



## Gaming License Application Summary – Vendor Individual

Please carefully review all the forms found in this packet. Follow all instructions and fill in all information completely and legibly.

The following documents must be included when you turn in your completed Gaming Application:

- One passport quality photo attached to page 1 of the application.
- Valid state identification card: driver's license or state ID.
- If you are a citizen of any federally recognized tribe, you must supply a valid tribal identification card.
- Second form of identification, e.g. tribal ID, social security card, birth certificate, passport.
- If you have served in the military, you must supply your "Service 2" or "Member 4" copy of your most recent DD-214 (the copy must contain the nature and type of discharge).
- If applicable, you must supply court documents for any civil or criminal case, e.g. Discharge of Probation, Order after Sentencing, Garnishments, and Judgments.
- If you have filed for bankruptcy, you must submit the Discharge of Debtor.
- The Authorization for Release of Information must be notarized.
- 3 Completed Licensing Personal Reference Questionnaires. Note: references are subject to verification at any time.

The Gaming License application fee for vendor individuals is: \$200.



### **Vendor Individual Gaming License Eligibility**

Thank you for your interest in working with the Gun Lake Casino. The Gun Lake Casino is regulated by the Gun Lake Tribal Gaming Commission along with State and Federal agencies. The application fee for individual vendor employees who are licensed is \$200 per licensee. This is in addition to the \$2,500 fee assessed for a vendor company license.

Every person who is employed at Gun Lake Casino as well as the principles of a licensed vendor and vendor employees with access to gaming areas is required to obtain and maintain a Gaming License, which is issued by the Gun Lake Tribal Gaming Commission. Certain things in your background might prevent you from being eligible for a Gaming License. Examples include:

- Any falsification or omission on your Gaming License Application.
- Any felony convictions in the last 10 years.
- Misdemeanor convictions in the last 10 years that involve theft, violence or moral turpitude.
- Conviction of any crime involving gambling, fraud, theft or embezzlement.
- Any outstanding criminal warrant.
- Unpaid child support obligations or arrearages over \$5,000.
- Unpaid federal or state taxes over \$5,000.
- Any requirement that you register under MCL 28.722 or register with the Gun Lake Tribe Public Safety Department pursuant to the Gun Lake Tribe Sex Offender Registry Ordinance or any similar sex offender registration law.
- Any bankruptcy case that has not been discharged or resolved. Bankruptcies that are not discharged or resolved must be explained in writing to the Tribal Gaming Commission.
- Any previous revocation of a gaming license by another agency.

Please note that each applicant's license eligibility is decided on a case by case basis.

If you have any questions or concerns, please do not hesitate to call or email the Licensing department.



Gun Lake Tribal Gaming Commission | Licensing Department

1123 129<sup>th</sup> Ave. Wayland, MI 49348 | {p} 269.792.1777 {f} 269.792.4119 | www.gltgc.org

### **Continuing Duty to Provide Information Acknowledgment**

It is the responsibility of each licensee to notify the Gun Lake Tribal Gaming Commission of all changes that affect or could affect his or her Gaming License. This includes personal information changes such as address, telephone number, name, divorce and marriage. Financial issues such as bankruptcy, tax liens, garnishments and judgments. Finally, legal action resulting in arrest, criminal charges, convictions or civil actions. When in doubt, notify.

Please be aware that the Commission and the Casino are separate entities. Reporting to the Casino's Human Resource department does not constitute notification of the Commission.

Your Gaming License must be kept on your person at all times while working at the Gun Lake Casino and must be produced upon request.

If any information provided on the application changes or becomes inaccurate in any way, the applicant or licensee must notify the Gun Lake Tribal Gaming Commission of any change within five (5) business days. If the Gaming Commission requests information, and the applicant or licensee refuses or fails to comply with such request, the Gaming Commission may deny, revoke or suspend the Gaming License.

Please contact the Gaming Commission Licensing Department between the hours of 8:00 a.m. and 5:00 p.m. Monday through Friday with any questions or to update your information.

**Completed applications are accepted Monday thru Friday from 8:00 AM until 4:45 PM.**

I have read and understand the above requirements.

