# OSAGE NATION GAMING COMMISSION APPLICATION FOR GAMING/GAMING RELATED ON-SITE SERVICE PROVIDER/TECHNICIAN LICENSE

| Name of Applicant | Name of Employer |
|---|---|
| | |

| Position Held with Vendor/Job Title | Date of Application |
|---|---|
| | |

**NOTICE:**
Pursuant to the Osage Nation law and the Oklahoma State-Tribal Gaming Compact, all persons employed by a gaming/gaming related vendor seeking to access and perform work on behalf of a licensed vendor must apply to the Osage Nation Gaming Commission for an on-site service provider/technician license. The Commission serves as the gaming regulatory and licensing agency of the Osage Nation and is empowered to deny, suspend or revoke the gaming license of any person who fails to meet or maintain compliance with the licensing standards contained in the Osage Nation Gaming Ordinance. **No person is allowed access to any Osage Gaming Facility on behalf of a gaming/gaming related vendor without a valid gaming license issued by the Commission.**

Prior to issuing a gaming/gaming related license to an applicant, the commission will electronically fingerprint each applicant, conduct a full background investigation, including but not limited to, a criminal history records check through the FBI's National Crimes Information Center, in order to determine if the applicant is of suitable character and reputation for licensure. Applicants shall have thirty (30) days to set an appointment with the Commission to be fingerprinted.

If the Commission determines that an applicant is suitable for licensure, it will issue a license to the applicant, which will be valid for a period of two years. *Please note* that possession of an Osage Nation gaming license is a privilege, not a *right* and it is the responsibility of the applicant to maintain his or her license in good standing and to seek renewal 60 days prior to the date of expiration. Therefore it is suggested that you make a copy of this application to assist you in the renewal process. **Section 3.07 of the Osage Nation Gaming Law imposes a continuing duty on each licensee to inform the Commission of any changes in the information contained in this application. Licensees who fail to timely renew their license or who fail to maintain the suitability standards contained in the Osage Nation Gaming Law during the period of licensure, risk suspension or revocation of their license.**

**INSTRUCTIONS:**
Please read each question carefully and respond to each question fully and truthfully. Print clearly a response to each question in **Black** ink or type. If a question does not apply to you, so indicate by inserting **N/A** in the space provided. If the space provided is insufficient, continue on a separate sheet of paper in the same format as the application. **An applicant's failure to fully complete the application or to provide all items needed to complete the application package will result in the rejection of the application for consideration by the Commission.** Should your application be rejected, you may not re-apply for a period of six (6) months. **An applicant's failure to disclose all required information or the submission of false or misleading information may result in the denial of a gaming license.**

## SECTION I. Personal History

| Last Name | First Name | Middle Name | Suffix, Other |
|---|---|---|---|
| | | | |

| Alias(es), (nicknames, maiden name, married names, etc.) | Reason for name change (marriage, divorce, nickname) | Dates Used (years to & from) |
|---|---|---|
| | | |
| | | |
| | | |
| | | |

| Physical Address/E911 Address (No PO Boxes or RFD allowed) | City | County | State | Zip |
|---|---|---|---|---|
| | | | | |
| **Mailing Address (if different)** | **City** | **County** | **State** | **Zip** |
| | | | | |

| Telephone Number | Cell Phone | Message Phone | Other |
|---|---|---|---|
| | | | |

| Date of Birth | Age | Sex | Social Security No. |
|---|---|---|---|
| | | ☐ Male ☐ Female | |

| Place of Birth: City | County | State | Country |
|---|---|---|---|
| | | | |

| Driver's License/ID Card No. | State Issued | Date of Expiration |
|---|---|---|
| | | |

| Are you a U.S. Citizen? | If No, Specify: |
|---|---|
| ☐ Yes ☐ No | |
| **Are you a Tribal Member?** | **If Yes, List:** |
| ☐ Yes ☐ No | |

| Enrollment No | Location of Tribal Headquarters |
|---|---|
| | |
| **Have you ever served in the Military?** | **If yes, please list Branch** |
| ☐ Yes ☐ No | |

## SECTION II. FBI INFORMATION

The following is requested information by the FBI when submitting fingerprints and is not information required by the ONGC.

