



APPLICATION FOR AN OSAGE NATION KEY GAMING LICENSE

Name of Applicant		Gaming License #
Position Held	Facility	

NOTICE:

Pursuant to the Osage Nation and Federal law, all persons seeking employment in any gaming enterprise of the Osage Nation must apply to the Osage Nation Gaming Commission (ONGC) for a gaming 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 eligible for employment in the Osage Nation gaming facilities without a valid gaming license issued by the ONGC.**

Prior to issuing a gaming license to an applicant, the ONGC 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.**

If the ONGC 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 ONGC of any changes in the information contained in this application, including reporting any arrests or criminal charges that may be filed after the issuance of a gaming license. Employees 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 gaming 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 ONGC.** 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, rendering the applicant ineligible for employment in an Osage Nation gaming facility.**

I have read and understand this page: (initials) _____

APPLICATION PACKET REQUIREMENTS

Step I. INTERVIEW

All Applicants are required to be processed and interviewed at one of the ONGC offices at the addresses below. All appointments are scheduled through the Human Resources Department of the Osage Casinos. If you are unable to make your appointment you will need to call 918-699-7809 or 918-699-7768 to reschedule. Be advised that your interview could take up to forty-five (45) minutes. You may not be processed if you are late for your appointment or do not have your application completed and the required documents with you at the time of your appointment. If you have any questions regarding your application please contact the licensing department at 918-287-5397. Driving directions can be supplied through the Human Resource Department of the Osage Casinos, or www.mapquest.com, or Google Maps.

612 Leahy Avenue
Pawhuska, OK 74056

1211 West 36th Street North
Tulsa, OK 74127

Step II. DOCUMENTATION

All Applicants are required to bring to their interview the following documents. All documents must be originals. Copies will be made in our office at the time of your appointment. Failure to bring any of the following documents may result in you not being processed for a license.

- Certified, State Issued Birth Certificate (hospital records are not accepted)
- Photo ID such as a valid Driver's License, Tribal or State Identification Card
- Social Security Card with your correct name and signature
- Tribal Identification card(s) (CDIB, Membership, etc.), if applicable
- INS Document(s), (Permanent Residency Card; Naturalization Papers, etc.)
- DD214 (must be the copy that shows discharge status), if applicable

Step III. MISCELLANEOUS DOCUMENTATION

All Applicants who have held business interests, other licenses, and/or hold any degrees will need to provide documentation. Our office will copy all items at the time of your appointment. See examples below:

- If you answer "Yes" to Section V regarding business interests you will need to supply proof of ownership (i.e., tax documents, corporation papers, business license, etc.).
- If you answer "Yes" to section VII-B Other Licenses you will need to supply the original licenses you currently hold or have held.
- If you answer "Yes" to section VIII Education and received a degree or certificate of attendance you will need to supply copies of the degrees, transcripts or certificates held by you.

I have read and understand this page: (initials) _____

Step V. COURT DOCUMENTATION

This step applies only to persons who answer **YES** to any of the **CRIMINAL BACKGROUND** questions. The ONGC may request that you supply the following documents certified by a Court Clerk for every offense listed by you in the criminal sections. It is **not** the responsibility of the ONGC to obtain records on your behalf; it is the responsibility of the Applicant to provide all requested documentation in a timely manner. To obtain court records you will need to visit the Courthouse in the county you were charged in and request the following documents from the Court Clerk:

- Criminal Complaint from the Court Clerk's office in the county the offense occurred in
- Judgment & Sentence from the Court Clerk's office in the county the offense occurred in
- Order to Dismiss or Order to Close from the Court Clerk's Office in the County the Offense Occurred in
- Order to Expunge* from the Court Clerk or your attorney for any offense listed by you.

**Although you may not disclose any criminal matter that was expunged from your record, be advised that should your FBI report contain any matter not disclosed by you it could result in the rejection/denial of your gaming license for failure to disclose. Because this is a gaming license application, you must relinquish all information.*

- If you attempt to obtain any of the above records and the Court Clerk does not have a record of the matter, then a letter from the Court Clerk is required stating: "A search of criminal records has been conducted but no records were found." This letter must be signed, dated and certified by the Court Clerk.
- Be advised that any out-of-State criminal records (from a State other than Oklahoma) may take time to obtain, therefore it is suggested that you order such records prior to your scheduled appointment.