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Printed Name

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Signature/Date



Gun Lake Tribal Gaming Commission | Licensing Department

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### **Gaming License Privilege Acknowledgment**

Issuance of a Gaming License by the Gun Lake Tribal Gaming Commission is a privilege, not a right, and is subject to denial, suspension or revocation at any time. No license or license renewal will be issued or maintained that would place the Tribe, the Commission or the tribal gaming operation in violation of any applicable law or regulation. A Gaming License or finding of suitability is subject to renewal by the Gun Lake Tribal Gaming Commission on an annual basis.

A person must be of good character, honesty, and integrity to be found suitable for a Gaming License. Licenses are issued only to those individuals whose prior activities, criminal record, reputation, habits, and associations do not pose a threat to the public interest or to the effective regulation and control of gaming, and do not create or enhance the dangers of unsuitable, unfair, or illegal practices, methods, or activities in the conduct of gaming, or the business and financing arrangements incidental thereto.

Any failure to maintain the qualities and standards referenced herein may result in the suspension, revocation or denial of the Gaming License issued by the Commission.

I have read and understand the above requirements.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature/Date



Gun Lake Tribal Gaming Commission | Licensing Department  
1123 129<sup>th</sup> Ave. Wayland, MI 49348 | {p} 269.792.1777 {f} 269.792.4119 | www.gltgc.org

## Gun Lake Tribal Gaming Commission License Application Form

Attach One Passport Quality  
Photo Here

Write your name on the  
back of the photo

### License Application Notice

By completing and signing this application, you hereby authorize the Gun Lake Tribal Gaming Commission as the regulatory agency of the Match-E-Be-Nash-She-Wish Band of Pottawatomi Indians, a federally recognized sovereign Indian tribe (the "Tribe"), to conduct an investigation of your background to establish your suitability to be employed or retained by the Gun Lake Casino. The investigation will include access to records demonstrating your credit, financial, employment, criminal and personal history.

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

**Purpose:** To protect the Gun Lake Casino, its employees, patrons, and the public by ensuring that all gaming activities are free from criminal activities and corrupt influences. The required information is used to determine the suitability of the applicant to be licensed for employment at the Gun Lake Casino.

**Disclosure of Information:** Your gaming license application may be subject to denial, revocation, suspension or other adverse action if you fail to provide all information, documentation, and assurances as required or requested, or if you fail to disclose any material facts, or provide misleading or deceptive information. The Commission reserves the right to request additional information at any time. The disclosure of your Social Security Number (SSN) is voluntary. However, failure to supply a SSN may result in errors in processing your application.

**Waiver of Claim for Damages:** By making an application for a gaming license, you accept all risks of adverse reaction, financial loss, or public notice, which may result from any action taken or not taken with respect to the background investigation, and you expressly waive any claim for damages as a result of any action taken or not taken with respect to the investigation or the gaming license application.

**Notice Regarding False Statements:** In signing this application, you 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, you understand and acknowledge that you may be punished by fine or imprisonment. (U.S. Code, Title 18, Section 1001)

**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.

**Identification Requirements:** Proof of your identity will be required, in two forms of the following official documents: ●Valid Birth Certificate; ●Social Security Card; ●Tribal Identification Card; ●Valid driver's license; ●State identification card; ●Valid passport; or ●Alien registration card, if you are a registered alien.

Processing of your Gaming License Application requires full and complete disclosure. Do not falsify, misstate or omit any material fact. Each statement made in this Application is subject to verification. Any corrections, changes or other alterations must be initialed and dated by the Applicant. Each page, including additional pages, must be initialed in the lower right hand corner. By placing your initials on each page, you are attesting to the truth, accuracy and completeness of the information contained on that page.

You are advised that this Application is an official document, and that any misrepresentation or any failure to disclose requested information may be grounds for denial, suspension or revocation of a gaming license.

Notarize the Authorization for Release of Information form.

