

License # _____ Position _____ Expiration Date _____

EMPLOYEE GAMING LICENSE RENEWAL FORM

Submit to:

Bay Mills Gaming Commission Compliance Department

Ellen Marshall Building, LL Floor

Phone (906) 248-3241 Fax (906) 248-3876

Extensions 8530, 8531, or 8532

I. PERSONAL INFORMATION

Last Name: _____ First Name: _____

Full Middle Name: _____ Maiden/other names used: _____

SSN: _____ Driver's License: _____

D.O.B: _____ Sex: _____ Phone # (_____) _____

Native American Yes / No If yes please list Tribal Affiliation: _____

Mailing address: _____
Street Address City State Zip

II. MARITAL INFORMATION

If you have been married or divorced in the past 12 months fill out the following information. If not, write "Does Not Apply" and go to section III.

Spouses full name (including maiden): _____

Marriage/Divorce Date: _____ Court: _____ City: _____

Residence: _____
Street Address City State Zip

Telephone # (____) _____ SSN: _____ Birth Date: _____

III. RESIDENCES

If you have moved in the past year, list your new address below and list a reference that was acquainted with you while at each residence. If you have not moved, write "Does Not Apply" and go to section IV.

1. _____
Street Address City State Zip

From _____ to _____ Reference: _____
Full Name

(____) _____
Phone Number Full Address

IV. FAMILY INFORMATION

A. If there have been any other changes in family information (due to marriage, birth, etc.) list below, also include: Step, half, and in-laws. If there have been no changes write Does Not Apply and go to section V.

1. _____
Full Name and Maiden Relationship

Street Address City State Zip

2. _____
Full Name and Maiden Relationship

Street Address City State Zip

B. Please list any other individuals residing in your household. Please specify if they are involved in Gaming either through employment, contract or otherwise (casino, restaurant, hotel.)

1. _____
2. _____

V. ARRESTS, CONVICTIONS, OR CIVIL ACTION *If you are unsure about your answers to any of the questions in this section please contact the Compliance Department for assistance. Your license may be revoked for a false or misleading answers.*

A. In the past year, have you ever been arrested, detained, charged, indicted, or summoned to answer questions for any felony gambling related offense, fraud, misrepresentation or theft crime for any reason whatsoever, regardless of the disposition of the event? _____ **YES** _____ **NO** (Only disclose juvenile records if you were prosecuted as an adult.)

1. Charge: _____ Court Name: _____

City and State Outcome(convicted, dismissed, noli prosequi, etc.) Final Disposition Date
Out come (Dismissal, conviction, expungement, delayed sentence, noli prosequie, etc.) _____

2. Charge: _____ Court Name: _____

City and State Final Disposition Date
Outcome (Dismissal, conviction, expungement, delayed sentence, noli prosequie, etc.) _____

B. In the past year, have you ever been arrested, detained, charged, indicted, or summoned to answer questions for any offense? _____ **YES** _____ **NO** (If yes, provide the following information)

1. Charge: _____ Court Name: _____

City and State Final Disposition Date
Outcome (Dismissal, conviction, expungement, delayed sentence, noli prosequie, etc.) _____

2. Charge: _____ Court Name: _____

City and State

Final Disposition Date

Outcome (Dismissal, conviction, expungement, delayed sentence, noli prosequie, etc.) _____

C. In the past year, have you been involved in any civil litigation? _____ **YES** _____ **NO** (If yes, provide the following)

1. Case Name: _____ Case Number: _____

Outcome: _____ Date: _____

Court Name: _____

City and State

D. Do you have any pending or anticipated civil/criminal action against you? _____ **YES** _____ **NO** (If yes, provide the following.)

1. Action: _____ Date of Action: _____

Court Name: _____

City and State

Police Dept. Name: _____

City and State

E. In the past year, has there been any negative activity on your credit report? _____ **YES** _____ **NO** (If yes, state why.)

_____.

F. In the past year, have you filed for bankruptcy? _____ **YES** _____ **NO** (If yes, answer questions below.)

Chapter: _____ Year: _____ Why: _____

G. Have you lived in Canada in the past year? _____ **Yes** _____ **No** *If yes, please attach a C-PIC.*

H. Have you ever had a non-employee business relationship with an Indian Tribe? _____ **YES** _____ **NO** (If yes, provide business name.) _____

For additional information please list the section number and the information in the space provided below. If more space is needed, attach additional sheets to the renewal form.

Section: _____ Additional Information: _____

Section: _____ Additional Information: _____

RELEASE OF INFORMATION

I understand that the information I supplied in my Renewal Application for an Employee Gaming License will be used by the Bay Mills Gaming Commission to request any documents or other information required to completely investigate my background, including but not limited to, my criminal record, civil and criminal judgements, credit history, education, employment history, personal references, or any other information the Bay Mills Gaming Commission or their agents deems necessary. I authorize any information to be released to the Bay Mills Gaming Commission and agents thereof.

Signature

Date

Witness

Date

NOTICE & AGREEMENT

1. I have read, and I understand the following false statement notice:

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](#)).

2. I have read, and I understand the following Privacy Act notice:

In compliance with the Privacy Act of 1974, the following information is provided: Solicitation of the information on this form is authorized by [25 U.S.C. 2701](#) et seq . The purpose of the requested information is to determine the eligibility of individuals to be granted a gaming license. The information will be used by the Tribal gaming regulatory authorities and by the National Indian Gaming Commission members and staff who have 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 National Indian Gaming Commission 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.

3. I hereby swear that I will abide by all applicable laws, regulations and policies of the Bay Mills Indian Community and the United States.

4. I understand that my employee gaming license will expire on an annual basis, and I understand it is my responsibility to submit a gaming license renewal application two weeks prior to my gaming license expiration date.

5. I understand and agree that failure to report any changes regarding my Personal History Disclosure Form and/or my Renewal Application for an Employee Gaming License may result in the suspension or termination of my employee gaming license.

6. I understand that termination of key employee/primary management official status by my employer, or by my resignation, will terminate my employee gaming license. Subsequently, if I apply for a new gaming license a \$10.00 will be charged.

7. I understand that there will be a \$10.00 fee to replace a lost or stolen gaming license.

8. I understand that the employee gaming license is at all times the property of the Bay Mills Gaming Commission and there will be a \$10.00 fee if I don't return my employee license at the termination of my employment as a key employee/primary management official.

9. I hereby swear that all of the information contained herein is true and correct to the best of my knowledge, information and belief and that I have withheld nothing.

Signature

Date

Witness

Date