*** Please note that all traffic fines must be paid prior to your ONGC licensing appointment or you will not be processed. ***

I have read and understand this page: (initials) _____

SECTION I - PERSONAL HISTORY

Last Name		First Name		Middle Name		Suffix, Other	
Alias(s), (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		City		County		State	Zip
Telephone Number		Cell Phone Number		Message Phone		Other	
Date Of Birth		Age		Sex		Social Security Number	
				<input type="checkbox"/> Male <input type="checkbox"/> Female			
Place of Birth: City		County		State		Country	
Driver's License/ID Card No.		State/Tribe Issued			Date of Expiration		
Are you a U.S. Citizen?		If No, Specify					
<input type="checkbox"/> Yes <input type="checkbox"/> No							
Are you a Tribal Member?		If Yes, List:					
<input type="checkbox"/> Yes <input type="checkbox"/> No							
Enrollment No:		Location of Tribal Headquarters					
Have you ever served in the military?		If yes, Please list branch					
<input type="checkbox"/> Yes <input type="checkbox"/> No							

SECTION II - FBI INFORMATION

The following is requested information by the FBI when submitting fingerprints:

Eye Color	Hair Color	Weight	Height	Race

Distinguishing Marks (scars, tattoos, etc.) Give descriptions and please use an additional page if needed to list all.

I have read and understand this page: (initials) _____

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.**

From: (month/year)	Physical Address	City
To: (month/year)	County, State, Zip Code	Rent/Own
		<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other

From: (month/year)	Physical Address	City
To: (month/year)	County, State, Zip Code	Rent/Own
		<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other

From: (month/year)	Physical Address	City
To: (month/year)	County, State, Zip Code	Rent/Own
		<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other

From: (month/year)	Physical Address	City
To: (month/year)	County, State, Zip Code	Rent/Own
		<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other

From: (month/year)	Physical Address	City
To: (month/year)	County, State, Zip Code	Rent/Own
		<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other

From: (month/year)	Physical Address	City
To: (month/year)	County, State, Zip Code	Rent/Own
		<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other

From: (month/year)	Physical Address	City
To: (month/year)	County, State, Zip Code	Rent/Own
		<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other

I have read and understand this page: (initials) _____

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.**

From:	To:	Employer	Gaming Related
			<input type="checkbox"/> Yes <input type="checkbox"/> No
Full Address		City, State	Telephone Number
Title		Description of Duties	
Supervisor		Reason for Leaving	

From:	To:	Employer	Gaming Related
			<input type="checkbox"/> Yes <input type="checkbox"/> No
Full Address		City, State	Telephone Number
Title		Description of Duties	
Supervisor		Reason for Leaving	

From:	To:	Employer	Gaming Related
			<input type="checkbox"/> Yes <input type="checkbox"/> No
Full Address		City, State	Telephone Number
Title		Description of Duties	
Supervisor		Reason for Leaving	

From:	To:	Employer	Gaming Related
			<input type="checkbox"/> Yes <input type="checkbox"/> No
Full Address		City, State	Telephone Number
Title		Description of Duties	
Supervisor		Reason for Leaving	

I have read and understand this page: (initials) _____

SECTION IV – GAMING RELATED WORK HISTORY CONTINUED

B. Please list all gaming or gaming-related operations/employers you have ***ever*** been employed with that is not listed in the previous section. This would include all previous gaming/gaming-related employment you have held previous to the last five (5) years preceding the date of this application.

From:	To:	Employer	Description of Services Provided by Employer	
Full Address		City, State	Telephone Number	
Title		Description of Duties		
Supervisor		Reason for Leaving		

From:	To:	Employer	Description of Services Provided by Employer	
Full Address		City, State	Telephone Number	
Title		Description of Duties		
Supervisor		Reason for Leaving		

From:	To:	Employer	Description of Services Provided by Employer	
Full Address		City, State	Telephone Number	
Title		Description of Duties		
Supervisor		Reason for Leaving		

From:	To:	Employer	Description of Services Provided by Employer	
Full Address		City, State	Telephone Number	
Title		Description of Duties		
Supervisor		Reason for Leaving		

I have read and understand this page: (initials) _____

SECTION V – BUSINESS AND FINANCIAL INTERESTS

- A. List and describe all existing and previous business relationships with Indian tribes, including ownership interests in those businesses. 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		Tribe
Capacity/Title		Primary Purpose		
Amount of Investment	% Ownership/Shares	Status of Business		

Date From:	Date To:	Name of Business		
Address		City, State		Tribe
Capacity/Title		Primary Purpose		
Amount of Investment	% Ownership/Shares	Status of Business		