Position Applied for and Date	
Date of Application	Position Applied For (Department and Title)

Personal Information: If any section below does not apply to you, please enter NA in the field. All fields must be completed. When submitting this application, bring your driver's license/state ID with you for verification and attach a copy to this application.				
Last Name	First Name	Middle Name (if none, enter NMN)		
Current Address		Mailing Address (if different)		
Alias(es), nicknames, maiden name, other names changes (legal or otherwise) and dates used.				
Eye Color	Hair Color	Height	Weight	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Distinguish Marks (scars, tattoos, etc.). Describe and indicate location.				
Date of Birth	Place of Birth (City, County, State and Country)			
Driver's License (or State ID) Number	State Issued	Expiration Date	Social Security Number	
Home Phone	Mobile Phone	Email Address		
List all foreign languages, indicate whether spoken, written or both and level of proficiency.				

Tribal Affiliation: If you are a citizen of a North American recognized tribe, bring your tribal ID when you submit the application, and attach a copy.			
Affiliation Type <input type="checkbox"/> None <input type="checkbox"/> Citizen	Tribal Name	Tribal Enrollment Number	Tribal City and State

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<b>Citizenship:</b> If not a citizen of the United States, bring your native passport and alien registration card when submitting the application. If a naturalized citizen, bring your US passport and your naturalization certificate. Attach copies to the application.			
Country of Citizenship	Passport Number	Alien Registration Number	Expiration Date
Date Naturalized	Place Naturalized	Naturalization Certificate Number	

**Military Service Information:** If you have served in the military, complete the information below. Bring your original DD-214 and attach a copy to this application.

Branch <input type="checkbox"/> None (Never Served) <input type="checkbox"/> Army <input type="checkbox"/> Navy <input type="checkbox"/> Air Force <input type="checkbox"/> Marines <input type="checkbox"/> Coast Guard <input type="checkbox"/> National Guard	Current Status <input type="checkbox"/> Inactive Reserve <input type="checkbox"/> Active Reserve <input type="checkbox"/> Retired <input type="checkbox"/> Other:	Start Date	EAOS Date
Type of Discharge <input type="checkbox"/> Honorable <input type="checkbox"/> Other:	Rating/Rank at Separation	Locations Stationed	
Detail any offenses you were charged with or disciplined for:			

**Family Members Employed by Casino or Related Enterprises:** Please list all immediate family members employed at the casino or Gaming Commission or any Vendor who does business with the casino.

Name	Relationship	Position	Address

**Residences:** Please list all your residences (current first) for at least the past 5 years.

From	To	Street and Number	City	County and State	Own/Rent
	Present				<input type="checkbox"/> Rent <input type="checkbox"/> Own
					<input type="checkbox"/> Rent <input type="checkbox"/> Own
					<input type="checkbox"/> Rent <input type="checkbox"/> Own
					<input type="checkbox"/> Rent <input type="checkbox"/> Own
					<input type="checkbox"/> Rent <input type="checkbox"/> Own
					<input type="checkbox"/> Rent <input type="checkbox"/> Own

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<b>Applicant's Family Information:</b> Please list your immediate family. Include living parents, grandparents, spouse, children, brothers, sisters, (including step, half, and in-laws). List last occupation and address.			
Relationship	Full Name (Last, First, Middle Initial)	Address	Tribal Affiliation
			<input type="checkbox"/> None <input type="checkbox"/> MBPI <input type="checkbox"/> Other Tribe
			<input type="checkbox"/> None <input type="checkbox"/> MBPI <input type="checkbox"/> Other Tribe
			<input type="checkbox"/> None <input type="checkbox"/> MBPI <input type="checkbox"/> Other Tribe
			<input type="checkbox"/> None <input type="checkbox"/> MBPI <input type="checkbox"/> Other Tribe
			<input type="checkbox"/> None <input type="checkbox"/> MBPI <input type="checkbox"/> Other Tribe
			<input type="checkbox"/> None <input type="checkbox"/> MBPI <input type="checkbox"/> Other Tribe
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			<input type="checkbox"/> None <input type="checkbox"/> MBPI <input type="checkbox"/> Other Tribe
			<input type="checkbox"/> None <input type="checkbox"/> MBPI <input type="checkbox"/> Other Tribe
			<input type="checkbox"/> None <input type="checkbox"/> MBPI <input type="checkbox"/> Other Tribe

**References:** List name, address, and telephone number of at least three (3) personal references who are not related to you. Include at least one (1) reference you were acquainted with during each period of residence above. **Do not include your present employer.**

Full Name (Last, First, Middle)	Phone Number	Address	Years Know



**Employment History:** Beginning with your current (or most recent) employment, list all of your employers, assignments, volunteer activities, military experience, and periods of unemployment during the last 5 years.

