



Personal Information – Review for accuracy.				
If any of the information below is incorrect or missing, please complete a change of information form as soon as possible. Remember, part of your continuing duty to provide information includes keeping your contact and other information up to date with the Gaming Commission.				
Last Name	First Name	Middle Name	Maiden Name	DOB
Address		Address 2		
State	City	Zip Code	Home Phone	Mobile Phone
E-mail				SSN
Position	Department		Tier	Lic. No.
Tribal Affiliation (if any)				
I have reviewed the personal information above and my initials attest that it is true and accurate to the best of my knowledge.				Initial Here

Disclosures – Answer all questions.		
If you answer “yes” to any of the questions below, provide an explanation. Please attach a separate sheet, if needed.		
1.	Are you presently associated with any non-gaming businesses, corporations or partnerships whether as an owner, officer, director, active shareholder of 10% or more or partner?	☐ YES ☐ NO
2.	Do you have any business relationships with any Indian Tribe, including any ownership interests in any business?	☐ YES ☐ NO
3.	Do you have any business relationships with the gaming industry, including any ownership interests in any business?	☐ YES ☐ NO
4.	Have you applied for a professional or business license in the past 12 months?	☐ YES ☐ NO
5.	Have you had any disciplinary action or status changes in any profession or business license in the past 12 months?	☐ YES ☐ NO
6.	Have you been arrested or charged with any crime in the past 12 months?	☐ YES ☐ NO
7.	Do you have any pending criminal action against you?	☐ YES ☐ NO
8.	Have you claimed bankruptcy in the past 12 months?	☐ YES ☐ NO
9.	Have you been involved in any civil action (including divorce or financial litigation) in the past 12 months?	☐ YES ☐ NO
10.	Have you had any civil judgments against you in the past 12 months?	☐ YES ☐ NO
11.	Have you held any other jobs in the past 12 months?	☐ YES ☐ NO
12.	Have your state or federal income tax returns from the previous year been audited, adjusted or delinquent?	☐ YES ☐ NO
Explanation of Yes answer above:		

Releases – Read each statement CAREFULLY. Initial after each statement, by initialing after each statement you are attesting to your understanding or and your agreement to abide by the terms of each statement.	
Release	Initial
I hereby authorize the Gun Lake Tribal Gaming Commission, a regulatory agency of the Match-E-Be-Nash-She-Wish Band of Pottawatomini Indians, a federally recognized sovereign Indian tribe (the “Tribe”), to conduct an investigation of my background to establish my suitability to be employed or retained by the Gun Lake Casino. The investigation will include access to records demonstrating my credit, financial, employment, education, criminal and personal history.	
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.	
I hereby swear under oath that I will abide by all applicable tribal and federal laws, regulations and policies.	
I hereby agree to be photographed.	
I have read, 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 the Indian Gaming Regulatory Act, 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 Gun Lake Tribal Gaming Commission and by the National Indian Gaming Commission and their 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 or regulatory agencies when relevant to civil, criminal or regulatory investigations or prosecutions or when pursuant to a requirement by a tribe or by 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, or for any position.	
The disclosure of my Social Security Number (SSN) is voluntary. However, failure to supply a SSN may result in errors in processing your application.	
In signing this application, I understand and acknowledge that a false statement on any part of the application may be grounds for denying a license or grounds for the suspension or revocation of a license. Also I understand and acknowledge that I may be punished by fine or imprisonment. (U.S. Code, Title 18, Section 1001)	
I hereby swear that all of the information contained herein is true and correct to the best of my knowledge and that no pertinent information has been withheld.	

Authority:

The Indian Gaming Regulatory Act, 25 U.S.C. §2701 et seq.; CRF §556 et seq.; and the Tribal Gaming Ordinance.

I hereby affirm that all the information provided in this renewal application is accurate.

Printed Name

Signature/Date