- B. List all existing and previous business relationships with the gaming industry generally, including ownership interest in those businesses. 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		Gaming Description
				<input type="checkbox"/> Casino <input type="checkbox"/> Manufacturer
Capacity/Title		Primary Purpose		
Amount of Investment	% Ownership/Shares	Status of Business		

I have read and understand this page: (initials) _____

SECTION V – BUSINESS AND FINANCIAL INTERESTS CONTINUED

Date From:	Date To:	Name of Business		
Address		City, State		Gaming Description
				<input type="checkbox"/> Casino <input type="checkbox"/> Manufacturer
Capacity/Title		Primary Purpose		
Amount of Investment		% Ownership/Shares	Status of Business	

- C. 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		Services Provided
Capacity/Title		Primary Purpose		
Amount of Investment		% Ownership/Shares	Status of Business	

Date From:	Date To:	Name of Business		
Address		City, State		Services Provided
Capacity/Title		Primary Purpose		
Amount of Investment		% Ownership/Shares	Status of Business	

I have read and understand this page: (initials) _____

SECTION VI – FINANCIAL OR OTHER INTEREST IN GAMING ACTIVITIES

A. Has any company listed above 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 - identify business and fully explain below No

B. Have you declared bankruptcy within the last 10 years?

- Yes - identify business and fully explain below No

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

- Yes – fully explain below No

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

- Yes - fully explain below No

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

- Yes - please fully explain below No

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

- Yes - please complete Section IV.B of this Application No

G. Do you have any relatives currently employed by the Osage Casinos? Yes No

For every family member employed by the Osage Casinos, please complete the section below.

Name of Relative	Osage Casinos Facility
Position of Relative	Relationship of Relative

Name of Relative	Osage Casinos Facility
Position of Relative	Relationship of Relative

Name of Relative	Osage Casinos Facility
Position of Relative	Relationship of Relative

I have read and understand this page: (initials) _____

SECTION VII - GAMING LICENSE HISTORY

A. Have you ever applied for or been issued a gaming license by any jurisdiction?

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?
			<input type="checkbox"/> Yes <input type="checkbox"/> No

Type of License	Name of Issuing Jurisdiction		Address
License Number	Date of Issuance	Status of License	Denied, Suspended or Revoked?
			<input type="checkbox"/> Yes <input type="checkbox"/> No

Type of License	Name of Issuing Jurisdiction		Address
License Number	Date of Issuance	Status of License	Denied, Suspended or Revoked?
			<input type="checkbox"/> Yes <input type="checkbox"/> No

Type of License	Name of Issuing Jurisdiction		Address
License Number	Date of Issuance	Status of License	Denied, Suspended or Revoked?
			<input type="checkbox"/> Yes <input type="checkbox"/> 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:

I have read and understand this page: (initials) _____

SECTION VII - OTHER LICENSES

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

Yes No

If yes, please 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?
			<input type="checkbox"/> Yes <input type="checkbox"/> No

Type of License	Name of Issuing Jurisdiction		Address
License Number	Date of Issuance	Status of License	Denied, Suspended or Revoked?
			<input type="checkbox"/> Yes <input type="checkbox"/> No

Type of License	Name of Issuing Jurisdiction		Address
License Number	Date of Issuance	Status of License	Denied, Suspended or Revoked?
			<input type="checkbox"/> Yes <input type="checkbox"/> No

Please list your previous driver’s license numbers for the last (5) five years.

Previous DL Number	State of Issuance

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 below:

I have read and understand this page: (initials) _____

SECTION VIII – EDUCATION

A. Identify the high school where you graduated, include the address, year of matriculation, and the name on the diploma:

High School	Address	City, State
Name on Diploma		Year of Graduation

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

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	

C. List all languages written and/or spoken by you:

I have read and understand this page: (initials) _____

SECTION IX – PERSONAL REFERENCES

List the name, address and current phone number for five (5) 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. Include personal references that were acquainted with you during each period of residence listed under Section III of this Application. **Failure to complete this section will result in your application not being processed.**

Name of Reference	Address	City, State, Zip
Telephone Number	Alternate Telephone Number	Years Known
Occupation	Relationship to Applicant	

Name of Reference	Address	City, State, Zip
Telephone Number	Alternate Telephone Number	Years Known
Occupation	Relationship to Applicant	

Name of Reference	Address	City, State, Zip
Telephone Number	Alternate Telephone Number	Years Known
Occupation	Relationship to Applicant	

Name of Reference	Address	City, State, Zip
Telephone Number	Alternate Telephone Number	Years Known
Occupation	Relationship to Applicant	

Name of Reference	Address	City, State, Zip
Telephone Number	Alternate Telephone Number	Years Known
Occupation	Relationship to Applicant	

I have read and understand this page: (initials) _____

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 bring those documents with you to your appointment.