Employer Name		Employer Address		Phone Number
Start Date	Stop Date	Job Title	Immediate Supervisor Name and Title	
Reason for leaving				Casino Related <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer Name		Employer Address		Phone Number
Start Date	Stop Date	Job Title	Immediate Supervisor Name and Title	
Reason for leaving				Casino Related <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer Name		Employer Address		Phone Number
Start Date	Stop Date	Job Title	Immediate Supervisor Name and Title	
Reason for leaving				Casino Related <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer Name		Employer Address		Phone Number
Start Date	Stop Date	Job Title	Immediate Supervisor Name and Title	
Reason for leaving				Casino Related <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer Name		Employer Address		Phone Number
Start Date	Stop Date	Job Title	Immediate Supervisor Name and Title	
Reason for leaving				Casino Related <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer Name		Employer Address		Phone Number
Start Date	Stop Date	Job Title	Immediate Supervisor Name and Title	
Reason for leaving				Casino Related <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer Name		Employer Address		Phone Number
Start Date	Stop Date	Job Title	Immediate Supervisor Name and Title	
Reason for leaving				Casino Related <input type="checkbox"/> Yes <input type="checkbox"/> No

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**Business Interests:** List all businesses, corporations and partnerships with which you are currently associated, or with which you have been associated in the past 5 years, whether as an owner, officer, director, active shareholder of 10% or more, partner or other similar capacity. Bring appropriate documentation to attest to the accuracy of this information and attach copies to your application.

Business Name		Your Title	Address and Contact Phone Number		
Dates of Involvement	Primary Purpose		Amount of Investment	Casino Related <input type="checkbox"/> Yes <input type="checkbox"/> No	% Ownership
Business Name		Your Title	Address and Contact Phone Number		
Dates of Involvement	Primary Purpose		Amount of Investment	Casino Related <input type="checkbox"/> Yes <input type="checkbox"/> No	% Ownership

**Tribal Business Interests:** Describe all previous or existing business relationships with any Indian Tribe, including any ownership interest in any businesses.

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**Gaming Business Interests:** Describe any existing or previous business relationships with the gaming industry, including any ownership interests in any businesses.

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**Other Gaming Licenses:** List below any licensing or regulatory agency (tribal, state, or local) to which you have applied for a license, permit, or certificate related to any gaming activity or operation, whether or not such license, permit, or certificate was granted. Include any applications denied, withdrawn, and/or pending. **If none, mark NA.**

Type of Application		Issuing Agency Name	Address and Contact Phone Number		
Dates Held	License/permit/certificate number		Tribe or Issuing Agency	Action Taken	
Type of Application		Issuing Agency Name	Address and Contact Phone Number		
Dates Held	License/permit/certificate number		Tribe or Issuing Agency	Action Taken	
Type of Application		Issuing Agency Name	Address and Contact Phone Number		
Dates Held	License/permit/certificate number		Tribe or Issuing Agency	Action Taken	

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**Other Licenses:** List below any licensing or regulatory agency to which you have applied for a license, permit, registration, or certificate whether or not such license, permit, registration, or certificate was granted. Include any applications denied, withdrawn, and/or pending. **If none, mark NA.**

Type of Application	Issuing Agency Name	Address and Contact Phone Number	
Dates Held	License/permit/certificate number	Tribe or Issuing Agency	Action Taken
Type of Application	Issuing Agency Name	Address and Contact Phone Number	
Dates Held	License/permit/certificate number	Tribe or Issuing Agency	Action Taken
Type of Application	Issuing Agency Name	Address and Contact Phone Number	
Dates Held	License/permit/certificate number	Tribe or Issuing Agency	Action Taken

