (Circle Answer)

Yes	No	
		1. Invested or Loaned Money to any gambling facility or activity?
		2. Have an Option to purchase, or have a contract for service to any gambling facility or activity?
		3. Ownership Interest in equipment being leased or otherwise provided to any gambling facility?
		4. Investments or Ownership Interest in any business involved in any activities listed above?
		5. Do you receive any revenue or payments or money from any person who is involved in the activities listed above, as a result of the operation of gambling?
		6. Have you ever been employed and/or worked in any capacity, for a gambling operation?
		7. Within the past ten (10) years, have you held an ownership interest in any business(s)?

If 'Yes' beginning with the most recent and working backwards, provide the following information with regard to all business(s) in which you have held an ownership interest.

(Do Not include publicly traded corporations in which you owned stock.)

Name & Address of Business(s)	Current Status of Business(s)	% Interest held by you	Name(s) of other Owners(s)	Dates From/To: (MO/YR)

Yes	No	
		8. Have you personally ever been adjudicated bankrupt or filed a petition for any type of bankruptcy or insolvency under any bankruptcy or insolvency law?

If 'Yes', attach a copy of the bankruptcy petition and discharge, if granted. Also, complete the following information:

Date Filed	Docket No.	Name & Address of Court	Name & Address of Trustee


<b>Yes</b>	<b>No</b>	12. Have your wages, earnings, or other income been subject to garnishment, attachment, charging order, voluntary wage execution, or the like during the past ten (10) year period?
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<b>Yes</b>	<b>No</b>	13. Do you have any previous or existing business relationships with Indian Tribe(s) and/or the Gaming Industry, including ownership interests in those business(s)?
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<b>Yes</b>	<b>No</b>	14. Do you have any business relationship(s) or are you related to any current employee(s) of the Cheyenne & Arapaho Tribes Gaming Facility(s)?
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If so, Please Identify the name of each individual and the nature of the relationship.

Name: Last, First, MI.	Facility (Concho, Clinton, Canton, Watonga)	Nature of Relationship

**Please Explain All 'YES' Answers with Questions Numbered: (Attach Additional Sheets If Necessary)**

**CRIMINAL HISTORY INFORMATION**

The next section asks about any offenses or charges the Principal may have committed or had filed against them. Before answering these questions, carefully review the definitions and instructions that follow.

<b>DEFINITIONS</b>	<p>For purposes of this section:</p> <p>A. <b>"Crime or Offense"</b> includes all felonies and misdemeanors, as well as summary offenses that may have required you to appear before a law enforcement agency, state or federal grand jury, justice court, municipal, tribal, city, traffic, military, or any other court EXCEPT juvenile court. Include all DUI/DWI offenses.</p> <p>B. <b>"Arrest"</b> includes any time that you were stopped by a police officer or other law enforcement officers and advised that you were under arrest, detained, held for questioning, requested by a police officer or law enforcement officer to come to a police station and answer questions, taken into custody by a police officer or other law enforcement officer, fingerprinted, held in jail, or instructed to appear in court or subpoenaed to answer for conduct which is a crime as defined in Paragraph "A."</p> <p>C. <b>"Charge"</b> includes any indictment, complaint, information, summons, citation, or other notice of the alleged commission of any crime or offense as defined in Paragraph "A."</p>
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**INSTRUCTIONS**

1. Answer "YES" and provide all information to the best of your ability even if:
  - a. You did not commit the offense charged;
  - b. The arrest or charges were dismissed or the charges were subsequently downgraded to a lesser charge;
  - c. You pleaded not guilty or nolo contendere;
  - d. You completed an accelerated rehabilitative program disposition or similar diversionary program;
  - e. The charges or conviction were expunged from your record, even if you have expungement papers;
  - f. You were not convicted or were found "not guilty";
  - g. You did not serve any time in prison or jail;
  - h. The arrests, charges or offenses happened a long time ago;
  - i. You were arrested or charged in another state (a state other than Oklahoma ); and
  - j. You were never physically taken into custody and/or transported to a police station or jail.
2. Answer "NO" if:
  - a. You have never been arrested or charged with any crime or offense; and
  - b. Your arrest happened while under 18 years of age and your court appearance was in juvenile court.

