



the Catawba Indian Nation

GAMING COMMISSION

996 Avenue of the Nations • Rock Hill, SC 29730
e: licensing.director@catawba.com

GAMING LICENSE APPLICATION INFORMATION

Thank you for your interest in a gaming position with the Catawba Indian Nation!

Tribal gaming is a highly regulated industry and applicants for gaming positions are required to be licensed by the Catawba Gaming Commission.

The Commission is focused on applicants with good character, honesty, and integrity. Being licensed is a privilege and not a right, and a license may be suspended or revoked by the Commission for failing to comply with applicable law, rules, or regulations.

To apply for a license, complete the application form, along with all required signatures and notary attestations, and submit it with copies of the required documentation, such as a driver's license, tribal enrollment card, etc., to:

Catawba Gaming Commission
Attn: Licensing Director
996 Avenue of the Nations
Rock Hill, SC 29730

If you have any questions, please feel free to contact the Commission's Licensing Department at by email at licensing.director@catawba.com.

By completing this application you are taking the first step towards a rewarding a career in tribal gaming!

Sincerely,

Dennis Nelson
Executive Director



**CLASS B (PRIMARY MANAGEMENT) AND
CLASS C (KEY EMPLOYEE) LICENSE APPLICATION**

NAME OF APPLICANT: _____ **POSITION:** _____

License Type: **Primary Management** _____ **Key Employee** _____

INSTRUCTIONS

PLEASE READ CAREFULLY AND FOLLOW THE LICENSING INSTRUCTIONS.

- Use blue or black ink only when completing this application form.
- All answers should be neatly printed. If the answers are not legible, the application will not be considered.
- Answer all questions accurately and in as much detail as possible. If a question does not apply to you, please state so with the acronym "N/A" or insert the words "not applicable".
- Complete the application form in its entirety (no questions should be left blank). There should be NO gaps in Residential or Employment history.
- Please wait to sign the application in the areas where a notary public signature is required.
- All persons completing this application form must have their fingerprints taken.
- All pages of the application form, including additional sheets, must be initialed.

YOU ARE REQUIRED TO ATTACH AND BRING THE FOLLOWING DOCUMENTS WITH YOU:

- A completed gaming license application
- Official Identification Card (Driver's License/Tribal ID)
- Social Security Card
- Copies of ALL court documents on criminal/civil complaints (Misdemeanor/Felony/Bankruptcy) regardless of the outcome. Court documents include dispositions or the outcome of any and all charges, convictions (felony/misdemeanor) whether pending investigation, dismissed, dropped, filed nolle prosequi or closed. *Do not include minor traffic violations.*
- A copy of a DD214/DD215 in relation to any military service (if applicable)
- A copy of tribal enrollment (if applicable)
- A photograph complying with U.S. passport standards.

NOTICES

FINGERPRINT NOTICE

Your fingerprints will be used to check the criminal history records maintained by the Federal Bureau of Investigation ("FBI"). You have the opportunity to complete or challenge the accuracy of the information contained in the FBI identification record. The procedures for obtaining a copy of your FBI criminal history record are set forth at 28 C.F.R. §§ 16.30–16.33, or by visiting the FBI's website at <http://www.fbi.gov/about-us/cjis/background-checks>. The procedure for obtaining a change, correction, or updating an FBI identification record are set forth in 28 C.F.R. § 16.34.

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 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 Tribal gaming regulatory authorities and by the National Indian Gaming Commission (NIGC) members and staff who have need for the information in the performance of their official duties. The information may be disclosed by the Tribe or the NIGC 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 NIGC 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.

The disclosure of your Social Security Number (SSN) is voluntary. However, failure to supply a SSN may result in errors in processing your application.

NOTICE REGARDING FALSE STATEMENTS:

A false statement on any part of your license application may be grounds for denying a license or the suspension or revocation of a license. Also, you may be punished by fine or imprisonment (U.S. Code, title 18, section 1001).

NONCRIMINAL JUSTICE APPLICANT'S PRIVACY RIGHTS

As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for employment or a license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below. All notices must be provided to you in writing. ¹ These obligations are pursuant to the Privacy Act of 1974, Title 5, United States Code (U.S.C.) Section 552a, and Title 28 Code of Federal Regulations (CFR), 50.12, among other authorities.