**Disciplinary Actions:** List below any disciplinary actions ever taken against you, or any such actions pending, for any of the above listed licenses, permits, or certificates? **If none, mark NA.**

Licensing Agency	Date of Action	Nature of Action	Disposition

**Licensing Agency Appearance:** Provide complete details of any appearance before any licensing agency or similar authority, either inside or outside the State of Michigan, for any reason whatsoever. **If none, mark NA.**

**Casino Exclusion or Barring:** Provide complete details of any exclusion or barring from any casino or tribal gaming facility. **If none, mark NA.**

**Felonies:** If you have ever been ARRESTED, CHARGED, PROSECUTED OR CONVICTED in connection with any criminal offense that is a FELONY list the charge, date, city, name/address of the courts involved and the disposition. Felonies includes but are not limited to theft, burglary, embezzlement, falsifying income tax, tax evasion, murder, manslaughter, assault, some DUIs, fraud, possession/use/sale of drugs, etc. In the disposition column, enter dismissed, not guilty, guilty, amount of fine and length and dates of confinement and/or probation. **If none, mark NA.** Bring your discharge of probation/parole or other pertinent paperwork when you submit this application and **attach a copy.**

Date	Arresting Agency and Location	Original Charge	Final Charge (if reduced or amended)	Court Name and Location	Disposition

**Misdemeanors:** If you currently or have within the last 10 years been ARRESTED, CHARGED, PROSECUTED OR CONVICTED in connection with any criminal offense that is a MISDEMEANOR list the charge, date, city, name/address of the courts involved and the disposition. Misdemeanors includes but are not limited to DUI, assault and battery, disorderly conduct, minor shoplifting, property damage, public intoxication, trespassing, etc. In the disposition column, enter dismissed, not guilty, guilty, amount of fine and length and dates of confinement and/or probation. **If none, mark NA.** Bring your discharge of probation or other pertinent paperwork when you submit this application and **attach a copy.**

Date	Arresting Agency and Location	Original Charge	Final Charge (if reduced or amended)	Court Name and Location	Disposition

**Other Crimes:** If you currently or have within the last 10 years been ARRESTED, CHARGED, PROSECUTED OR CONVICTED in connection with any criminal offense that has not been listed above, excluding minor traffic violations, list the charge, date, city, name/address of the courts involved and the disposition. **If none, mark NA.** Bring your discharge of probation or other pertinent paperwork when you submit this application and **attach a copy.**

Date	Arresting Agency and Location	Original Charge (if any)	Final Charge (if reduced or amended)	Court Name and Location	Disposition

**Pardons or Expungements:** If you have received a pardon or expungement of any criminal offense, list the details below. All pardons, expungements, deferred/dismissed charges, and "Sealed" cases, etc. must all be disclosed. **If none, mark NA.** Bring your pardon/expungement or other pertinent paperwork when you submit this application and attach a copy.

Date	Arresting Agency and Location	Original Charge (if any)	Final Charge (if reduced or amended)	Court Name and Location	Disposition

**Civil Plaintiff:** List all civil suits in which you were a plaintiff. Explain and give the case numbers, court name and address. **If none, mark NA.** Provide the appropriate documentation and attach a copy to this application.

**Civil Defendant:** List all civil suits in which you were a defendant and/or occurrences of judgments or liens rendered against you. Explain and give the case numbers, court name and address. **If none, mark NA.** Provide the appropriate documentation and attach a copy to this application.

**Bankruptcy:** List all bankruptcies, filed in any jurisdiction below. Bring your discharge of debtor documentation when you submit this application and attach a copy. **If none, mark NA.**

Date Filed	Date Discharged	Case Number	Jurisdiction Name and Address	Disposition

**Delinquent Taxes:** List all existing and past federal, state or local tax delinquencies. Include details, amounts, dates and status. **If none, mark NA.** Provide the appropriate documentation and attach a copy to this application.

**Other Information:** Please list below any additional information you wish to have considered as part of this application:

I hereby affirm and attest that all this information in this application is complete, correct and accurate.

