

Personal History Statement: Gaming Vendor Applicants for Class D License

Gaming Vendor Applicants for Class D License Applicants are providers who do gaming business with Treasure Island Resort & Casino by distributing or manufacturing gambling equipment and/or video games of chance, or provide gambling supplies and services.

NAME: _____

CURRENT ADDRESS: _____

TELEPHONE #: WORK _____ HOME: _____ FAX: _____

DATE OF BIRTH: _____ PLACE OF BIRTH: _____

SOCIAL SECURITY #: _____ DRIVERS LICENSE #: _____

LIST YOUR RESIDENCES FOR THE PAST 5 YEARS:

CITY	COUNTY	STATE	FROM	TO

HEIGHT: _____ WEIGHT: _____ HAIR: _____ EYE COLOR: _____

GENDER: (Circle one) MALE FEMALE AGE: _____

CITIZEN: U.S. YES NO OTHER: (Specify) _____

ARE YOU NOW OR HAVE YOU EVER BEEN CONVICTED OF, OR ARE YOU BEING CURRENTLY PROSECUTED FOR, A FELONY? (Circle one) YES NO

IF YES, PLEASE LIST CHARGE, DATE, CITY, NAME, AND ADDRESS OF THE COURTS INVOLVED, AND DISPOSITION:

(Use separate sheet for continuation)

Vendor Name: _____

FOR USE BY THE VENDOR LICENSE DEPARTMENT ONLY

Date Received: _____ By: _____

Applicant name _____

HAVE YOU EVER HELD OR APPLIED FOR A PRIVILEGED OR PROFESSIONAL LICENSE WITH ANY REGULATORY AGENCY? (Circle one) YES NO

IF YES, WHAT TYPE OF LICENSE? _____

ARE YOU NOW OR HAVE YOU EVER BEEN PROSECUTED OR CONVICTED OF A MISDEMEANOR (excluding minor traffic violations) WITHIN THE LAST 10 YEARS OF THE DATE OF THIS APPLICATION? (Circle one) YES NO

IF YES, PLEASE LIST CHARGE, DATE, CITY, NAME, AND ADDRESS OF THE COURTS INVOLVED, AND DISPOSITION:

(Use separate sheet for continuation)

ARE YOU NOW OR HAVE YOU EVER BEEN CHARGED WITH ANY CRIME (excluding minor traffic violations) WITHIN THE LAST 10 YEARS OF THE DATE OF THIS APPLICATION THAT IS NOT OTHERWISE LISTED ABOVE? (Circle one) YES NO

IF YES, PLEASE LIST CHARGE, DATE, CITY, NAME, AND ADDRESS OF THE COURTS INVOLVED, AND DISPOSITION:

(Use separate sheet for continuation)

LIST ANY BUSINESS YOU HAVE OWNED OR HAD INTEREST IN, ITS ADDRESS, AND YOUR OWNERSHIP INTEREST OR POSITION HELD WITHIN THE LAST 10 YEARS.

BUSINESS	ADDRESS	OWN/INTEREST /POSITION	FROM	TO

DESCRIBE ANY PREVIOUS OR EXISTING BUSINESS RELATIONSHIPS WITH INDIAN TRIBES OR THE GAMING INDUSTRY, INCLUDING OWNERSHIP INTERESTES IN THOSE BUSINESSES:

Vendor Name: _____

FOR USE BY THE VENDOR LICENSE DEPARTMENT ONLY

Date Received: _____ By: _____

DO YOU HAVE ANY BUSINESS RELATIONSHIPS OR ARE YOU RELATED TO ANY CURRENT EMPLOYEE OF TREASURE ISLAND RESORT & CASINO? IF SO, PLEASE IDENTIFY THE NAME OF EACH INDIVIDUAL AND THE NATURE OF THE RELATIONSHIP:

DO YOU HAVE FINANCIAL OR ANY OTHER INTEREST IN GAMBLING ACTIVITIES? PLEASE INDICATE BY ANSWERING THE FOLLOWING QUESTIONS WHETHER OR NOT YOU HAVE A FINANCIAL INTEREST IN ANY GAMBLING ACTIVITY INCLUDING NON-INDIAN BUSINESS OR INTEREST:

TYPE OF INTEREST HELD: (Circle answer)

YES	NO	1. INVESTED OR LOANED MONEY, HAVE AN OPTION TO PURCHASE, OR HAVE A CONTRACT FOR SERVICE TO ANY GAMBLING FACILITY OR ACTIVITY.
YES	NO	2. HAVE OWNERSHIP INTEREST IN EQUIPMENT BEING LEASED OR OTHERWISE PROVIDED TO ANY GAMBLING FACILITY.
YES	NO	3. HAVE INVESTMENT OR OWNERSHIP INTEREST IN ANY BUSINESS INVOLVED IN ANY ACTIVITIES LISTED ABOVE.
YES	NO	4. DO YOU RECEIVE ANY REVENUE OR PAYMENTS OR MONEY FROM ANY PERSON WHO IS INVOLVED IN THE ACTIVITIES LISTED ABOVE, AS A RESULT OF THE OPERAIOTN OF GAMBLING?
YES	NO	5. HAVE YOU EVER WORKED, IN ANY CAPACITY, FOR A GAMBLING OPERATION?

PLEASE EXPLAIN ALL YES ANSWERS:

HAVE YOU EVER APPLIED FOR A PERMIT OR LICENSE RELATED TO GAMING? YES NO

HAVE YOU EVER BEEN DENIED A PERMIT OR LICENSE RELATED TO GAMING? YES NO

IF YES, PROVIDE THE FOLLOWING INFORMATION:

Type of License: _____ State and/or Tribe: _____

Agency issuing license: _____

Address: _____ Phone #: _____

If license was revoked, provide details: _____

(Use separate sheet for continuation)

Vendor Name: _____

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Date Received: _____ By: _____

I certify that all statements made by me in this document are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I am aware that the purpose of this investigation is to ensure compliance with the Tribal/State compact(s) and the National Indian Gaming Commission rules and regulations on gambling. I authorize and consent to permit any law enforcement agency and any other persons, business or agency deemed necessary, to release any information to any identified law enforcement officer of the gambling enforcement division or the National Indian Gaming Commission, or authorized agent of the Prairie Island Indian Commission.

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

DATE OF BIRTH: ____ / ____ / ____

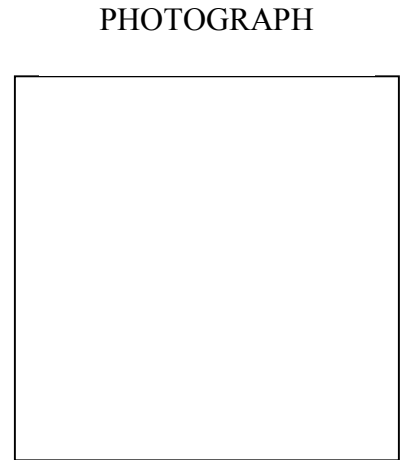
SIGNATURE: _____ DATE: _____

SUBSCRIBED AND SWORN BEFORE ME ON THIS _____ DAY ON THE MONTH OF _____, 200__.

NOTARY PUBLIC

ATTACHMENTS:

- PHOTO
- FINGERPRINT CARD



The Prairie Island Gaming Commission reserves the right to request any additional information relevant to licensing. This information may be requested at any time by the Prairie Island Gaming Commission Vendor License Department.

Return completed form (4 pages) to:

Prairie Island Gaming Commission
Attn: Vendor License Department
5636 Sturgeon Lake Road
Welch, MN 55089

Fax: 651-385-2943

Vendor Name: _____

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Date Received: _____ By: _____