- You must be provided an adequate written FBI Privacy Act Statement (dated 2013 or later) when you submit your fingerprints and associated personal information. This Privacy Act Statement must explain the authority for collecting your fingerprints and associated information and whether your fingerprints and associated information will be searched, shared, or retained. ²
- You must be advised in writing of the procedures for obtaining a change, correction, or update of your FBI criminal history record as set forth at 28 CFR 16.34.
- You must be provided the opportunity to complete or challenge the accuracy of the information in your FBI criminal history record (if you have such a record).
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the employment, license, or other benefit based on information in the FBI criminal history record.
- If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at <https://www.fbi.gov/services/cjis/identity-history-summary-checks> and <https://www.edo.cjis.gov>.
- If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI by submitting a request via <https://www.edo.cjis.gov>. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.)
- You have the right to expect that officials receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council. ³

¹ Written notification includes electronic notification, but excludes oral notification.

² <https://www.fbi.gov/services/cjis/compact-council/privacy-act-statement>

³ See 5 U.S.C. 552a(b); 28 U.S.C. 534(b); 34 U.S.C. § 40316 (formerly cited as 42 U.S.C. § 14616), Article IV(c); 28 CFR 20.21(c), 20.33(d) and 906.2(d).

Updated 11/6/2019

Privacy Act Statement

This privacy act statement is located on the back of the [FD-258 fingerprint card](#).

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

As of 03/30/2018

I have read the above notices and consent to the routine uses as described.

_____ Applicant Initials

_____ CGC Initials

PERSONAL HISTORY

****IF ADDITIONAL SPACE IS NEEDED USE AN ADDITIONAL SHEET OF PAPER****

1. Name: (Last) _____ (First) _____ (Middle) _____
2. List all other names used: alias, maiden, previous marriage, written or oral: _____

3. Social Security Number: _____
4. Place of Birth: _____ Citizenship: USA _____ Other _____
5. Languages (Spoken or Written): _____
6. Gender: _____
7. Telephone: Home (____) _____ Work (____) _____ Cell (____) _____
8. Date of Birth: _____
9. Place of Birth: (City) _____ (State) _____ (County) _____
10. Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____
11. Driver's License/ID #: _____ State: _____ Expiration Date: _____
12. Has your license ever been: Revoked _____ Suspended _____ Reinstated _____ Date/Year _____
13. List all other Driver's Licenses or IDs held within the last 5 years:
 - a. Previous DL Number _____ State of Issue _____
 - b. Previous DL Number _____ State of Issue _____
14. Tribal Member: Yes _____ No _____
*If yes, Tribal Affiliation: _____ Enrollment #: _____ Location: _____
15. Marital Information: Single _____ Married _____ Separated _____ Divorced _____ Widowed _____ Cohabitant _____
16. Spouse's Name: (Last) _____ (First) _____ (Middle) _____
17. Spouse's Date of Birth: _____
18. Spouse's Place of Birth: (City) _____ (State) _____ (County) _____
19. Spouse's Telephone: _____
20. Date of Marriage: _____

RESIDENTIAL HISTORY

21. List your current home address and all addresses for the last 5 years (beginning with current).

Current Address: _____

City/State/Zip Code

From _____ To _____ Do you own/rent/other: _____

Name, address, and telephone number of landlord: _____

Name, address, and telephone number of a person that knew you while you lived at this address:

Previous Address: _____

City/State/ Zip Code

From _____ To _____ Did you own/rent/other: _____

Name, address, and telephone number of landlord: _____

Name, address, and telephone number of a person that knew you while you lived at this address:

Previous Address: _____

City/State/ Zip Code

From _____ To _____ Did you own/rent/other: _____

Name, address, and telephone number of landlord: _____

Name, address, and telephone number of a person that knew you while you lived at this address:

Previous Address: _____

City/State/ Zip Code

From _____ To _____ Did you own/rent/other: _____

Name, address, and telephone number of landlord: _____

Name, address, and telephone number of a person that knew you while you lived at this address:

Previous Address: _____

City/State/ Zip Code

From _____ To _____ Did you own/rent/other: _____

Name, address, and telephone number of landlord: _____

Name, address, and telephone number of a person that knew you while you lived at this address:



EMPLOYMENT HISTORY

**Application will be considered incomplete if any gaps between employment history dates exist.
If unemployed or in school, list dates and indicate unemployed or in school.**

