

**INDIVIDUAL HISTORY APPLICATION FORM FOR A
SOUTH DAKOTA TRIBAL GAMING LICENSE**

DO NOT WRITE HERE
FOR OFFICE USE ONLY

CONTROL # _____

South Dakota Commission on Gaming
221 W. Capital Ave, Suite 101
c/o 1320 E Sioux Ave
Pierre, SD 57501-6050
Telephone: 605-773-6050

PLEASE READ: 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. 2701 of seq. The purpose of the requested information is to determine the eligibility of individuals to be employed in a gaming operation. The information will be used by National Indian Gaming Commission 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 and regulatory agencies when relevant to civil, criminal, or regulatory investigations or prosecutions or when pursuant to a requirement by a tribe or the National Indian Gaming Commission in connection with the hiring or firing of an employee, the issuance or revocation of a gambling 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 hire you in a primary management official or key employee position. A false statement on any part of your application may be grounds for not hiring you, or for firing you after you begin work. Also, you may be punished by fine or imprisonment (U.S. Code, title 18, section 1001). The disclosure of your Social Security Number (SSN) is voluntary. However, failure to supply a SSN may result in errors in processing your application.

ADDITIONAL INFORMATION: Information provided on this form in accordance with the above Privacy Act Notice may also be used by the South Dakota Commission on Gaming staff who have a need for the information in the performance of their official duties. Failure to provide your SSN may result in a denial of license if needed information cannot be found.

Date: _____

Name: _____

_____ Last First Middle

Current Address: _____

Street _____ City _____ State _____ Zip _____

Telephone number: Home – (_____) _____

Alias (i.e. Nicknames, Maiden Name, Other Name Changes or Otherwise): _____

Date of birth: _____ Place of birth: _____

Sex: _____ Social Security number: _____

Color of hair: _____ Color of eyes: _____ Weight: _____ Height: _____

Drivers license number and state of issue for the past five years: _____

Use Additional Information sheet (page 6), if necessary.

Scars, tattoos or distinguishing mark and/characteristics:

List all addresses where you have lived for the last five years. Use Additional Information sheet (page 6), if necessary.

City State From: (month/year) To: (month/year)

U.S. Citizen? () Yes () No If "NO," attach details.

If Alien, Registration Number _____

S.D. Resident? () Yes () No

If Naturalized, Certificate Number _____ Place _____

Date _____

Name of Spouse, if any:

Maiden name, nickname, etc.

Spouse's Date of Birth: _____ Place of birth: _____ SSN: _____

Spouse's occupation:

Beginning with your most recent employment, please list your employment history for the past five years.

Name of employer	Address	Telephone number	Position	From	To

List all languages spoken or written.

List the names and current addresses of three personal references

Name	Address	City	State	Telephone number

Bank Reference: _____

Bank Address: _____

List two (2) credit references.

(1) _____

(2) _____

Describe any previous existing business relationships with Indian tribes or the gaming industry, including ownership interests in those businesses.

Have you ever held or applied for a privileged or professional license with any regulatory agency. () Yes () No

If yes, list the name and address of each licensing or regulatory agency.

Name	Address	City	State

Do you consent to an investigation of your background and police records and to waive any rights or causes of action that you may have against the South Dakota Commission on Gaming and any other individual or agency disclosing or releasing said information to the South Dakota Commission on Gaming? () Yes () No

NOTE: IF YOUR ANSWER IS YES TO ANY OF THE FOLLOWING QUESTIONS, PLEASE FURNISH DETAILS TO EACH ANSWER ON THE ADDITIONAL INFORMATION SHEET

Arrests, Detentions, and Litigations: (Include those arrests in which you were not convicted or charges were dismissed)

Have you ever been questioned, detained, indicted, arrested or summoned to answer for any criminal offense or violation for any reason whatsoever, regardless of the disposition of the event. **This is to include Reckless Driving, DUI, and Eluding. (Do not include minor traffic violations.** () Yes () No

Have you ever been or are you now on parole/probation to any court? () Yes () No

Have you ever received a pardon for any criminal act(s)? If so, list all cases without exception. () Yes () No

Has a Criminal indictment, information or complaint ever been returned against you, but for which you were not arrested or in which you were named as an un-indicted co-party? () Yes () No

Have you ever been subpoenaed to appear to testify before a federal, state or county grand jury, boards or commission? () Yes () No

Have you ever had a civil or criminal record expunged by a court order? () Yes ()

No

If yes, when? _____

DATE CITY COUNTY STATE

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

Type of license _____ State _____

Agency issuing license _____

Address _____ Telephone number _____

If license was revoked, provide details. _____

PLEASE ATTACH A PHOTOGRAPH OF YOURSELF OR A COPY OF YOUR PHOTOGRAPH WITH THIS APPLICATION.