| Eye Color | Hair Color | Weight | Height | Race |
|---|---|---|---|---|
| | | | | |

| Distinguishing Marks (scars, tattoos, etc.) |
|---|
| |

## SECTION III. Residential History

Please provide the address for all residences you have occupied, regardless of whether or not your name was on the lease, for the **five (5) year** period immediately preceding the date of this application. Please start with your current address. **Failure to complete this section will result in your application not being processed.**

| Moved In (Month/Year) | Physical Address | | City |
|---|---|---|---|
| | | | |
| **Moved Out (Month/Year)** | **County** | **State, Zip Code** | **Rent/Own** |
| | | | ☐ Own ☐ Rent ☐ Other |

| Moved In (Month/Year) | Physical Address | | City |
|---|---|---|---|
| | | | |
| **Moved Out (Month/Year)** | **County** | **State, Zip Code** | **Rent/Own** |
| | | | ☐ Own ☐ Rent ☐ Other |

| Moved In (Month/Year) | Physical Address | | City |
|---|---|---|---|
| | | | |
| **Moved Out (Month/Year)** | **County** | **State, Zip Code** | **Rent/Own** |
| | | | ☐ Own ☐ Rent ☐ Other |

| Moved In (Month/Year) | Physical Address | | City |
|---|---|---|---|
| | | | |
| **Moved Out (Month/Year)** | **County** | **State, Zip Code** | **Rent/Own** |
| | | | ☐ Own ☐ Rent ☐ Other |

| Moved In (Month/Year) | Physical Address | | City |
|---|---|---|---|
| | | | |
| **Moved Out (Month/Year)** | **County** | **State, Zip Code** | **Rent/Own** |
| | | | ☐ Own ☐ Rent ☐ Other |

## SECTION IV - Work History

**A.** Beginning with your current employer, provide a complete history of your employment for the **five (5) year** period immediately preceding the date of this application. You will need to list the month and year you started and quit each employer. List and explain any gaps in your employment during this timeframe in the spaces provided below. **Failure to complete this section will result in your application not being processed.**

| **Hire Date:** | **Term Date** | **Employer** | **Gambling Related** |
|---|---|---|---|
| | | | ☐ Yes ☐ No |
| **Address** | | **City, State** | **Telephone Number** |
| | | | |
| **Title** | | **Description of Duties** | |
| | | | |
| **Supervisor** | | **Reason for Leaving** | |
| | | | |

| **Hire Date:** | **Term Date** | **Employer** | **Gambling Related** |
|---|---|---|---|
| | | | ☐ Yes ☐ No |
| **Address** | | **City, State** | **Telephone Number** |
| | | | |
| Title | | Description of Duties | |
| | | | |
| Supervisor | | Reason for Leaving | |
| | | | |

| **Hire Date:** | **Term Date** | **Employer** | **Gambling Related** |
|---|---|---|---|
| | | | ☐ Yes ☐ No |
| **Address** | | **City, State** | **Telephone Number** |
| | | | |
| Title | | Description of Duties | |
| | | | |
| Supervisor | | Reason for Leaving | |
| | | | |

**If you need additional space, please either copy this page or on a separate sheet of paper list past employers using this same format.*

## SECTION IV - Work History Continued

B. Have you ever been fired or terminated for cause by any employer or been allowed to resign under threat of termination?

☐ Yes ☐ No

C. If you were fired or terminated for cause, did the basis for such action involve any allegation of theft, fraud, embezzlement, or any other misconduct involving truthfulness or honesty?

☐ Yes ☐ No

If yes to either of the above, please identify the employer and fully explain the circumstances in the space provided below:

## SECTION V - Business and Financial Interests

**A.** List any business you have owned or held interest in within the **five (5) year** period immediately preceding the date of this application. Include the address of the business, your position and the percentage of your ownership interest. You will need to supply proof of ownership for each business by providing documentation (i.e., tax documents, corporation papers, business license, etc.) that reflects you as having ownership in that business.

| Date From: | Date To: | Name of Business |
|---|---|---|
| | | |
| **Address** | **City, State** | **Gambling Related?** |
| | | ☐ Yes ☐ No |
| **Capacity/Title** | **Primary Purpose** | |
| | | |
| **Amount of Investment** | **% Ownership/Shares** | **Status of Business** |
| | | |

| Date From: | Date To: | Name of Business |
|---|---|---|
| | | |
| **Address** | **City, State** | **Gambling Related?** |
| | | ☐ Yes ☐ No |
| **Capacity/Title** | **Primary Purpose** | |
| | | |
| **Amount of Investment** | **% Ownership/Shares** | **Status of Business** |
| | | |

**B.** Has any company listed above and owned by you or for which you served as an officer, director, or manager ever declared bankruptcy during the term of your association with such company?

☐ Yes ☐ No (If yes, identify business and fully explain below)

**C.** Have you declared bankruptcy within the last 10 years?

☐ Yes ☐ No

If you marked "yes" to either of the above questions, please explain the circumstances surrounding the reasons behind the bankruptcy:

## SECTION VI - Financial or Other Interest in Gambling Activities:

**A.** Have you ever invested or loaned money, had an option to purchase, or had a contract to provide services to any gaming facility?