**FAILURE TO FULLY ANSWER THESE QUESTIONS MAY RESULT IN THE DENIAL OF YOUR APPLICATION.**

**CRIMINAL HISTORY INFORMATION**

The following questions regarding criminal records after the age of eighteen (18) must be answered. Because this is a Vendor Personal History Disclosure Form, you must relinquish All Information, regardless of the jurisdiction (i.e. federal, tribal, state, county, or local court), or the advice from a probation officer, attorney, or court. Failure to provide such information may result in denying you a gaming license, permit, registration, and/or other authorization to participate in a lawful gambling operation.

<b>Yes</b>	<b>No</b>	1. Have you ever been arrested?
<b>Yes</b>	<b>No</b>	2. Have you ever been charged or convicted of, or do you have an ongoing prosecution for a felony?
<b>Yes</b>	<b>No</b>	3. Have you ever been charged or convicted of, or do you have an ongoing prosecution for a misdemeanor (excluding traffic violations)?
<b>Yes</b>	<b>No</b>	4. Have you ever had any criminal charges (excluding minor traffic charges) filed against you whether or not there was a conviction; including a DUI or DWI?
<b>Yes</b>	<b>No</b>	5. Have you ever had a deferred sentence for a criminal charge filed against you?
<b>Yes</b>	<b>No</b>	6. Have you ever had any charges filed against you be dismissed?
<b>Yes</b>	<b>No</b>	7. Have you ever had any charges filed against you be expunged from your record?
<b>Yes</b>	<b>No</b>	8. Have you ever been arrested, detained, charged, indicted, or summoned to answer for any charges related to fraud, embezzlement, theft, or burglary for any reason whatsoever, regardless of the disposition of the event?
<b>Yes</b>	<b>No</b>	9. Have you ever been arrested, detained, charged, indicted, or summoned to answer for any gambling related offense, fraud, or misrepresentation in any connection for any reason whatsoever, regardless of the disposition of the event?
<b>Yes</b>	<b>No</b>	10. Have you ever been called to testify before any governmental agency, court, committee, grand jury, or investigatory body (municipal, state, county, provincial, federal, national, tribal, etc.) other than in response to a traffic summons?
<b>Yes</b>	<b>No</b>	11. Have you ever been the subject of an investigation conducted by any governmental agency, court, committee, grand jury, or investigatory body (municipal, state, county, provincial, federal, national, tribal, etc.) other than in response to a traffic summons?

<b>Yes</b>	<b>No</b>	12. Have you ever been requested to take a polygraph exam by any governmental agency, court, committee, grand jury, or investigatory body (municipal, state, county, provincial, federal, national, tribal, etc.) other than in response to a traffic summons?
<b>Yes</b>	<b>No</b>	13. In the past ten (10) years, have you been a party to a lawsuit? (Include matrimonial matters, negligence matters, auto accident matters, contract matters, collection matters, debt matters, etc.).

If "yes", Complete the following information:

Date Filed	Jurisdiction	Docket No.	Other Parties to Suit	Nature of Suit	Disposition	Date of Disposition

<b>Yes</b>	<b>No</b>	14. Have you ever had any financial liens or judgments filed against you? (include federal tax liens, state tax liens, unemployment judgments, defaulted student loans, delinquent child support obligations, etc.).
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If "yes" for Question #14, Complete the following information:

Date Filed	Jurisdiction	Docket No.	Other Parties to Suit	Nature of Suit	Disposition	Date of Disposition

If you answered 'Yes' to any of the above questions, you must provide official documentation from the court where you appeared, showing the final disposition (outcome) of your case. Official Documentation must include the following information. Failure to do so may result in a denial for being incomplete.

- A. The specific charge or offense, including statutory or ordinance citation;
- B. Date of the plea or conviction;
- C. Name & Address of Law Enforcement Agency or Court Involved where the plea or conviction occurred;
- D. Attach the certified copy of the complaint and disposition;
- E. Written statement in your own words to what had happened.

**PRIVACY ACT OF 1974: Authorized by 25 U.S.C. 2701 et seq.**

*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: Authorized by U.S. Code, Title 18, § 1001.**

*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, § 1001).*

**Photograph**



Attachments: \_\_\_\_\_ Passport Quality Photograph  
\_\_\_\_\_ Fingerprint Card (OCA and ORI must be left blank)

Copies of the following supporting documents **Must Be** submitted with the completed application form:

\_\_\_\_\_ Valid Driver License or Government Issued Photo ID  
\_\_\_\_\_ Social Security Card  
\_\_\_\_\_ Certified Degree of Indian Blood (CDIB), If Applicable.

