

Saginaw Chippewa Gaming Commission



Vendor Personal History Disclosure Form

2009

Company Name

NOTICE TO APPLICANTS

AUTHORITY:

Under the authority granted to the Saginaw Chippewa Gaming Commission by the Indian Gaming Regulatory act, the Tribal/State Compact, Saginaw Chippewa Gaming Code, Gaming Commission Policy and Procedures. The Saginaw Chippewa Gaming Commission is the sole licensing authority for the Tribe.

PURPOSE:

To protect the tribe, employees, patrons, and the public by ensuring that gaming facilities remain free from criminal activities and corruptive elements. The required information is used to determine the suitability of the applicant on whether or not to be licensed as a vendor.

BURDEN OF PROOF:

An applicant is seeking the granting of a privilege. The burden of proving the applicant's information is at all times on the applicant.

DISCLOSURE OF INFORMATION:

An applicant may be subject to denial or other action for failing to provide all information, documentation, and assurances as required or requested, or failing to reveal any material facts, or providing misleading or untrue information. The Gaming Commission reserves the right to request additional information at any time.

The Gaming Commission reserves the right to utilize an outside court retriever.

WAIVER OF CLAIM FOR DAMAGES:

An applicant accepts any risk of adverse reaction, financial loss, or public notice which may result from any action taken with respect to an application. By filing an application, an applicant expressly waives any claim for damages as a result of any action taken with respect to that application.

WITHDRAWAL OF AN APPLICATION:

An Application may not be withdrawn without the permission of the Gaming Commission.

NOTICE REGARDING FALSE STATEMENTS:

In signing this application, I understand that false or misleading statements on any part of the application may be grounds for denial or revocation of a Gaming License.

USE OF INFORMATION PROVIDED ON APPLICATION:

The information is requested to determine the eligibility of individuals/entities to do business with the tribal gaming operation. The information will be used by the Gaming Commission and staff in performing their official duties. The information may be disclosed to the appropriate federal, tribal, state, local, or foreign law enforcement and regulatory agencies when relevant to civil, criminal, or regulatory investigation or prosecutions, or when pursuant to a requirement by the Gaming Commission in connection with issuance or revocation of a gaming license, or investigation of activities while associated with the Tribe or the Tribal gaming operation. Failure to consent to the disclosures requested in this application may result in the Tribe being unable to do business with you and your company. **The Gaming Commission reserves the right to utilize an outside court retriever.**

CONFIDENTIALITY STATEMENT:

All employees of the Saginaw Chippewa Indian Tribe are required to sign a confidentiality statement to protect all entities involved. All personal information is kept confidential within the Gaming Commission.

LICENSE FEES:

The level of fees for issuance of a gaming license, and the payment of such fees, shall be in accordance with tribal regulations. In addition to the application fees, the applicant will be billed for any additional costs incurred by the Gaming Commission during the course of the background investigation.

SPECIAL INSTRUCTIONS:

- Each question **must** be answered.
- Applicant must initial each page and all attachments are signed and dated.
- Please type or print all answers. Do not use pencil. Failure to do so will cause delays and/or denial of your application.
- If needed, attach additional documents or explanation sheets.
- All required attachments and lists must be submitted with the application and be legible.
- Application fees must be submitted with the application and the check or money order made payable to "The Saginaw Chippewa Indian Tribe"
- **Any changes to the application may render the application null and void.**

WHO SHOULD COMPLETE AN APPLICATION:

All Principals/Key persons of vendors providing goods or services to the Tribal gaming operation should complete the license application. For the purpose of this application, "Principals/Key persons" include (i) each of its officers and members on the Board of Directors; (ii) each of its principal management employees, including any Chief Executive Officer, Chief Financial Officer, Chief Operating Officer or their respective equivalents, or general managers; and (iii) each of its substantial owners who own more than 15% of the shares of the corporation for a gaming vendor and 30% of the shares of the corporation for a non-gaming vendor.

Any business which holds 10% or more interest in this company.

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Attach a copy of the following documents to this form:

- A. Birth Certificate
- B. Social Security Card
- C. Drivers License
- D. Tribal Card (if applicable)
- E. Appropriate alien registration (if not a U.S. Citizen) or work visa
- F. DD-214 (if applicable)

All persons completing this Personal History Disclosure Form must submit a recent wallet-size photograph with the application.

The original Personal History Disclosure Form must be submitted to the Saginaw Chippewa Gaming Commission Vendor Licensing Department. We recommend that you keep a copy of this form for your records.

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**NOTICE TO
VENDOR LICENSEES**

The purpose of this notice is to advise that all applicants for vendor licenses are individually checked for criminal convictions, as well as, credit history.

Do not misstate or omit any material facts, as each statement made herein is subject to verification.

Your failure to truthfully disclose any such convictions, either for yourself or your spouse, may result in the denial of a vendor license.

Similarly, your failure to provide all of the details of ANY criminal charge and/or convictions, such as the date of the charge/conviction, the offense of which you were convicted, the Court location where you were convicted, and the disposition made by the Court in your case (i.e. case dismissed, 30 days, \$50.00 fine, probation, etc.) will also be cause for the denial of a vendor license.