AFFIRMATION OF INFORMATION PROVIDED

I, _____, declare and affirm under penalties of perjury that this application, and all of the statements, attachments, supporting schedules, and documents have been examined by me, and to the best of my knowledge and belief, are in all things true and correct. I understand that any person who signs such a statement knowing the same to be false or untrue, in whole or in part, shall be guilty of perjury.

This statement is executed with the knowledge that misrepresentations or failure to reveal information requested may be deemed sufficient cause for refusal to issue a gaming license by the South Dakota Commission on Gaming. Further I am aware that later discovery of an omission or misrepresentation made in the above application, statements or attachments may be grounds for revocation of the license and possible criminal prosecution. I further consent to any background investigation necessary to determine my present and continuing suitability and that this consent continues as long as I hold a South Dakota Gaming License. I also agree that the State of South Dakota, its agencies officers and assigns, shall be entitled to collect from me all expenses incurred in recovery of any debt created by this license application, the background investigation or in pursuing any other remedy provided by law including but not limited to reasonable attorney fees and costs.

Further, I acknowledge my obligation to furnish all processes and pleadings to which I am a party as required by SDCL 42-7B-65.

Signature

Date

**INVESTIGATION AUTHORIZATION
AUTHORIZATION TO RELEASE INFORMATION**

I, _____, hereby authorize the State of South Dakota through its authorized representative, Commission on Gaming or the Office of the Attorney General, Division of Criminal Investigation, to conduct an investigation into my personal background, using whatever legal means it deems appropriate. Persons requested to provide information which the South Dakota Commission on Gaming or Division of Criminal Investigation determines necessary, are hereby authorized to provide such information.

I also authorize and consent to the South Dakota Commission on Gaming disclosing or releasing information collected in the investigation to appropriate federal, tribal, state, local or foreign law enforcement or regulatory agencies and waive any rights or causes of actions I may have against the South Dakota Commission on Gaming for releasing said information.

I understand that by signing this authorization, a financial record check will be performed. I authorize any financial institution to surrender to the Commission on Gaming or the Division of Criminal Investigation a complete and accurate record of such transactions that may have occurred with that institution, not limited to, but to include, internal banking memoranda, past and present loan applications, financial statements and any other documents relating to the applicant's personal or business financial records in whatever form and wherever located.

It is hereby understood that the Commission on Gaming or the Division of Criminal Investigation will conduct a complete and comprehensive investigation to determine the accuracy of all information gathered. However, the State of South Dakota and the authorized representative, Division of Criminal Investigation, Commission on Gaming and other employees of the State of South Dakota shall not be held liable for inaccurate information.

The Commission on Gaming and the Division of Criminal Investigation reserves the right to investigate all relevant information and facts to its satisfaction.

INFORMATION GATHERED AS A RESULT OF THIS INVESTIGATION WILL BE HELD CONFIDENTIAL BY THE COMMISSION ON GAMING AS REQUIRED BY SDCL 42-7B-58.

FULL LEGAL NAME: _____

(PLEASE PRINT)

(LAST)

(FIRST)

(MIDDLE)

SIGNATURE: _____

AUTHORIZATION AND RELEASE

I, _____, hereby authorize the Division of Criminal Investigation for the State of South Dakota to release to State Gaming Commission any information concerning me contained in the criminal history record files of the Division. I understand that the criminal history record files contain records of arrests which may have resulted in a disposition other than a finding of guilty (i.e. dismissed charges, or charges that resulted in a not guilty finding). I further understand that the information may contain listings of charges that resulted in suspended imposition of sentence, even though I successfully completed the conditions of said sentence and was discharged under SDCL 23A-27-17. I acknowledge that this type of information may be released, even though this record is designated as “non-public” under the provisions of 23A-27-17.

In consideration for the Division of Criminal Investigation releasing any information concerning me contained within its criminal history record files to State Gaming Commission, I, _____ on behalf of myself, my spouse, legal representatives, heirs, and assigns, hereby release, waive, discharge and agree to hold harmless the Division of Criminal Investigation, its officers and employees, from all liability for any claim or damages resulting from the release of this information.

Dated this ____ day of _____, _____, at _____,
_____.

Signature

VERIFICATION OF FINGERPRINTS

The enclosed fingerprint card are the prints of _____, taken by me.

NAME: _____
(print)

TITLE: _____
(print)

OFFICE: _____
(print)

SIGNATURE: _____