The following Four (4) Forms will need to be submitted with this gaming license application at time of submission:

1. Form D (ii) – *Personnel's Affidavit*;
2. Form D (iii) – *Personnel's Release of All Claims – Individual*;
3. Form D (iv) – *Personnel's Request to Release Info. – individual: Privacy Notice & Notice Regarding False Statements*; AND
4. Form D (v) – *Personnel's Authorization for Release of Information*.

The Cheyenne & Arapaho Gaming Commission reserves the right to request any additional information irrelevant to licensing. This information may be requested at any time by the Cheyenne & Arapaho Gaming Commission's Vendor Licensing Division.

Return completed form to:

Office: (405) 422-7752  
Facsimile: (405) 422-8251

**Cheyenne & Arapaho Gaming Commission**  
**Attn: Vendor Licensing Division**  
**7777 N. HWY 81 (P. O. Box 149)**  
**Concho, Oklahoma 73022**



CHEYENNE & ARAPAHO GAMING COMMISSION
Vendor Licensing Division

Form D (ii) - PERSONNEL'S AFFIDAVIT

STATE OF \_\_\_\_\_ ;

SS:

COUNTY OF \_\_\_\_\_ ;

The Applicant hereby certifies that the information contained herein is true and correct and that there is no misrepresentation or falsification in this Application. Further, the Applicant is aware that any false or misleading statement or omitted information will be cause for rejection or revocation of a license and may be subject to criminal penalties under U.S. Code, Title 18, § 1001.

Furthermore, the Applicant agrees to the terms of licensing as specified within the Regulations adopted by the Cheyenne & Arapaho Gaming Commission.

In Addition, to further effectuate the purposes of the Cheyenne & Arapaho Tribal Gaming Ordinance and the Regulations adopted by the Cheyenne & Arapaho Gaming Commission, the Commission may obtain administrative warrants for the inspection and seizure of property possessed, controlled, bailed, or otherwise held by an Applicant and Licensee or its intermediary, subsidiary, affiliate, or holding company.

Applicant shall have the duty to:

- 1. Provide any assistance or information required to the Cheyenne & Arapaho Gaming Commission and to cooperate in any inquiry, investigation, or hearing;
2. Consent to inspection, searches, and seizures;
3. Inform the Commission of any actions which they believe could constitute a violation of the Ordinance or Regulations;
4. Inform the Commission of any arrests for any criminal violations or offenses.

I hereby expressly waive, release, and forever discharge the Cheyenne & Arapaho Gaming Commission and the Cheyenne & Arapaho Tribes and its instrumentalities and their agents, employees, and representatives from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall, or may have against the Cheyenne & Arapaho Gaming Commission and the Cheyenne & Arapaho Tribes and their agents, as a result of my applying for a license.

Applicant Certification (Required) Date: \_\_\_\_\_

Subscribed and sworn to me this \_\_\_\_\_ Day of

\_\_\_\_\_  
Name of Applicant (Please Print)

\_\_\_\_\_  
Of 20 \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Notary Public  
My Commission Expires on: \_\_\_\_\_

\_\_\_\_\_  
Name & Title of Individual Preparing this Form, If Different from Applicant

\_\_\_\_\_  
Signature of Person Preparing this Form, If Different From Applicant





**CHEYENNE & ARAPAHO GAMING COMMISSION**  
*Vendor Licensing Division*

**Form D (iii) – PERSONNEL’S RELEASE OF ALL CLAIMS – INDIVIDUAL**

The undersigned (“Applicant”) has filed or will file with the Cheyenne & Arapaho Gaming Commission (“Commission”) an application for a gaming license. In consideration of the assurance by the Commission that no vote on said application will be taken except after a deliberate, intensive and thorough investigation of the Applicant, including but not limited to background, associates, and finances, the Applicant does hereby, to the extent of compliance with the foregoing by the Commission, for the Applicant and the Applicant’s successors and assigns, release, remise, and forever discharge the Cheyenne & Arapaho Tribes, the Commission, and their respective members, 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 the Applicant ever had, now has, may have, or may claim to have against any or all of said entities or individuals arising out of or by reason of the processing or investigation of or other action relating to the Applicant’s application.