22. List your current employer(s) and all employers for the last 5 years beginning with current.

Current Employer: _____

Address: _____
City/State/Zip Code

Telephone Number: (____) _____ From _____ To _____

Supervisor's Name: _____ Position Held: _____

Reason for Leaving: _____

Ownership interest in the business: Yes ___ No ___ If yes, _____ % owned in the business

Previous Employer: _____

Address: _____
City/State/Zip Code

Telephone Number: (____) _____ From _____ To _____

Supervisor's Name: _____ Position Held: _____

Reason for Leaving: _____

Ownership interest in the business: Yes ___ No ___ If yes, _____ % owned in the business

Previous Employer: _____

Address: _____
City/State/Zip Code

Telephone Number: (____) _____ From _____ To _____

Supervisor's Name: _____ Position Held: _____

Reason for Leaving: _____

Ownership interest in the business: Yes ___ No ___ If yes, _____ % owned in the business

Previous Employer: _____

Address: _____

City/State/Zip Code

Telephone Number: (____) _____ From _____ To _____

Supervisor's Name: _____ Position Held: _____

Reason for Leaving: _____

Ownership interest in the business: Yes ___ No ___ If yes, _____ % owned in the business

23. Do you have any existing or previous business relationships with Indian Tribes, including ownership interest in those businesses: Yes ___ No ___

If yes, explain:

24. Do you have any existing or previous business relationships with the Catawba Indian Nation (or entity doing business with the Catawba Indian Nation) which you have received or will receive any type of fees (including finder's fee) or other payment based on the revenues or profits of the gaming facility to which you are applying or any Catawba gaming facility? Yes ___ No ___

If yes, explain:

25. Do you have any existing or previous business relationships with the gaming industry in general, including ownership interests in those businesses: Yes ___ No ___

If yes, explain:

26. Have you ever filed an application for a **license, permit or other registration, certification or other authorization**

related to gaming: Yes ___ No ___

Name of Agency/Tribe:

Address:

Type of License: _____

Current Status of License: Pending ___ Granted ___ Expired ___ Denied ___ Suspended ___ Revoked ___

If DENIED, SUSPENDED or REVOKED, explain:

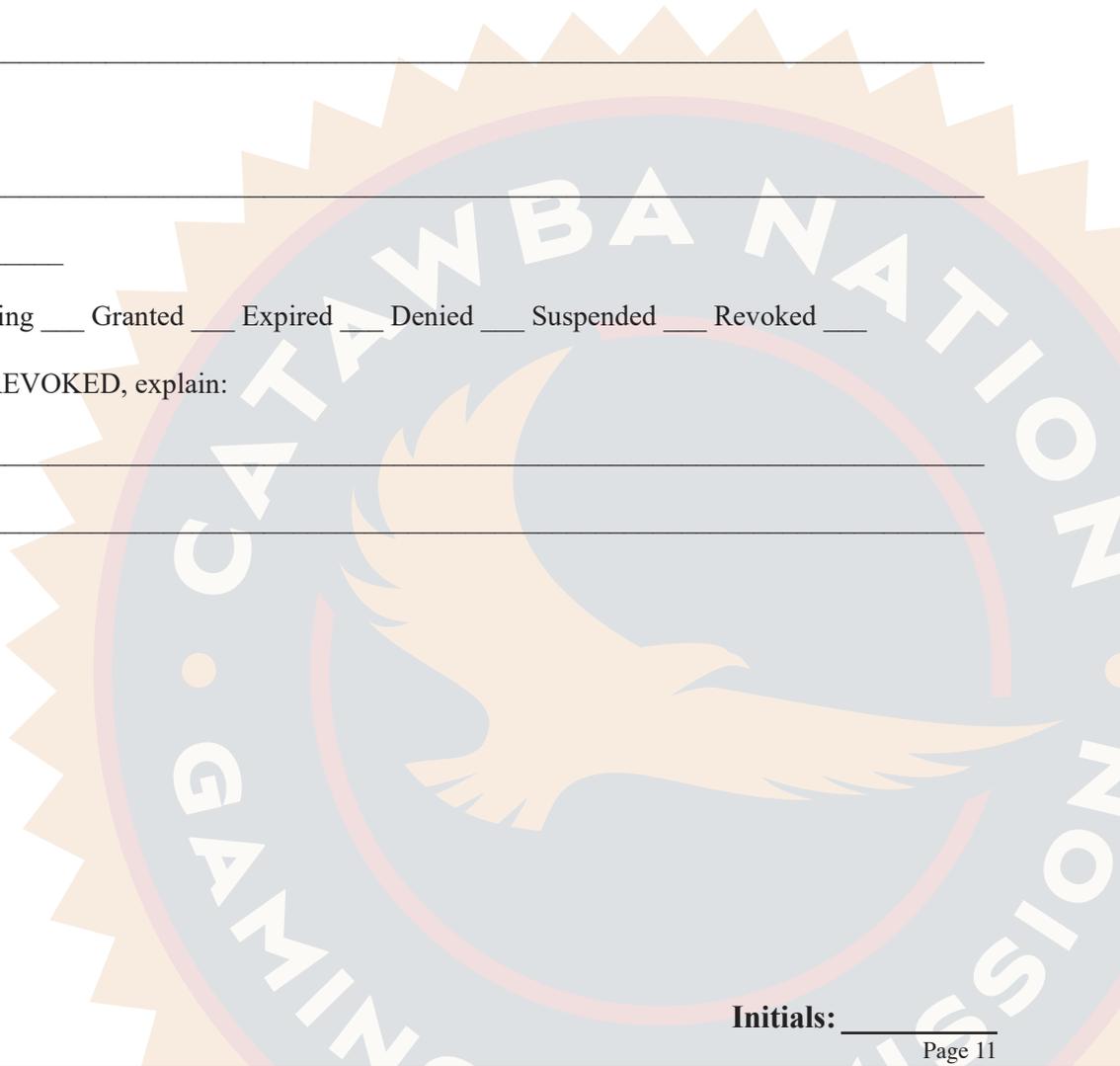
Name of Agency/Tribe:

Address:

Type of License: _____

Current Status of License: Pending ___ Granted ___ Expired ___ Denied ___ Suspended ___ Revoked ___

If DENIED, SUSPENDED or REVOKED, explain:



Name of Agency/Tribe:

Address:

Type of License: _____

Current Status of License: Pending ___ Granted ___ Expired ___ Denied ___ Suspended ___ Revoked ___

If DENIED, SUSPENDED or REVOKED, explain

27. Have you ever filed an application for a **professional or occupational license or permit**: Yes ___ No ___

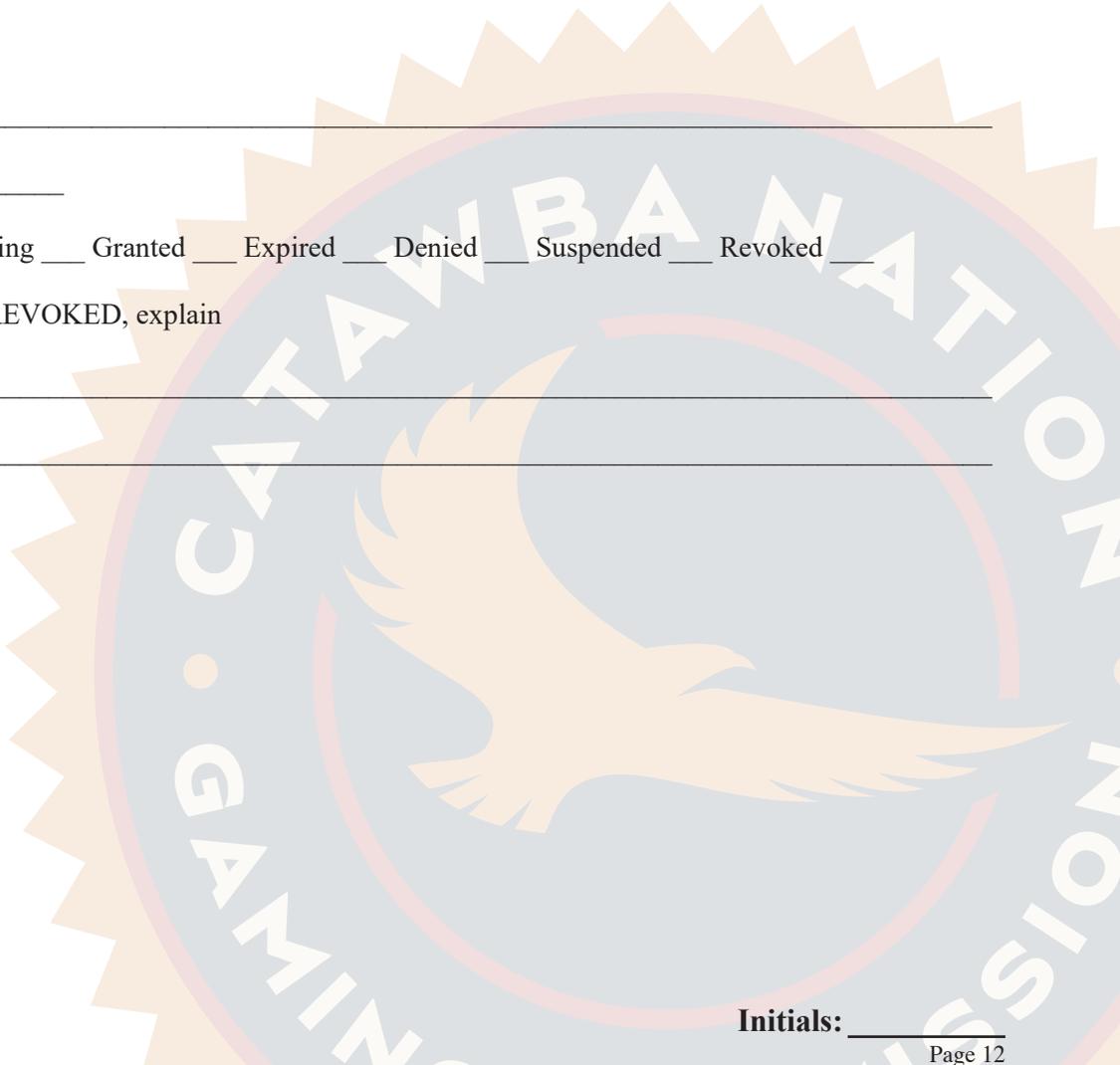
Name of Agency/Tribe:

Address:

Type of License: _____

Current Status of License: Pending ___ Granted ___ Expired ___ Denied ___ Suspended ___ Revoked ___

If DENIED, SUSPENDED or REVOKED, explain



Name of Agency/Tribe:

Address:

Type of License: _____

Current Status of License: Pending ___ Granted ___ Expired ___ Denied ___ Suspended ___ Revoked ___

If DENIED, SUSPENDED or REVOKED, explain:

28. Do you have any relatives associated with, employed by, or who have a pending application for employment with ANY tribal gaming operation? Yes ___ No ___

If yes, provide the person's name, relationship, address, telephone number, the position or job title, and name of the tribe and operation: _____

29. Do you have any relatives that are members of the Catawba Executive Committee or employed by the Catawba Indian Nation or any Catawba gaming facility? Yes ___ No ___

If yes: CGC ___ CEC ___ Tribal Employee ___ Catawba Gaming facility ___

Relationship to member:

MILITARY SERVICE HISTORY

- 30. Have you ever served in any armed forces? Yes ___ No ___ (If "Yes" attach a copy of your DD-214)
- 31. Branch of Service: _____
- 32. Dates/Location of Service: From _____ To _____ Location _____
- 33. Type of Discharge: _____
- 34. Rating at Separation: _____
- 35. While in military, were you ever charged with any offense or disciplined? Yes ___ No ___
If yes, explain: _____

REFERENCES

- 36. List the names, addresses and telephone numbers for three personal references. (**DO NOT** use family members).
Name _____ Address _____
City _____ State _____ ZIP Code _____
Telephone Number: Home: _____ Work _____ Cell _____

Name _____ Address _____
City _____ State _____ ZIP Code _____
Telephone Number: Home: _____ Work _____ Cell _____

Name _____ Address _____
City _____ State _____ ZIP Code _____
Telephone Number: Home: _____ Work _____ Cell _____

CRIMINAL HISTORY

Please answer each question keeping in mind this includes all charges and convictions whether the cases are pending investigation, have been dismissed, dropped, filed *nolle prosequi* or are closed. Do not assume that an arrest or charge is "not supposed to be" on your record. A criminal record is not cleared, erased, sealed or expunged unless you were given, and have in your possession, a written order from a judge directing that action.