☐ Yes ☐ No

**B.** Do you have an ownership interest in any gaming or gaming related equipment leased or sold to any tribal gaming facility?

☐ Yes ☐ No

**C.** Do you have an investment or ownership interest in any business that sells, manufacturers, or leases gaming or gaming related equipment or supplies to any tribal gaming facility?

☐ Yes ☐ No

**D.** Have you ever worked for a gaming operation in any capacity in any jurisdiction?

☐ Yes ☐ No

**E.** Do you have any relatives currently employed by the Osage Casinos?

☐ Yes ☐ No

If you have answered "Yes" to any of the above questions please explain in the spaces below. If you have any family employed by the Osage Casinos, state their name(s) and your relationship.

## SECTION VII - A. Gaming License History

Have you ***ever*** applied for a gaming license by any Jurisdiction regardless of whether or not you received a license?

☐ Yes ☐ No

If yes, provide the following information:

| Type of License | Name of Issuing Jurisdiction | Address |
|---|---|---|
| | | |

| License Number | Date of Issuance | Status of License | Denied, Suspended or Revoked? |
|---|---|---|---|
| | | | ☐ Yes ☐ No |

| Type of License | Name of Issuing Jurisdiction | Address |
|---|---|---|
| | | |

| License Number | Date of Issuance | Status of License | Denied, Suspended or Revoked? |
|---|---|---|---|
| | | | ☐ Yes ☐ No |

| Type of License | Name of Issuing Jurisdiction | Address |
|---|---|---|
| | | |

| License Number | Date of Issuance | Status of License | Denied, Suspended or Revoked? |
|---|---|---|---|
| | | | ☐ Yes ☐ No |

| Type of License | Name of Issuing Jurisdiction | Address |
|---|---|---|
| | | |

| License Number | Date of Issuance | Status of License | Denied, Suspended or Revoked? |
|---|---|---|---|
| | | | ☐ Yes ☐ No |

If you have ever been denied or subject to the suspension or revocation of a gaming license by any jurisdiction, provide a full explanation below:

## SECTION VII - B. Other Licenses

Do you have or have you ever applied for any professional, occupational or certifications for any profession or other license or permit? (Such licenses may include, CNA., LPN, RN, FAA, CLEET, Security License, Conceal and Carry, Food handlers, Notary Public, etc.)

☐ Yes ☐ No

If yes, provide the following information along with a copy of the license:

| Type of License | Name of Issuing Jurisdiction | Address |
|---|---|---|
| | | |

| License Number | Date of Issuance | Status of License | Denied, Suspended or Revoked? |
|---|---|---|---|
| | | | ☐ Yes ☐ No |

| Type of License | Name of Issuing Jurisdiction | Address |
|---|---|---|
| | | |

| License Number | Date of Issuance | Status of License | Denied, Suspended or Revoked? |
|---|---|---|---|
| | | | ☐ Yes ☐ No |

| Type of License | Name of Issuing Jurisdiction | Address |
|---|---|---|
| | | |

| License Number | Date of Issuance | Status of License | Denied, Suspended or Revoked? |
|---|---|---|---|
| | | | ☐ Yes ☐ No |

If you have ever been denied or subject to the suspension or revocation of a professional, occupational or other license or permit by any jurisdiction, provide a full explanation:

## SECTION VIII - Education

**A. Have you graduated from high school or received a GED?** ☐ Yes ☐ No

Identify the high school where you graduated, include the address, year of matriculation, and the name on diploma or the Name of GED Program, Address of Testing Center, etc.:

| High School/GED Program | Address | City, State |
|---|---|---|
| | | |
| **Name on Diploma or GED** | **Year of Graduation** | |
| | | |

**B. Have you attended a vocation school, college or university?**

☐ Yes ☐ No

Complete the following information for every college, university or vocational school you have attended and supply copies of all degrees awarded, transcripts and/or certificates:

| Name of School | Address, City, State | Contact Information |
|---|---|---|
| | | |
| **Dates Attended** | **Graduation Date** | **Degree Awarded** |
| | | |

| Name of School | Address, City, State | Contact Information |
|---|---|---|
| | | |
| **Dates Attended** | **Graduation Date** | **Degree Awarded** |
| | | |

| Name of School | Address, City, State | Contact Information |
|---|---|---|
| | | |
| **Dates Attended** | **Graduation Date** | **Degree Awarded** |
| | | |

| Name of School | Address, City, State | Contact Information |
|---|---|---|
| | | |
| **Dates Attended** | **Graduation Date** | **Degree Awarded** |
| | | |