Any falsification, omission, or untruthful answer to any question on the application will result in the denial of a vendor license.

Signature

Date

I. PERSONAL INFORMATION

Last Name: _____ First Name: _____

Middle: _____ Maiden name or other names used: _____

Sex: Male or Female

Date of Birth: _____ Place of Birth: _____

Country of Citizenship: _____

Social Security Number: _____

Driver's License Number: _____ List all States where Drivers Licenses were
Obtained for the past ten (10) year _____.

Telephone Number: (_____) _____

Race: _____ Native American, if checked, specify Tribal Affiliation: _____

_____ White _____ African American _____ Hispanic

_____ Asian _____ Other: _____

Languages spoken or written:

_____ English

_____ Other _____

_____ Other _____

_____ Other _____

_____ Other _____

II. MARITAL INFORMATION

A. Status:

Single _____ Divorced _____

Married _____ Widowed _____

Separated _____ Engaged _____

B. Current Marriage:

Date: _____

City _____ State _____ County _____

Spouses Full Name:

Maiden Name: _____ First Name: _____

Middle Name: _____ Other Names Used: _____

Social Security Number: _____

Date of Birth: _____ Place of Birth: _____

Residence: _____
Street Address City State Zip

Telephone Number: (_____) _____

III. FAMILY INFORMATION

List the names and addresses of your Parents, Grandparent, Children, Brothers, and Sisters, including Step, Half, and In-laws.

1. _____
Full Name Including Maiden Relationship
_____, _____
City State Zip

2. _____
Full Name Including Maiden Relationship
_____, _____
City State Zip

3. _____
Full Name Including Maiden Relationship
_____, _____
City State Zip

4. _____
Full Name Including Maiden Relationship
_____, _____
City State Zip

5. _____
Full Name Including Maiden Relationship
_____, _____
City State Zip

Please list any other individual, not listed above, residing in your household. Please provide their relationship to you. Please specify if they are directly or indirectly involved in the business.

1. _____

2. _____

3. _____

IV. Residences

List all residences you have had for the last 10 years. Also list a reference (may be, but does not have to be, a landlord, roommate, neighbor, etc.) who was acquainted with you while at each residence.

1. _____, _____
Street Address City State Zip

From: _____ To _____ Own: _____ Rent: _____
Month/Year Month/Year

Reference: _____
Last Name First Name Telephone Number

Street Address City State Zip

2. _____, _____
Street Address City State Zip

From: _____ To _____ Own: _____ Rent: _____
Month/Year Month/Year

Reference: _____
Last Name First Name Telephone Number

Street Address City State Zip

3. _____, _____
Street Address City State Zip

From: _____ To _____ Own: _____ Rent: _____
Month/Year Month/Year

Reference: _____
Last Name First Name Telephone Number

Street Address City State Zip

If more space is needed use the continuation sheet.

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If you had, an ownership or directorship interest in any gaming business, provide the following:

1. _____
Name of the Gaming Business Position Held Date Employment began and ended

Street Address City State Zip

Describe your responsibilities and ownership interest:

Have you ever had a non-employee business relationship with an Indian Tribe? _____ Yes _____ No

If Yes:

Name of the Tribe Type of relationship

Tribal reference Telephone Number

Street Address City State Zip

VII. FINANCIAL INFORMATION

A. Please attach copies of the last three (3) years personal income tax returns.

Tax Returns Attached? Yes _____ No _____

If above answer is No, Please explain _____

B. Please attach a current Personal Financial Statement / Net Worth Statement.

Financial Statement / Net Worth Statement Attached? Yes _____ No _____

C. Please provide detail on all personal loans acquired in excess of \$10,000. Include information regarding the loan provider(s), terms of the loan, current balance and maturity date.

D. Please list all loans made to others in excess of \$10,000.00. Include information regarding the loan recipient(s), terms of the loan, current balance and maturity date.

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VIII. ARRESTS, CONVICTIONS, OR CIVIL ACTIONS

A. Have you ever been arrested, detained, charged, indicted, convicted or summoned to answer for any gambling related offense, fraud, misrepresentation or a felony theft crime for any reason whatsoever, regardless of the disposition of the event? _____ Yes _____ No.

1. Charge: _____

Court Name: _____ City and State: _____

Outcome: _____ (State if convicted, dismissed, nolle prosequi, expunged, delay of sentence, youthful trainee act)

Date of Final Disposition: _____ (If needed add attachments)

B. Have you ever been involved, either as a plaintiff or as a defendant in any Civil Action? _____ Yes _____ No

1. Action: _____ Date of Action: _____

Court Name: _____ City and State: _____
(If needed add attachment)

C. Have you ever filed for bankruptcy? _____ Yes _____ No

1. Case Number: _____ Judgment: _____

Court Name: _____ City and State: _____

Within that past five years, have you ever been turned over to a collection agency? _____ Yes _____ No

IX. LICENSES

A. List ALL Gaming Licenses held/denied or applied for as attachments.

B. Please list all Concealed Weapons Permit (CCWs).

CCW Permit Number	Permit Location

C. Do you have any current Gun Registration Certificates? _____ Yes _____ No

If yes: Please attach copies of these Certificates.