37. Have you ever been investigated for, detained, allegedly charged or convicted with any of the following:

- | | | |
|--|-----|----|
| Driving Under the Influence (DUI or DWI) | Yes | No |
| Driving after Revocation or Suspension of License | Yes | No |
| Domestic Violence or Assault/Battery | Yes | No |
| Criminal Sex Offenses: Sexual Abuse/Misconduct/Assault..... | Yes | No |
| Fleeing a Police Officer or Obstructing the Legal Process..... | Yes | No |
| Criminal Damage to Property or Receiving/Possession of Stolen Property..... | Yes | No |
| Theft | Yes | No |
| Possession/Distribution of Drugs or Alcohol, Marijuana, Cocaine,
Methamphetamines | Yes | No |
| Fraud..... | Yes | No |
| Burglary..... | Yes | No |
| Issuance of Worthless or Dishonored Checks | Yes | No |
| Public Intoxication..... | Yes | No |
| Forgery | Yes | No |
| Embezzlement | Yes | No |
| Disorderly Conduct | Yes | No |
| Shoplifting..... | Yes | No |
| Vehicular Homicide..... | Yes | No |
| Arson | Yes | No |

- Breaking and entering..... Yes No
- Extortion..... Yes No
- Tampering with records..... Yes No
- Other _____ Yes No
38. Are you currently being prosecuted or facing pending charges, in any jurisdiction for any of the above charges? Yes No
39. Have or are you on a deferred sentence or deferred prosecution, pre-prosecution program, or a deferred judgment and sentence for any offense(s)? Yes No
40. Have you served or are you currently serving a criminal sentence, including probation (supervised or unsupervised), in a criminal diversion program, out on bail or parole? Yes No
41. Have you ever been involved in ANY inquiry, questioning, informal investigation, formal investigation by an employer, management, supervisor, law enforcement officer, etc., regarding theft, fraud, embezzlement, harassment, scams or any other offense? Yes No
42. Regardless of your answers to the above questions, have you ever:
- a. Been arrested, served with a criminal summons, bench warrant restraining order or charged with, or convicted of ANY crime or offense in any manner? Yes No
 - b. Been detained, handcuffed, arrested or charged even if the charges were dismissed, dropped, or you were found not guilty? Yes No

NOTE- IF YOU ANSWERED YES TO ANY OF THE QUESTIONS IN "CRIMINAL HISTORY"; PLEASE LIST CHARGES INDIVIDUALLY. YOU ARE ALSO REQUIRED TO ATTACH ALL COURT DOCUMENTS RELATED TO EACH CHARGE. COURT DOCUMENTS INCLUDE DISPOSITIONS (OUTCOME) OF ANY AND ALL CHARGES OR CONVICTIONS REGARDLESS OF THE OUTCOME.

CRIMINAL HISTORY INFORMATION

43. Required for (1) each felony for which there is an ongoing prosecution or a conviction; (2) each misdemeanor conviction or ongoing misdemeanor prosecution (excluding minor traffic violations) within 10 years of the date of the application; and (3) each criminal charge (excluding minor traffic charges) whether or not there is a conviction, if such criminal charge is within 10 years of the date of the application and is not otherwise listed under (1) or (2).