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

In witness whereof, I have executed this Request of Release Information-Individual

At \_\_\_\_\_, \_\_\_\_\_ this \_\_\_\_\_ Day of \_\_\_\_\_, 20\_\_\_\_\_.  
(City) (State)

Name of Individual: \_\_\_\_\_

By: \_\_\_\_\_

Its: \_\_\_\_\_

Notary Public in and for the County of \_\_\_\_\_

State of \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ Day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_



CHEYENNE & ARAPAHO GAMING COMMISSION  
*Vendor Licensing Division*

**Form D (iv) – PERSONNEL’S REQUEST TO RELEASE INFORMATION –  
INDIVIDUAL: PRIVACY NOTICE AND NOTICE REGARDING FALSE STATEMENTS**

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.

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, § 1001).

**This Application may not be withdrawn without the permission of the Cheyenne & Arapaho Gaming Commission.**

I, \_\_\_\_\_, being duly sworn, depose, and say that the above statements are true and correct to the best of my knowledge and belief and that this statement is executed with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for the refusal to issue a gaming license by the Cheyenne & Arapaho Gaming Commission; further, that I am aware that later discovery of omission or misrepresentation made in the above statements may be grounds for revocation of a gaming license; further, that I am voluntarily submitting this application under oath to the Cheyenne & Arapaho Gaming Commission charged by the law with granting gaming licenses.

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

\_\_\_\_\_  
*Applicant's Signature*

Notary Public in and for the County of \_\_\_\_\_  
State of \_\_\_\_\_.

\_\_\_\_\_  
*Notary Public's Signature*  
My Commission Expires: \_\_\_\_\_



**CHEYENNE & ARAPAHO GAMING COMMISSION**  
*Vendor Licensing Division*

**Form D (v) – PERSONNEL’S AUTHORIZATION FOR RELEASE OF INFORMATION**

TO: \_\_\_\_\_  
(DO NOT WRITE ABOVE THIS LINE – FOR GAMING COMMISSION USE ONLY)

FROM: \_\_\_\_\_  
APPLICANT’S NAME (PLEASE PRINT)

**NOTE: INITIALS AND SIGNATURES ARE REQUIRED ON THIS TWO (2) PAGE FORM**

1. I hereby authorize and request every person, firm, company, board, association, or institution of any kind, and every federal, tribal, state, or local governmental agency, including, but not limited to, every court, law enforcement agency, criminal justice agency, or probation department, without exception, both foreign and domestic, to whom this Authorization for Release of Information Form is presented having any knowledge about, relating to, or concerning me to fully discuss with, and answer any inquiry made by any duly authorized investigator of the Cheyenne & Arapaho Gaming Commission.
2. I hereby authorize and request every person, firm, company, board, association, or institution of any kind, and every federal, tribal, state, or local governmental agency, including, but not limited to, every court, law enforcement agency, criminal justice agency, or probation department, without exception, both foreign and domestic, to whom this Authorization for Release of Information Form is presented having any knowledge about, relating to, or concerning me to furnish such information to, and permit copying of any documents by, any duly authorized investigator of the Cheyenne & Arapaho Gaming Commission, whether or not such information would otherwise be protected from disclosure by any constitutional, statutory, regulatory, or common law privilege.
3. The rights and powers herein granted are intended to facilitate the background investigation being conducted by the Cheyenne & Arapaho Gaming Commission at my request and is not otherwise intended to create or establish a fiduciary relationship between the Cheyenne & Arapaho Gaming Commission, its agents or employees and me. I hereby acknowledge that no such relationship exists.
4. I, the undersigned, have filed with the Cheyenne & Arapaho Gaming Commission an “Application” as that term is defined in the Commission’s Regulations. I understand that I am seeking the granting of a privilege and acknowledge that the burden of proving my/our qualifications and suitability for a favorable determination is at all times on me. I accept any risk of adverse public notice, embarrassment, criticism, or other action or financial loss, which may result with respect to this Application.
5. I do, for myself, my heirs, executors, administrators, successors, and assigns, hereby release, exonerate, and forever discharge the Cheyenne & Arapaho Gaming Commission, its members, agents, and employees and the Cheyenne & Arapaho Tribes and its instrumentalities, and any agents and employees thereof, from any and all liabilities of every nature and kind, including but not limited to, all manner of action, causes of action, suits, debts, judgments, executions, claims, and demands whatsoever, known or unknown, in law or equity, which I ever had, now have, may have, or claim to have, against the Cheyenne & Arapaho Gaming Commission, its members, agents and employees and the Cheyenne & Arapaho Tribes and its instrumentalities, and any agents and employees thereof, other than a willfully unlawful disclosure or publication of material or information acquired during my investigation.
6. I do, for myself, my heirs, executors, administrators, successors, and assigns, hereby release, exonerate and forever discharge every person, firm, company, board, association or institution of any kind, and every federal, tribal, state, or local governmental agency, including, but not limited to, every court, law enforcement agency, criminal justice agency, or probation department, without exception, both foreign and domestic, to whom this request is presented, and any agents and employees thereof, from any and all liabilities of every nature and kind, including but not limited to, all manner of action, causes of action, suits, debts, judgments, executions, claims, and demands whatsoever, known or unknown, in law or equity, which I ever had, now have, may have, or claim to have, against