\_\_\_\_\_ Printed Name

\_\_\_\_\_ Signature/Date



## Gaming License Waiver and Release

I understand that the Gun Lake Tribal Gaming Commission ("Commission") is relying upon each representation, whether oral or written, which I have made in applying to be employed, retained, or licensed to work at the Gun Lake Casino. I acknowledge that the Commission has the right to investigate any relevant information, including but not limited to, my employment history, family history, financial history, educational background, credit history, military history, address history, and arrest and conviction records.

The Federal Fair Credit Reporting Act, consistent with the Consumer Credit Reform Act of 1996, mandates that the Commission make written disclosure, to the applicant, that the Commission may obtain the applicant's consumer credit report for employment and licensing purposes.

I hereby release and agree to hold the Commission, along with its members, employees, officers and agents, harmless from any and all liability, damages, injury and costs (including attorneys' fees) resulting in any way from such investigation or from any legal action arising as a result of actions that are within the scope of this waiver. I acknowledge that the Commission has made no waiver of Tribal Sovereign Immunity in connection with this application or the waiver.

I hereby authorize my former employers, school associates and personal references to provide any information they may have regarding me, whether or not it is in their records. I hereby release each of them and each of their companies, schools and organizations from all claims, damages and liability for their actions in divulging truthful information.

If employed by the Gun Lake Casino as a result of this application, I will observe, uphold and comply with all policies, procedures, rules and regulations of the Gun Lake Casino and of the Commission. I agree to be responsible for any Gun Lake Tribal property issued to me until returned. I agree to submit to drug and alcohol testing as required.

I certify that all statements made by me and records and documents provided by me are true, complete, and accurate to the best of my knowledge. I am aware that the purpose of this background investigation is to determine my suitability to be employed, retained or licensed to work at the Gun Lake Casino. I understand that, in determining my suitability, the Commission, the National Indian Gaming Commission, and/or the State Gaming Agency may request a copy of my consumer credit report. My signature below authorizes the Commission and these agencies to obtain my credit report for such purposes.

I understand that if I make any false statement, or any misrepresentation or omission of fact on any part of the gaming license application, my actions may be grounds for the denial, suspension or revocation of a gaming license, or for finding me unsuitable for a license. I further understand that I may be punished by fine or imprisonment. (U.S. Code, Title 18, Section 1001). I agree to hold the Commission and its officers, employees and agents harmless in that event.

I also understand that the issuance of a Tribal Gaming License will impose on me the responsibility to comply with all applicable gaming laws, regulations and policies. I further understand that any failure to comply with any applicable gaming laws, regulations or policies may result in the denial, suspension, or revocation of a license, the termination of my employment at the Gun Lake Casino, or may result in other sanctions or fines.

I have read and understand the above waiver and release.

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Printed Name

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Signature/Date



**Authorization for Release of Information**

**A reproduction of this authorization is intended to have the same authority as the original.**

Presented To: \_\_\_\_\_  
(leave blank)

I, \_\_\_\_\_, hereby authorize you to release to the Gun Lake Tribal Gaming Commission any information requested by the Gun Lake Tribal Gaming Commission or the National Indian Gaming Commission to determine my suitability for involvement in Indian Gaming. This document authorizes the release of all requested information, whether or not such information would otherwise be protected from disclosure. I agree to accept any risk of adverse public notice, embarrassment, criticism, or financial loss that may result from the disclosure and use of information that is obtained in connection with a background investigation for the purpose stated in this document. It is understood that any information obtained through the use of this release shall be kept confidential by the Gun Lake Tribal Gaming Commission and shall not be disclosed to any person or entity except as required by law.

I authorize release of any information related to my activities and associations, including but not limited to: education, property interests (real and personal), employment, law enforcement and criminal justice agencies, regulatory agencies, businesses, financial institutions, lending institutions, credit records, drug testing, any and all military records, and any civil court records. I authorize the review and copying of all documents. I relinquish any rights that I may otherwise have to pursue any cause of action against any person (or his or her agent) to whom this request is presented when such cause or actions arises out of a response to a request for 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.

