



Application for Class II and/or Key Employee Certification

- Select one:
- Non-Gaming Employee (Class II)
 - Key Employee (Class III)
 - Primary Management Official (Class III)

PERSONAL HISTORY STATEMENT FOR CLASS II, KEY EMPLOYEES AND PRIMARY MANAGEMENT OFFICIALS § 556.2 Privacy 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. 2701et 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 investigation 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.

Name of Casino: The Lucky Dog Casino

Employment Position: Date:

SECTION ONE

Last Name First Name Middle Name (full)

List other names, including maiden name, aliases and previous married names - written or oral

Date of Birth Social Security Number Driver License # for the last 5 years (include State issued)

Place of Birth - City County State Country

Height Weight Hair Color Eye Color Gender Age

Citizen: U.S. Other List all languages (spoken/written):

Are you an enrolled member of a Federally Recognized Tribe? Yes No If yes, name of Tribe:

Have you served in the Military? Yes No Dates of service:

Type of Discharge:

19330 N US HWY 101 • SKOKOMISH NATION • WA • 98584

Phone: (360) 877-9379

Fax: (360) 877-6410

SECTION TWO

Current Street Address City State Zip Code

Home Phone Cell Phone Work Phone E-mail

A. List of Residences - current and previous (5) years from the date of this application

Street Address	City	County	State	From (Month/Year)	To (Month/Year)

SECTION THREE - CIVIL AND CRIMINAL HISTORY

Failure to disclose all criminal history can result in a possible denial of license

A. Have you **ever** been **charged or convicted** of, or are you currently being prosecuted for any **felonies**? Yes No

If you checked **Yes**, list the charge, date, city, name and address of the courts involved and disposition - use separate sheet for continuation

B. Have you **ever** been **charged or convicted** of any **misdemeanor** (excluding minor traffic infractions)? Yes No

If you checked **Yes**, list the charge, date, city, name and address of the courts involved and disposition - use separate sheet for continuation

C. Do you have any past, pending, or anticipated **civil actions** against you? Yes No

If you checked **Yes**, list the charge, date, city, name and address of the courts involved and disposition - use separate sheet for continuation

SECTION FOUR

A. Employment History - Provide information concerning your employment history for the past 5 years, include information regarding gaps in employment - use separate sheet for continuation.

Name of Employer	Address	Phone	Position Held	From (Mo/Yr)	To (Mo/Yr)

B. Personal Businesses - List any business you have owned or had interest in, its address, your ownership interest or position held within the last 5 years - use separate sheet for continuation

Name of Business	Address	Own/Interest/Position	From (Mo/Yr)	To (Mo/Yr)

C. Personal References - List the names, current addresses and phone numbers of a minimum of **three** personal references. Include one personal reference who was acquainted with you during each period listed in Section Two-A (each residence) and Section Four-B (businesses you owned or had interest in) - use separate sheet for continuation

Name	Address (including city, state and zip)	Phone #'s

D. Previous Tribal or Gaming Relationships - Describe any previous business or employment relationships with Indian Tribes or the Gaming Industry, including ownership interests in those businesses (include the name and address of the person who may attest to the accuracy of the information provided)

E. Financial or Any Other Interest in Gambling Activities - Indicate by answering the following questions as to whether or not you, or any member of you immediate family, have a financial interest, other than a salary interest, in any gaming related enterprise anywhere:

1. Have you invested or loaned money, have an option to purchase, or have a contract for service to any gambling facility or activity? Yes No
2. Do you have ownership interest in equipment being leased or otherwise provided to any gambling facility? Yes No
3. Do you have investment or ownership interest in any business involved in game related activities? Yes No
4. Do you receive any revenue or payments or money from any person who is involved in gaming related activities? Yes No
5. Have you ever worked in any capacity for a gambling operation? Yes No

Please explain all Yes answers (use separate sheet for continuation)

F. Family Members - Include name and address of any relative currently employed by the Lucky Dog Casino or the Skokomish Tribal Gaming Agency or Commission (use separate sheet for continuation)