## SECTION XIX - Personal References

List three (3) personal references, including one (1) reference who has known you for the **five (5) year** period immediately preceding the date of this application and your relationship with each reference. **DO NOT USE RELATIVES OR ANYONE CURRENTLY EMPLOYED BY OSAGE CASINOS. Failure to complete this section will result in your application not being processed.**

| Name of Reference | | Address | City, State Zip | |
|---|---|---|---|---|
| | | | | |
| Telephone Number | Cell Phone | Alternate Number | E-Mail Address | Years known |
| | | | | |
| Occupation | | Relationship to Applicant | | |
| | | | | |

| Name of Reference | | Address | City, State Zip | |
|---|---|---|---|---|
| | | | | |
| Telephone Number | Cell Phone | Alternate Number | E-Mail Address | Years known |
| | | | | |
| Occupation | | Relationship to Applicant | | |
| | | | | |

| Name of Reference | | Address | City, State Zip | |
|---|---|---|---|---|
| | | | | |
| Telephone Number | Cell Phone | Alternate Number | E-Mail Address | Years known |
| | | | | |
| Occupation | | Relationship to Applicant | | |
| | | | | |

## SECTION X - Criminal History

Prior to answering the questions contained in this section, carefully review the following definitions and instructions. You may be asked to supply a disposition or Court document to any matter you disclose in your application. If you have any such document(s) in your possession, it is advised that you submit those documents with your application.

**Definitions:**

- *Date of Charge(s):* Referrers to the date you were arrested, detained, held, taken into custody or the date that formal charges were brought against you for any unlawful conduct that you were alleged to have committed.
- *Offense Charged:* Referrers to any information, complaint or indictment filed in any tribal, state or federal Court alleging that you have committed an "offense". It can also refer to any complaint that may not have resulted in any formal indictment but did result in an arrest. Includes all felony and misdemeanor crimes regardless of the seriousness of the alleged conduct, including serious violations of any motor vehicle code or ordinance such as driving while intoxicated or driving under the influence of a controlled substance. However, this does not include minor traffic violations.
- *Disposition:* Refers to the outcome of the matter such as, any convictions, dismissals, or a matter that was expunged or dismissed.
- *Sentence:* Refers to any time you were ordered to serve in any penal institution, County jail, DUI school, probation or a diversionary program, deferred or suspended sentence.
- *Incarcerated*: Refers to any jail (city or county) or state correctional facility, in which you were held, detained or taken into custody.
- *Probation*: Will need to be marked "yes" if you are currently paying on any fines, restitution or are on a deferred sentence. If a case is closed but payments are still pending in any matter you will need to state that. If a matter is still pending but a sentence has not been ordered at this time you will need to disclose that information.

**Instructions:** Answer "**YES**" and provide a full explanation of the facts and circumstances for each incident even if:

- You did not commit the offense charged.
- The charges were dismissed, deferred or downgraded to a lesser charge.
- You completed pretrial intervention or equivalent diversionary program.
- You were not convicted.
- You did not serve a prison or jail sentence.
- the charges or offenses occurred more than ten (10) years ago.

Answer "**NO**" only if you have never been arrested or charged with any offense as defined above.

**IMPORTANT NOTICE**

Your fingerprints will be submitted to the FBI's National Crimes Information Center, a comprehensive law enforcement database containing federal and state criminal arrest and conviction records. A report will be returned to the Commission containing any arrest and conviction information in the database associated with your fingerprints. The content of this report will be compared with the information contained in this application. If you have failed to disclose any arrests or convictions in this application, such omission(s) will be taken into account in assessing your character, honesty, integrity and suitability for licensure and will result in the denial or rejection of the gaming application. Often Court matters expunged on the District Court level will be included in the FBI report. Not all matters that are expunged from your record will be deleted from the FBI database, which could give the impression that you failed to disclose the matter in your application. In the event that you do not disclose any charges that were expunged from your record and it does appear on the FBI report, you will be asked to supply an Order of the Court stating that the matter was expunged.

## SECTION X - A. Criminal Background

The following questions regarding criminal records must be answered. Because this is a gaming license, you must relinquish all information, regardless of the jurisdiction (i.e. federal, state, county, city, or tribal court), or the advice from a probation officer, attorney or court. Failure to provide such information may result in the rejection of your application for a gaming license.

1. Have you ever been charged or convicted of, or do you have an ongoing prosecution for a felony offense?

☐ Yes ☐ No

2. Have you ever been charged or convicted of, or do you have an ongoing prosecution for a misdemeanor (excluding traffic violations)?

☐ Yes ☐ No

3. Have you ever had any criminal charges (excluding minor traffic charges) filed against you whether or not there was a conviction, including a DUI, DWI or DUS? ☐ Yes ☐ No

4. Have you ever been arrested? ☐ Yes ☐ No

5. Have you ever been fingerprinted by any authority for any reason other than a license?

☐ Yes ☐ No

6. Have you ever had a deferred sentence for a criminal charge filed against you?

☐ Yes ☐ No

7. Have you ever had a suspended sentence for a criminal charge filed against you?

☐ Yes ☐ No

8. Have you ever had any charges filed against you be dismissed?

☐ Yes ☐ No

9. Have you ever been arrested for an offense that you were not charged with?

☐ Yes ☐ No

10. Have you ever had any charges filed against you be expunged from your record?

☐ Yes ☐ No

11. Have you ever been arrested, detained, charged, indicted, or summoned to answer for any charges related to fraud, embezzlement, theft, shoplifting, or burglary for any reason whatsoever, regardless of the disposition of the event or even if charges were not filed?

☐ Yes ☐ No

12. 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? ☐ Yes ☐ No

If you answered YES to any of the above questions, you must complete the information requested in the following three sheets, you must also provide a certified copy of the court disposition showing the outcome of the case (i.e. dismissal, conviction, closure, or Judgment and Sentence) and a written statement in your own words as to what happened. Failure to do so will result in a rejection of your application for being incomplete.

## SECTION X - B. Felony Record(s)

A. Are you now, or have you ever been arrested, charged, prosecuted or convicted of any felony offense no matter the outcome of the case?

☐ Yes ☐ No

If yes, complete the following:

| Date of Charge | Offense Charged | Court-County/City |
|---|---|---|
| | | |
| **Sentence** | **If Incarcerated, Where** | |
| | | |

| Disposition | Presently on Probation? |
|---|---|
| | ☐ Yes ☐ No |

| Date of Charge | Offense Charged | Court-County/City |
|---|---|---|
| | | |
| **Sentence** | **If Incarcerated, Where** | |
| | | |
| **Disposition** | **Presently on Probation?** | |
| | ☐ Yes ☐ No | |

| Date of Charge | Offense Charged | Court-County/City |
|---|---|---|
| | | |
| **Sentence** | **If Incarcerated, Where** | |
| | | |
| **Disposition** | **Presently on Probation?** | |
| | ☐ Yes ☐ No | |

| Date of Charge | Offense Charged | Court-County/City |
|---|---|---|
| | | |
| **Sentence** | **If Incarcerated, Where** | |
| | | |
| **Disposition** | **Presently on Probation?** | |
| | ☐ Yes ☐ No | |

## SECTION X - C. Misdemeanor Record(s)

**B.** Are you now or have you ever been prosecuted for or convicted of any misdemeanor offense?

☐ Yes ☐ No

If yes, provide the following information:

| Date of Charge | Offense Charged | Court-County/City |
|---|---|---|
| | | |
| **Sentence** | **If Incarcerated, Where** | |
| | | |
| **Disposition** | **Presently on Probation?** | |
| | ☐ Yes ☐ No | |

| Date of Charge | Offense Charged | Court-County/City |
|---|---|---|
| | | |
| **Sentence** | **If Incarcerated, Where** | |
| | | |
| **Disposition** | **Presently on Probation?** | |
| | ☐ Yes ☐ No | |

| Date of Charge | Offense Charged | Court-County/City |
|---|---|---|
| | | |
| **Sentence** | **If Incarcerated, Where** | |
| | | |
| **Disposition** | **Presently on Probation?** | |
| | ☐ Yes ☐ No | |

| Date of Charge | Offense Charged | Court-County/City |
|---|---|---|
| | | |
| **Sentence** | **If Incarcerated, Where** | |
| | | |
| **Disposition** | **Presently on Probation?** | |
| | ☐ Yes ☐ No | |

## SECTION X - D. Other Criminal Record(s)

**C.** Are you now or have you ever been charged with or arrested for a crime that did not result in a conviction or formal charges being brought against you that is not otherwise listed above?