CHEYENNE & ARAPAHO GAMING COMMISSION
Vendor Licensing Division

Form D (v) - PERSONNEL'S AUTHORIZATION FOR RELEASE OF INFORMATION

the person, firm, company, board, association, or institution of any kind, and every federal, tribal, state, or local governmental agency, including, but not limited to, every court, law enforcement agency, criminal justice agency, or probation department, without exception, both foreign and domestic, to whom this request is presented, and any agents and employees thereof, arising out of, or by reason of, the furnishing of, or inspection of documents, records, and other information released in compliance with a request made pursuant to, or as a result of having been presented with, this Authorization for Release of Information Form.

- 7. I agree to indemnify and hold harmless every person, firm, company, board, association, or institution of any kind, and every federal, tribal, state, or local governmental agency, including, but not limited to, every court, law enforcement agency, criminal justice agency, or probation department, without exception, both foreign & domestic, to whom this request is presented, and any agents & employees thereof, from & against all claims, damages, losses, and expenses including reasonable attorney's fees arising out of or by reason of, complying with this Authorization for Release of Information Form.
8. I hereby authorize any employee, agent, or duly authorized investigator of the Cheyenne & Arapaho Gaming Commission to disclosure any information obtained through my background investigation to the Casino Facility with which I am conducting business.
9. A reproduction of this request by photocopy, facsimile, or similar process shall be for all intents and purposes as valid as the Original Authorization for Release of Information Form.
10. This Authorization for Release of Information Form extends to the review and copy of any information protected from disclosure, privilege, or obligation.

APPLICANT HAS READ THIS AUTHORIZATION FOR RELEASE OF INFORMATION FORM AND UNDERSTANDS ALL ITS TERMS. APPLICANT EXECUTES THIS DOCUMENT VOLUNTARILY AND WITH FULL KNOWLEDGE OF ITS SIGNIFICANCE.

IN WITNESS WHEREOF, I have executed this release authorization at \_\_\_\_\_ CITY STATE

ON THIS, THE \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_. \_\_\_\_\_ SIGNATURE OF APPLICANT

ON THIS, THE \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_, BEFORE ME, A NOTARY PUBLIC, IN AND FOR \_\_\_\_\_, \_\_\_\_\_, THE SUBSCRIBER PERSONALLY APPEARED

\_\_\_\_\_, (KNOWN BY ME OR SATISFACTORILY PROVEN) TO BE THE PERSON WHOSE NAME IS SUBSCRIBED TO THIS AUTHORIZATION FOR RELEASE OF INFORMATION FORM, AND ACKNOWLEDGED THAT THEY EXECUTED THE SAME FOR THE PURPOSE HEREIN CONTAINED.

IN WITNESS WHEREOF, I hereunto set my hand and official seal.

NOTARY PUBLIC My Commission Expires:

SIGNATURE OF CHEYENNE & ARAPAHO GAMING COMMISSION STAFF PRESENTING THIS REQUEST:

NAME, TITLE, & SIGNATURE:

DATE: