



GAMING LICENSE RENEWAL FORM

RENEWAL FEE: \$20 (cash, money order, or payroll deduction only)

Valid MI Driver's License or MI ID required to renew

TYPE OR PRINT CLEARLY IN BLACK INK

Position: _____ Date: _____ Saginaw Chippewa Tribal Member? _____

Name: _____
Last First Middle Race M/F Other names used in the last year

Full time Part time Days Worked: SU M T W TH F SA Shift worked: _____ AM/PM to _____ AM/PM

Social Security # _____ (optional) Driver's License # _____ - _____ - _____ - _____

Gaming License Expiration Date: _____ Date of Birth: _____

Complete Address: _____
Street City State Zip

County: _____ Date moved into current address _____

Home Phone: _____ Department Work Phone: _____

Questions: Answer Yes or No

1. Do you presently have any financial or ownership interest with any gaming business?.....
Does a member of your immediate family have a past or current financial or ownership interest with any gaming business?.....
2. Do you presently hold ownership in a non-gaming business? (include name, address, phone).....
3. Have you applied for a professional or business license in the past 12 months?.....
4. Have you been arrested or charged with any crime in the past 12 months?.....
5. Have you been involved in any civil action (including divorce or financial litigation) in the past 12 months?.....
6. Do you have a pending criminal action against you?.....
7. Have you had any civil judgments against you in the past 12 months?.....
8. Have you had any traffic violations in the past 12 months?.....
9. Have you had any criminal judgments against you in the past 12 months?.....
10. Have you claimed bankruptcy in the past 12 months?.....
11. Have you held any other jobs in the past 12 months? (include company, address, phone, supervisor's name).....
Is there any other information which might bring into question your fitness to serve as a primary management official, key employee, or other employee?.....
12. _____
13. _____

IMPORTANT – If you have answered a “yes” to any of the questions, information that explains your answer must accompany this form; attach a separate sheet.

Return to: **Saginaw Chippewa Tribal Gaming Commission**
7500 Soaring Eagle Blvd.
Mt. Pleasant, MI 48858
989-775-5700

Employee's initial: _____

Office Use Only: Rec'd by: _____

Read each statement CAREFULLY. Applicant must initial after each statement. By placing your initials after each statement, you are attesting to your understanding of and your agreement to abide by the terms of each statement. Applicants are advised that the application for a gaming license is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or the revocation of a license. An applicant for a gaming license is seeking the granting of a privilege, and the burden of proving his or her qualifications to receive such a license is at all times on the applicant.

I hereby swear under oath that if the license I am applying for is granted, I will submit to the jurisdiction of the Tribe and the Tribal Court. (____ initial)

I hereby swear that neither I nor any member of my immediate family has a past or current financial interest, other than a salary interest, in any gaming-related enterprise. (____ initial)

If I have a relative who has a past or current financial interest, other than a salary interest, in any gaming-related enterprise anywhere, I hereby swear that the attached statement is a full disclosure of his/her name and the nature of the relationship. (____ initial)

I hereby agree to be photographed. (____ initial)

I hereby swear under oath that I will abide by all applicable tribal and federal laws, regulations and policies. (____ initial)

I have read, and I understand and approve of 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 USC 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 in a primary management official or key employee position.
(____ initial)

The disclosure of your Social Security Number (SSN) is voluntary. However failure to supply SSN may result in errors in processing your application.

I have read, and I understand and approve of the following False Statement notice:

A false statement on any part of your license application may be grounds for denying of 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).
(____ initial)

I hereby give my permission for the Saginaw Chippewa Indian Tribe of Michigan or its designee to request any documents or other information required to completely investigate my background including, but not limited to, my criminal record, civil and criminal judgments, employment and personal references, and credit history. (____ initial)

A photostatic copy of this authorization and release will be deemed as effective and valid as the original. (____ initial)

I understand that the information I supplied in the Personal History Disclosure Form will be used by the SAGINAW CHIPPEWA GAMING COMMISSION and/or the Division of Licensing and Compliance to request any documents or other information required to completely investigate my background, including but not limited to, my criminal record, civil and criminal judgments, credit history, education, and employment. (____ initial)

I hereby swear that all of the information contained herein is true and correct to the best of my knowledge and that I have withheld nothing. (____ initial)

Signature

Date

Print Name