☐ Yes ☐ No

If yes, complete the following information:

| Date of Offense/Arrest | Offense | Location-County/City |
|---|---|---|
| | | |
| | | |
| | | |
| | | |

**D.** If you wish to describe or explain any unique circumstances or to provide any additional information that you believe may be relevant to the Osage Nation Gaming Commission in considering this application in relation to your criminal history, use the following space:

# Gaming Commission

## LICENSING STANDARDS STATEMENT

### Section 3.13: Denial of Provisional License Application for Cause

**The tribe shall deny a license to any applicant whenever the applicant or any person with a 5% or more ownership interest therein:**

A. Has withheld pertinent information or has made false statements on the gaming license application;

B. Has attempted to bribe a Council Member, Tribal Gaming Commission member or any other person in an attempt to avoid or circumvent tribal law or any other applicable law;

C. Has offered something of value, or a loan, financing or other thing of value to a Tribal Gaming Commission member, a subordinate employee or any person participation in any gaming activity;

D. Has been knowingly promoted, played or participated in any gaming activity operated in violation of tribal law;

E. Has been knowingly involved in the falsification of books or records which relate to transaction connected with the operation of gaming activity;

F. Has been convicted of, or has entered a plea of nolo contendere to any crime involving gaming or embezzlement;

G. Has been determined by the Tribal Gaming Commission or National Indian Gaming Commission to have present or prior activities, criminal record, if any, or reputation, habits and associations which pose a threat to the public interest or to the effective regulation of gaming, or create or enhance the dangers of unsuitable, unfair, or illegal practices in the conduct of gaming, provided, that any conviction more then five years before the commencement of employment of the Tribe shall not be considered under the Subsection.

H. Has denied the Tribe access to any place at which gaming is required to be licensed, is being conducted or who has failed to produce for inspection or audit any book, record, document or other item required by any regulations promulgated pursuant to Section 3.13.

I. Has failed to pay any tribal taxes and additions to taxes, including penalties and interest;

J. Has been found guilty of any violation or attempt or conspiracy to violate any law, rule or regulation pertaining to gaming in any jurisdiction for which suspension or termination of employment or license might be imposed in such jurisdiction; or

K. Has been suspended from operation or any gaming in another jurisdiction or who has had a license to conduct such gaming cancelled, revoked, suspended, or limited for any reason.

L. Has knowingly withheld pertinent information pertaining to any criminal charges filed against said person. No matter the outcome of the charges.

**I,_____DO MEET THE LICENSING STANDARDS OF SECTION 3.13 OF THE OSAGE NATION OF OKLAHOMA FOR TEMPORARY LICENSING. I FURTHER UNDERSTAND THAT ANY VIOLATION OF SUCH LICENSING STANDARDS DURING THE TERM OF MY EMPLOYMENT OR PENDING THE OUTCOME OF THE OSBI & FBI BACKGROUND RESULTS COULD BE CAUSE FOR DISMISSAL, AND OR LICENSE DENIAL.**

**SIGNED**_____ **DATE**_____

**WITNESS**_____ **DATE**_____

***NOTE:** The Osage Nation Gaming Commission will witness this statement at the time of your appointment.*

## PRIVACY 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 hold an Osage Nation Gaming Commission license. The information will be used by the Osage Nation Gaming Commission staff that has 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 Osage Nation Gaming Commission in connection with the issuance or revocation of a gaming license, or investigations of activities while associated with a tribe or gaming operation.

Failure to consent to the disclosures indicated in this notice will result in a Osage Nation Gaming Commission being unable to license you to perform work at any Osage gaming facility.

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 application may be grounds for not issuing a license or for revoking a license. Also, you may be punished by a fine or imprisonment (U.S. Code, Title 18, Section 1001.)

## FAILURE TO DISCLOSE

Failure to disclose any information requested in the Gaming License Application or failure to disclose any criminal matters will be cause for the rejection of your application for being incomplete. Should your application be rejected you may not re-apply for a period of six (6) months.

_____ _____

Applicant's Signature Date

## OSAGE NATION GAMING COMMISSION
## AUTHORIZATION FOR RELEASE OF INFORMATION

PRESENTED TO: _____
(Please print or type your name here)

I hereby authorize release to the Osage Nation Gaming Commission (ONGC) any information requested in order for the ONGC 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, business, 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.) and the Oklahoma State-Tribal Gaming Compact. I further agree to indemnify and hold harmless any persons to whom this request is lawfully presented. Such indemnification and holding harmless includes all claims, damages, losses and expenses, including reasonable attorney's fees.

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

Executed at (city) _____, (State) Oklahoma

On this _____ day of _____, 20_____.

Signature: _____
(Signature of Application)

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

Commission #:_____
Commission Expires: _____

_____
Notary Public

## APPLICATION SUBMISSION

The Osage Nation Gaming Commission (ONGC) reserves the right to request additional information and documentation throughout the course of the background investigation. An employee of a vendor who fails to fully comply with additional information requests may have their application rejected or denied.

Employees of vendors will not be permitted to conduct business on behalf of a vendor in any Osage Casino facility until an ONGC On-Site Service Provider/Technician license has been duly issued to the applicant.