Signature of Applicant: \_\_\_\_\_

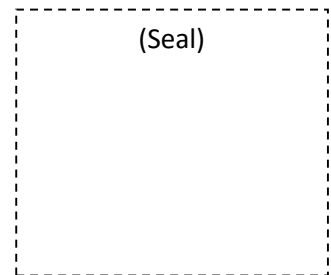
State of: \_\_\_\_\_ County of: \_\_\_\_\_ on \_\_\_\_\_ (Date) before me, \_\_\_\_\_ (Notary

Public) personally appeared \_\_\_\_\_ (Name of Signer) who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her authorized capacity, and that by his/her signature on the instrument, the person executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of \_\_\_\_\_ that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

\_\_\_\_\_  
(Signature of Notary)



Presented by Gun Lake Tribal Gaming Commission:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_





## **Notice to Foreign Gaming License Applicants**

Pursuant to the Gun Lake Tribal Gaming Ordinance and Gun Lake Tribal Gaming Commission Regulations, the Gun Lake Tribal Gaming Commission (“Commission”) requires that all applicants for a license to engage in gaming activity within the jurisdiction of the Gun Lake Tribe (“Tribe”) complete a background investigation. This investigation requires the Commission to review relevant criminal and financial background information.

### **Foreign Applicant Investigation Requirements**

In order to obtain information in an efficient manner for applicants who are not residents of the United States, the Commission requires that all foreign applicants submit requests to approved criminal and financial background investigators in the applicant’s home jurisdiction and direct these agencies or qualified third party firms to forward all results to the Commission. The Commission staff must approve the qualifications of the background investigation providers that will be assisting foreign applicants.

### **Foreign Background Reports – Required Contents and Submission Process**

The background investigations provided to the Commission must contain the following information:

1. A criminal background history of any criminal activity in the applicant’s resident nation, state/province, and local unit of government.
2. A financial credit history for the applicant in the applicant’s resident nation.

Please note that all background investigation reports must be provided directly to the Commission from the background investigation provider. Please direct the background investigation provider to send copies of each required report to the following address:

Gun Lake Tribal Gaming Commission  
Licensing Department  
1123 129th Avenue  
Wayland, MI 49348

Any questions related to the background investigation reports required for foreign gaming license applicants should directed to the Commission at (269) 792-1777.



## LICENSING PERSONAL REFERENCE QUESTIONNAIRE

Gun Lake Tribal Gaming Commission | Licensing Department

1123 129<sup>th</sup> Ave. Wayland, MI 49348 | {p} 269.792.1777 {f} 269.792.4119 | www.gltgc.org

If you would like to expand on the information noted below, please contact the Licensing Department at 269-792-1777.

**Applicant Name:** \_\_\_\_\_

1. What is your relationship to the applicant? \_\_\_\_\_
2. How long have you known the applicant? \_\_\_\_\_
3. Please describe their character: \_\_\_\_\_
4. Do you consider the applicant honest and trustworthy? (If no, please explain why) \_\_\_\_\_  
\_\_\_\_\_
5. How would you describe their financial responsibility? \_\_\_\_\_  
\_\_\_\_\_
6. Has the applicant ever worked with you or for you? If so please list the employer:  
\_\_\_\_\_
7. If you were in the position to give the applicant a job would you? Why or why not? \_\_\_\_\_  
\_\_\_\_\_
8. Please described their use of alcohol or drugs: \_\_\_\_\_  
\_\_\_\_\_
9. To the best of your knowledge, have you ever known this person to have been arrested or involved in any illegal activity? If so, please explain: \_\_\_\_\_  
\_\_\_\_\_
10. To the best of your knowledge, has this person ever been involved in any civil actions or lawsuits? If so, please explain:  
\_\_\_\_\_  
\_\_\_\_\_
11. Does this person associate with anyone of questionable character? If so, please explain: \_\_\_\_\_  
\_\_\_\_\_
12. Do you know of any reason why this person's employment with the Gun Lake Casino should not be continued? If so, please explain: \_\_\_\_\_

Reference Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Reference Name (Printed): \_\_\_\_\_

Contact Number: \_\_\_\_\_