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REQUEST TO RELEASE INFORMATION

Read each section carefully and initial each of the following statements. The committing official's signature on the bottom indicates agreement with statement.

I understand that the information supplied in the Corporate Disclosure Form will be used by the SAGINAW CHIPPEWA GAMING COMMISSION to request any documents or other information required to completely investigate the company's background, including but not limited to, criminal matters, credit history, or any other information the SAGINAW CHIPPEWA GAMING COMMISSION deems necessary. I authorize any information to be released from any originator or holder of such information to the SAGINAW CHIPPEWA GAMING COMMISSION. Further, it is understood and agreed to hereby release, remise, and forever discharge the person to whom this request is presented, and his agents and employees from all manner of actions, causes of action, suits, debts, judgments, executions, claims, and demands whatsoever, known or unknown, in law or equity, which I/we ever had, now have, may have, or claim to have against the person to whom this request is presented or his agents or employees arising out of or by reason of complying with this request. _____ (Initial Here)

I agree to indemnify and hold harmless the person to whom this request is presented and his agents and employees from and against all claims, damages, losses, and expenses, including reasonable attorney's fees arising out of or by reason of complying with this request. _____ (Initial Here)

I understand that a false statement on any part of this application is grounds for not granting a Vendor License (Gaming or Non-Gaming), or for revoking any Vendor License (Gaming or Non-Gaming) granted by the SAGINAW CHIPPEWA GAMING COMMISSION. I also understand that making a false statement may be punishable by fine or imprisonment under 18 U.S.C. 1001. _____ (Initial Here)

I hereby swear that the Company will abide by all application laws, regulations and policies of the SAGINAW CHIPPEWA GAMING COMMISSION and the United States. _____ (Initial Here)

I hereby swear that all of the information contained herein is true and correct to the best of my knowledge, and that nothing has been withheld. _____ (Initial Here)

I understand that a Vendor License (Gaming or Non-Gaming) expires on an annual basis; therefore, I agree to update the Corporate Disclosure Form on an annual basis. _____ (Initial Here)

I understand and agree that failure to report any changes regarding the Corporate Disclosure Form may result in the suspension or termination of the Vendor License (Gaming or Non-Gaming). _____ (Initial Here)

A reproduction of this request by the Xerox or Similar process shall be for all intents and purposes as valid as the original. _____ (Initial Here)

Committing Official Signature

Date _____

Committing Official Printed Name

Committing Official's Position

Company Name

Witness Signature

Date _____

Initial Page Here _____

FINANCIAL RECORDS DISCLOSURE AUTHORIZATION

TO ANY FINANCIAL INSTITUTION:

I authorize and direct you to disclose any and all records, and to deliver true copies thereof, concerning or pertaining in any way to me or to the undersigned business to any law enforcement officer of the SAGINAW CHIPPEWA GAMING COMMISSION, the Office of the SAGINAW CHIPPEWA GAMING COMMISSION, or their authorized agent. Disclosure is authorized for any civil, administrative, or criminal action which may be undertaken by the SAGINAW CHIPPEWA GAMING COMMISSION on against me or any other person or business. Further, I authorize and direct you to honor a true copy of the original of this authorization as if the copy were the original itself.

INTEREST HOLDERS:

List on a separate sheet all holding companies, business organizations, or other entities which hold any financial interest in this company. Include persons and/or companies which may have liens or other financial interest caused by company debt.

NOTICE TO CUSTOMER:

I understand that I may revoke this authorization at any time in writing. Any such revocation shall be sent to the Office of the SAGINAW CHIPPEWA GAMING COMMISSION, certified mail, return receipt requested.

EXECUTED this _____ day of _____

Applicant's Signature

Print Name

Applicant's Title

Subscribed and sworn to before me
this _____

day of _____

at _____, _____
City State

Notary Public (Signature)

Print Name

(SEAL)

My Commission Expires: _____

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**CONSENT TO DISCLOSURE OF
TAX INFORMATION**

I authorize the Internal Revenue Service to disclose any of my returns and return information, as those terms are defined in section 610(b) of the Internal Revenue Code, of the tax year(s) listed below, to any law enforcement officer of the SAGINAW CHIPPEWA GAMING COMMISSION, the office of the SAGINAW CHIPPEWA GAMING COMMISSION or their authorized agent.

I also authorize the Internal Revenue Service to disclose this information to any person to the extent the Internal Revenue Service deems necessary to clarify any matter pertaining to this information that is published, discussed, or otherwise disseminated in the public record.

I am aware that without this authorization, my returns and return information are confidential and are protected by law under the Internal Revenue Code.

Taxpayer's Name

(Please Print)

Social Security Number _____

Address: _____

Tax Year(s) Waived: _____ through _____,
Inclusive (5 years ago today) (today's date)

Taxpayer's Signature:

Date: _____

NOTE: Treasury Regulations require that the Internal Revenue Service must receive your consent within 60 days following the date on which you sign and date the consent.

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