All ONGC On-Site Service Provider/Technician Licenses are issued under the vendor's gaming/gaming related license. As such, all On-Site Service Provider/Technician Licenses become inactive in the event that the vendor's license expires or is revoked.

In order to complete the processing of your gaming license application you are required to complete the following steps:

1. Submit application packet. You may submit this form electronically by attaching this form to an email, by mailing this form to the ONGC or delivering this form to one of the ONGC locations;
2. Submit executed (signed &/or notarized) release forms. Originals of the Licensing Standard Statement, Notice to Applicant and Authorization for Release of Information forms must be received by the ONGC prior to starting a background investigation. You may mail the originals or hand delivery the originals to one of the ONGC locations;
3. Submit required documentation as follows:

    - ☐ Valid Driver's License or State ID Card;
    - ☐ State issued birth certificate;
    - ☐ Social Security Card with correct name and signature;
    - ☐ INS documents, if applicable;

4. Fingerprints. Within thirty (30) days of applying for an ONGC license you shall be required to schedule an appointment with the ONGC to have your fingerprints taken. The telephone number of the ONGC is **(918) 287-5397**. Our offices are located as follows:

Osage Nation Gaming Commission
612 Leahy Avenue
Pawhuska, OK 74056
or
1211 W. 36th Street North
Tulsa, OK 74127

You may submit the application, forms and required documentation at the time you have your fingerprints taken. An ONGC staff member can notarize and witness your forms, make copies of required documentation and assist you in this process. Please contact our office if you have any questions or concern.

DISCLOSURE AND AUTHORIZATION 2.1

## DISCLOSURE AND AUTHORIZATION FOR CONSUMER REPORTS

In connection with my application for employment/licensure (including contract or volunteer services) with Osage Casinos/Osage Nation, I understand consumer reports will be requested by you ("Company"). These reports may include, as allowed by law, the following types of information, as applicable: names and dates of previous employers, reason for termination of employment, work experience, reasons for termination of tenancy, former landlords, education, accidents, licensure, credit, etc. I further understand that such reports may contain public record information such as, but not limited to: my driving record, workers' compensation claims, judgments, bankruptcy proceedings, evictions, criminal records, etc., from federal, state, and other agencies that maintain such records.

In addition, investigative consumer reports (gathered from personal interviews, as applicable, with former employers or landlords, past or current neighbors and associates of mine, etc.) to gather information regarding my work or tenant performance, character, general reputation and personal characteristics, and mode of living (lifestyle) may be obtained.

If I am hired/licensed, I understand that my employer can use this disclosure and authorization to continue to obtain such consumer reports throughout my employment/licensure, contract period or volunteer service.

### Authorization

**I hereby authorize procurement of consumer report(s) and investigative consumer report(s) by Company. If hired (or contracted), this authorization shall remain on file and shall serve as ongoing authorization for Company to procure such reports at any time during my employment/licensure, contract or volunteer period. I authorize without reservation, any person, business or agency contacted by the consumer reporting agency to furnish the above-mentioned information.**

**This authorization is conditioned upon the following representations of my rights:**

I understand that I have the right to make a request to the Consumer Reporting Agency: AmericanChecked Inc., 4870 South Lewis Avenue, Suite 120, Tulsa, OK 74105; Telephone: 800-975-9876 ("Agency") upon proper identification, to obtain copies of any reports furnished to Company by the Agency and to request the nature and substance of **all information** in its files on me at the time of my request, including the sources of information, and the Agency, on Company's behalf, will provide a complete and accurate disclosure of the nature and scope of the investigation covered by any investigative consumer report(s). The Agency will also disclose the recipients of any such reports on me which the Agency has previously furnished within the two year period for employment requests, and one year for other purposes preceding my request (California three years). I hereby consent to Company obtaining the above information from the Agency. I understand that I can dispute, at any time, any information that is inaccurate in any type of report with the Agency. I may view the Agency's privacy policy at their website: http://americanchecked.com/privacy-policy.
I understand that if the Company is located in California, Minnesota or Oklahoma, that I have the right to request a copy of any report the Company receives on me at the time the report is provided to the Company.

By checking the following box, I request a copy of all such reports be sent to me. Check here: ☐

AmericanChecked INC.
Background Screening Solutions

## DISCLOSURE AND AUTHORIZATION 2.1

I understand that if I am applying for employment in, that I have the right under Section 1786.22 of the California Civil Code to contact the Agency during reasonable hours (9:00 a.m. to 5:00 p.m. (CST) Monday through Friday) to obtain all information in Agency's file for my review. I may obtain such information as follows: 1) In person at the Agency's offices, which address is listed above. I can have someone accompany me to the Agency's offices. Agency may require this third party to present reasonable identification. I may be required at the time of such visit to sign an authorization for the Agency to disclose to or discuss Agency's information with this third party; 2) By certified mail, if I have previously provided identification in a written request that my file be sent to me or to a third party identified by me; 3) By telephone, if I have previously provided proper identification in writing to Agency; and 4) Agency has trained personnel to explain any information in my file to me and if the file contains any information that is coded, such will be explained to me.

