

**PRAIRIE ISLAND INDIAN COMMUNITY GAMING COMMISSION
VENDOR LICENSE DEPARTMENT**

**AUTHORIZATION TO RELEASE INFORMATION FORM
FOR CLASS D LICENSE**

(Distributors or Manufacturers of Gambling
Equipment and/or Video Games of Chance)

The undersigned has filed an application for a Class D gaming license from the Prairie Island Indian Community Gaming Commission ("Commission").

I, the undersigned, authorize the Commission and its agents and representatives to conduct a complete investigation of my background and/or organization. This may include, but is not limited to, obtaining my motor vehicle/driving record, the acquisition of my credit information through the use of a credit reporting agency, criminal history, employment history, educational background, sexual offender records, workers' compensation records, and personal references for verification of character and reputation.

This authorization also authorizes any company, school, organization, person, or reference named or listed on my application for a Class D gaming license to provide any information regarding my employment, character, qualifications, together with any other pertinent information regarding me, whether or not it is in their official records. Moreover, this authorization shall act as a release from liability for any damages for any company, school, organization, person, or reference providing information.

This information is CONFIDENTIAL and for the express purpose of determining my eligibility and suitability for distributing, manufacturing, leasing, or selling gambling equipment and/or video games of chance to the Prairie Island Indian Community and its gaming enterprises.

I, the undersigned, have read this authorization and understand all its terms. I execute it voluntarily and with full knowledge of its significance, this _____ day of _____, 200__.

Print Name

Signature

Sworn and subscribed before me this _____

Day of _____, 200__.

Notary

Return form to: Prairie Island Gaming Commission, Attn: Vendor License Department,
5636 Sturgeon Lake Road, Welch, MN 55089, or fax to: (651) 385-2943.

Vendor Name: _____

FOR USE BY THE VENDOR LICENSE DEPARTMENT ONLY

Date Received: _____ By: _____