G. Gaming License - Have you ever applied for a permit or license related to gaming? Yes No

If you answered **Yes**, provide the following information (continue on separate sheet for each additional license)

Type of License Issued	State	Agency Issuing License
Address	Phone Number(s)	

Have you ever been **denied** a permit or license related to gaming? Yes No

If license was **revoked**, provide details

Have you ever held or applied for a **professional or business license** with any regulatory agency? Yes No

If you answered **Yes**, list the name and full street address of each licensing or regulatory agency and whether those licenses were granted (use separate sheet for continuation)

SECTION FIVE

A. Education

High School	Address	Grad Year

If you **did not** finish High School, did you pass a General Education Development (GED) test? Yes No

College, Technical, Business, Trade Schools	Address	Grad Year

List degrees and training certificates

If a license is issued, I will submit to the jurisdiction of the Skokomish Tribe and the Skokomish Tribal Court.

I will abide by the Skokomish Gaming Code and all other applicable laws.

I certify that all statements made by me in this document are true, complete and correct to the best of my knowledge and believe they are made in good faith. I am aware that the purpose of this investigation is to establish suitability for a gaming license. I authorize and grant my consent to permit any Law Enforcement Agency and any other person, business or agency deemed necessary to release any information to the Skokomish Tribal Gaming Commission.

§ 556.3 Notice regarding false statements.

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).

Print Name: _____
Last Name *First Name* *Full Middle*

Date of Birth: _____

Signature: _____ **Date:** _____

Please note: In order to process this application, the final two pages must be notarized

National Indian Gaming Commissions

Authorization for Release of Information

Presented to: **Skokomish Tribal Gaming Commission**

I, _____
(Print or type applicant's name)

Hereby authorize release to the National Indian Gaming Commission (NIGC) any information requested in order for 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 a 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 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 interest (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 rights 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 of 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 person 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 before me on this

_____ day of _____, 20 _____.

_____, Notary Public

[Seal]

My commission expires _____



Skokomish Tribal Gaming Commission
Release of Information Authorization

Phone (360) 877-9379
Fax (360) 877-6410

I, _____
(Print or type applicant's name)

Hereby authorize any investigator, special agent, or other representative of the United States Department of the Interior, the Federal Bureau of Investigation, or any Tribal, State or local law enforcement or investigatory agencies, in order to determine my suitability for involvement in Indian gaming, to obtain any information requested related to my activities including employment, schools, criminal justice agencies, financial or lending institutions, residential management agents, businesses, regulatory agencies, property interests (real or personal), medical institutions, hospitals and health care professionals, and other sources. This information includes, but is not limited to, my academic, residential, performance, disciplinary, financial, employment, and criminal history records, whether or not such information would otherwise be protected from disclosure by any constitutional statutory or common law privilege.

I authorize custodians of such records and sources of information to release such information, including permitting the review and copying of any and all documents, records or correspondence pertaining to me, upon request of the representative of the agencies listed above, regardless of any previous agreement to the contrary.

I do, for myself, my heirs, administrators, successors and assigns, hereby release, remise, and forever discharge any person to whom this request is presented and his agents and employees from any and all manner of actions, causes of actions, suits, debts, judgments, executions, claims, and demands whatsoever, known or unknown, in law or equity, which I ever had, now have, may have, or may claim to have against such person or his agents or employees arising out of or by reason of complying with this request.

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 this document.

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

I understand that the information released by records custodian and other sources of information is for a required background investigation to process my license application for gaming employment or management, or providing goods or services to a gaming operation.

I, the Applicant, have read this release and understand all of its terms. I execute it voluntarily and with full knowledge of its significance.

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

Executed at (City) _____, (State) _____

On this _____ day of _____, 20 _____.

Signature _____

Subscribed and sworn before me on this

_____ day of _____, 20 _____.

_____, Notary Public

[Seal]

My commission expires _____