Definitions:

- **Date of Charge(s):** Refers 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:** Refers to any information, complaint or indictment filed in any tribal, state or federal Court alleging that you have committed any "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, deferred sentences, suspended sentences, 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.

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 at 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 charge that was expunged from your record and it does appear on the FBI report, you may be asked to supply an Order of the Court stating that the matter was expunged.

I have read and understand this page: (initials) _____

SECTION X – CRIMINAL HISTORY

A. 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?

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 may also be required to 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 may result in a rejection of your application for being incomplete.

I have read and understand this page: (initials) _____

SECTION X – CRIMINAL HISTORY

B. Felony Record(s): Are you now or have you ever been prosecuted for 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?
		<input type="checkbox"/> Yes <input type="checkbox"/> No

Date of Charge	Offense Charged	Court – County/City
Sentence		If Incarcerated, Where?
Disposition		Presently on Probation?
		<input type="checkbox"/> Yes <input type="checkbox"/> No

Date of Charge	Offense Charged	Court – County/City
Sentence		If Incarcerated, Where?
Disposition		Presently on Probation?
		<input type="checkbox"/> Yes <input type="checkbox"/> No

Date of Charge	Offense Charged	Court – County/City
Sentence		If Incarcerated, Where?
Disposition		Presently on Probation?
		<input type="checkbox"/> Yes <input type="checkbox"/> No

Explanation:

I have read and understand this page: (initials) _____

SECTION X – CRIMINAL HISTORY

C. Misdemeanor Record(s): Are you now or have you ever been prosecuted for or convicted of any misdemeanor offense, no matter the outcome of the case? Yes No

If **YES**, provide the following information:

Date of Charge	Offense Charged	Court – County/City
Sentence		If Incarcerated, Where?
Disposition		Presently on Probation?
		<input type="checkbox"/> Yes <input type="checkbox"/> No

Date of Charge	Offense Charged	Court – County/City
Sentence		If Incarcerated, Where?
Disposition		Presently on Probation?
		<input type="checkbox"/> Yes <input type="checkbox"/> No

Date of Charge	Offense Charged	Court – County/City
Sentence		If Incarcerated, Where?
Disposition		Presently on Probation?
		<input type="checkbox"/> Yes <input type="checkbox"/> No

Date of Charge	Offense Charged	Court – County/City
Sentence		If Incarcerated, Where?
Disposition		Presently on Probation?
		<input type="checkbox"/> Yes <input type="checkbox"/> No

Explanation:

I have read and understand this page: (initials) _____

**PRIVACY NOTICE
NOTICE TO APPLICANT**

In accordance with 25 C.F.R., Part 556.2, (a) A tribe shall place the following notice on the application form for a key employee or a primary management official before that form is filled out by an 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 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.

(b) A tribe shall notify in writing existing key employees and primary management officials that they shall either:

- (1) Complete a new application form that contains a Privacy Act notice; or
- (2) Sign a statement that contains the Privacy Act notice and consent to the routine uses described in that notice.

(c) All license application forms used one-hundred eighty (180) days after February 25, 2013 shall comply with this section.

Signature of Applicant/Licensee

GL#

Date

NOTICE REGARDING FALSE STATEMENTS

In accordance with 25 C.F.R., Part 556.3 (a) A tribe shall place the following notice on the application form for a key employee or a primary management official before that form is filled out by an applicant:

A false statement on any part of your license application may be grounds for denying a license or the suspension or revocation of a license. Also, you may be punished by fine or imprisonment (U.S. Code, title 18, section 1001).

(b) A tribe shall notify in writing existing key employees and primary management officials that they shall either:

- (1) Complete a new application form that contains a notice regarding false statements; or
- (2) Sign a statement that contains the notice regarding false statements.

(c) All license application forms used 180 days after February 25, 2013 shall comply with this section.

Signature of Applicant/Licensee

GL#

Date

**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 than 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** _____

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

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

I hereby authorize release to both the Osage Nation Gaming Commission (ONGC) and the National Indian Gaming Commission (NIGC) any information requested in order for the ONGC and the NIGC 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.). 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) _____.

On this ____ day of _____, 20____

Signature: _____

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

Notary Public

Commission #: _____
Commission Expiration Date: _____
[Seal]