I understand that if I am applying for employment in New York, that I have the right to receive a copy of Article 23-A of the New York Correction Law _____ (initial if this applies).

I understand that if the report is provided to an employer in the State of Washington, that I can contact the following office for more information regarding my rights under Washington State Law in regard to these reports: State of Washington Attorney General, Consumer Protection Division, 800 5th Ave, Ste. 2000, Seattle, Washington 98104-3188, (206) 464-7744.

In connection with my application for employment/licensure (including contract or volunteer service) I direct the following regarding my current employer: (please check one). Yes, my current employer may be contacted _____ / No, my current employer cannot be contacted _____.

I understand that I have rights under the Fair Credit Reporting Act, and I acknowledge receipt of the Summary of Rights _____ (initials).

Printed Name _____

Signature _____

Date _____

For identification purposes:

Social Security No. _____ Date of Birth _____

Driver License No. _____ State of Issue _____

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*Para informacion en espanol, visite www.consumerfinance.gov/learnmore o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20006.*

## A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20006.**

• **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment - or to take another adverse action against you - must tell you, and must give you the name, address, and phone number of the agency that provided the information.

• **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your "file disclosure"). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:

- a person has taken adverse action against you because of information in your credit report;
- you are the victim of identify theft and place a fraud alert in your file;
- your file contains inaccurate information as a result of fraud;
- you are on public assistance;
- you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore for additional information.

• **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.

• **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.consumerfinance.gov/learnmore for an explanation of dispute procedures.

• **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.

• **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.

• **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need - usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.

• **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.consumerfinance.gov/learnmore.

• **You may limit "prescreened" offers of credit and insurance you get based on information in your credit report.** Unsolicited "prescreened" offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-567-8688.

• **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.

• **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.consumerfinance.gov/learnmore.

**States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:**

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| TYPE OF BUSINESS: | CONTACT: |
|---|---|
| 1.a. Banks, savings associations, and credit unions with total assets of over $10 billion and their affiliates. | a. Bureau of Consumer Financial Protection<br>1700 G Street NW<br>Washington, DC 20006 |
| b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the Bureau: | b. Federal Trade Commission: Consumer Response Center - FCRA<br>Washington, DC 20580<br>(877) 382-4357 |
| 2. To the extent not included in item 1 above: | |
| a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks | a. Office of the Comptroller of the Currency<br>Customer Assistance Group<br>1301 McKinney Street, Suite 3450<br>Houston, TX 77010-9050 |
| b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and insured state branches of foreign banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act | b. Federal Reserve Consumer Help Center<br>P.O. Box 1200<br>Minneapolis, MN 55480 |
| c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations | c. FDIC Consumer Response Center<br>1100 Walnut Street, Box #11<br>Kansas City, MO 64106 |
| d. Federal Credit Unions | d. National Credit Union Administration<br>Office of Consumer Protection (OCP)<br>Division of Consumer Compliance and Outreach (DCCO)<br>1775 Duke Street<br>Alexandria, VA 22314 |
| 3. Air carriers | Asst. General Counsel for Aviation Enforcement & Proceedings<br>Department of Transportation<br>400 Seventh Street SW<br>Washington, DC 20590 |
| 4. Creditors Subject to Surface Transportation Board | Office of Proceedings, Surface Transportation Board<br>Department of Transportation<br>1925 K Street NW<br>Washington, DC 20423 |
| 5. Creditors Subject to Packers and Stockyards Act | Nearest Packers and Stockyards Administration area supervisor |
| 6. Small Business Investment Companies | Associate Deputy Administrator for Capital Access<br>United States Small Business Administration<br>406 Third Street, SW, 8th Floor<br>Washington, DC 20416 |
| 7. Brokers and Dealers | Securities and Exchange Commission<br>100 F St NE<br>Washington, DC 20549 |
| 8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations | Farm Credit Administration<br>1501 Farm Credit Drive<br>McLean, VA 22102-5090 |
| 9. Retailers, Finance Companies, and All Other Creditors Not Listed Above | FTC Regional Office for region in which the creditor operates or Federal Trade Commission: Consumer Response Center - FCRA<br>Washington, DC 20580<br>(877) 382-4357 |