Date of Charge: _____

Charge: _____

Name of Court: _____
County, State

Disposition (Outcome): _____

Date of Charge: _____

Charge: _____

Name of Court: _____
County, State

Disposition (Outcome): _____

Date of Charge: _____

Charge: _____

Name of Court: _____
County, State

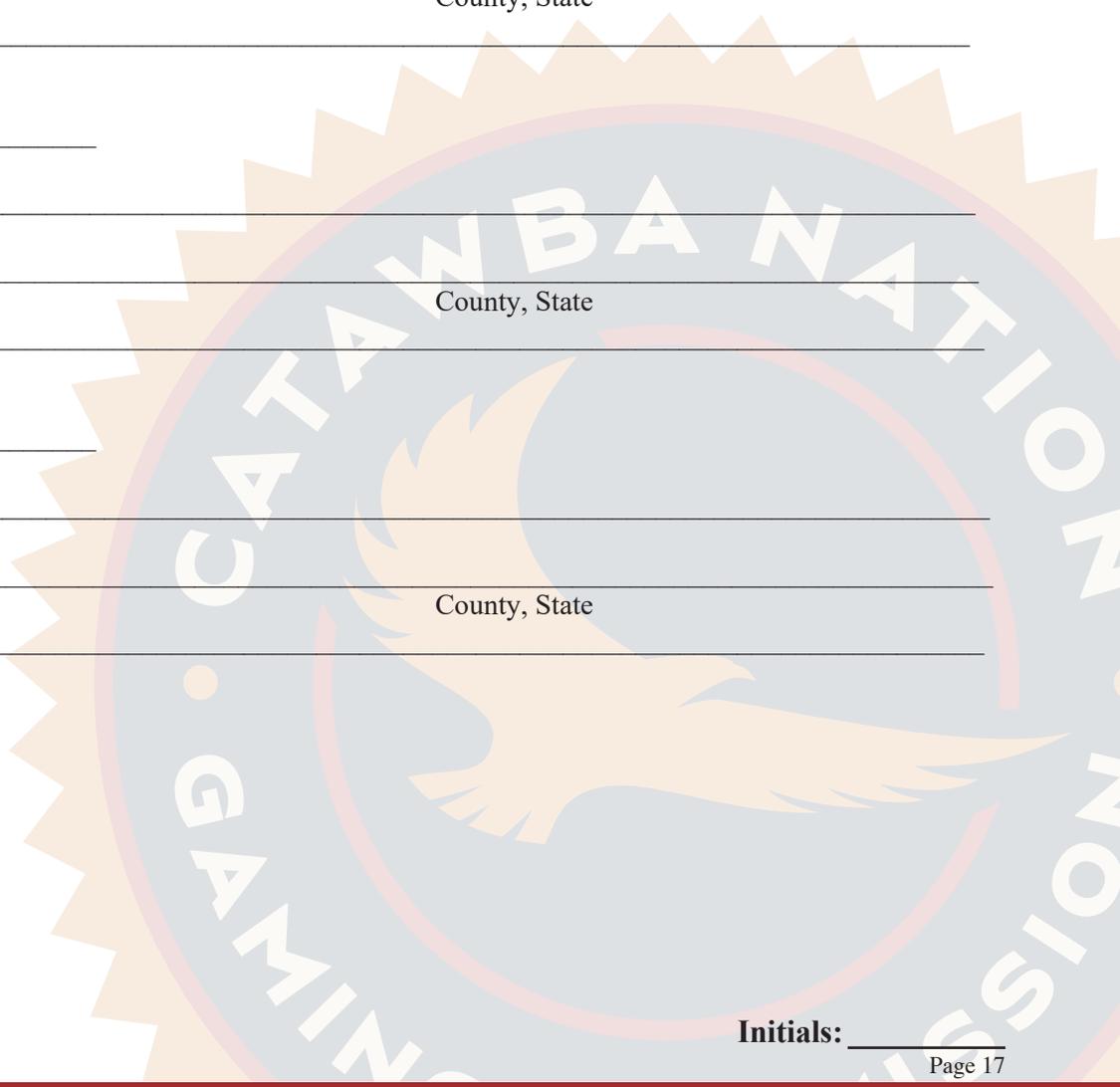
Disposition (Outcome): _____

Date of Charge: _____

Charge: _____

Name of Court: _____
County, State

Disposition (Outcome): _____



GAMING INDUSTRY RELATIONS

44. Financial or any other interest in gambling activities: Please indicate by answering the following questions:

- a. Invested or loaned money, have an option to purchase or have a contract for service to any gambling facility or activity? Yes No

- b. Have ownership interest in equipment being leased or otherwise provided to any gambling facilities? Yes No

- c. Have investment or ownership interest in any business involved in any activities as a result of the operation of gaming? Yes No

- d. Do you receive any revenue or payment or money from any person who is involved in the activities as a result of the operation of gaming? Yes No

45. Have you ever been prohibited or excluded from any gaming activities and/or gaming establishments? Yes No
*If yes, attach a detailed statement.

46. Have you ever been charged or convicted of a gambling crime in any jurisdiction regardless of the outcome? Yes No
*If yes, attach a detailed statement.



FINANCIAL HISTORY INFORMATION

47. Have you ever filed for bankruptcy in any jurisdiction? Yes No

*If yes, please provide the federal district court where the bankruptcy was filed, date filed, and describe the circumstances which resulted in this action and attach copies of your bankruptcy petition and the order discharging debts.

48. Have you ever been a petitioner/respondent in a civil suit? Yes No

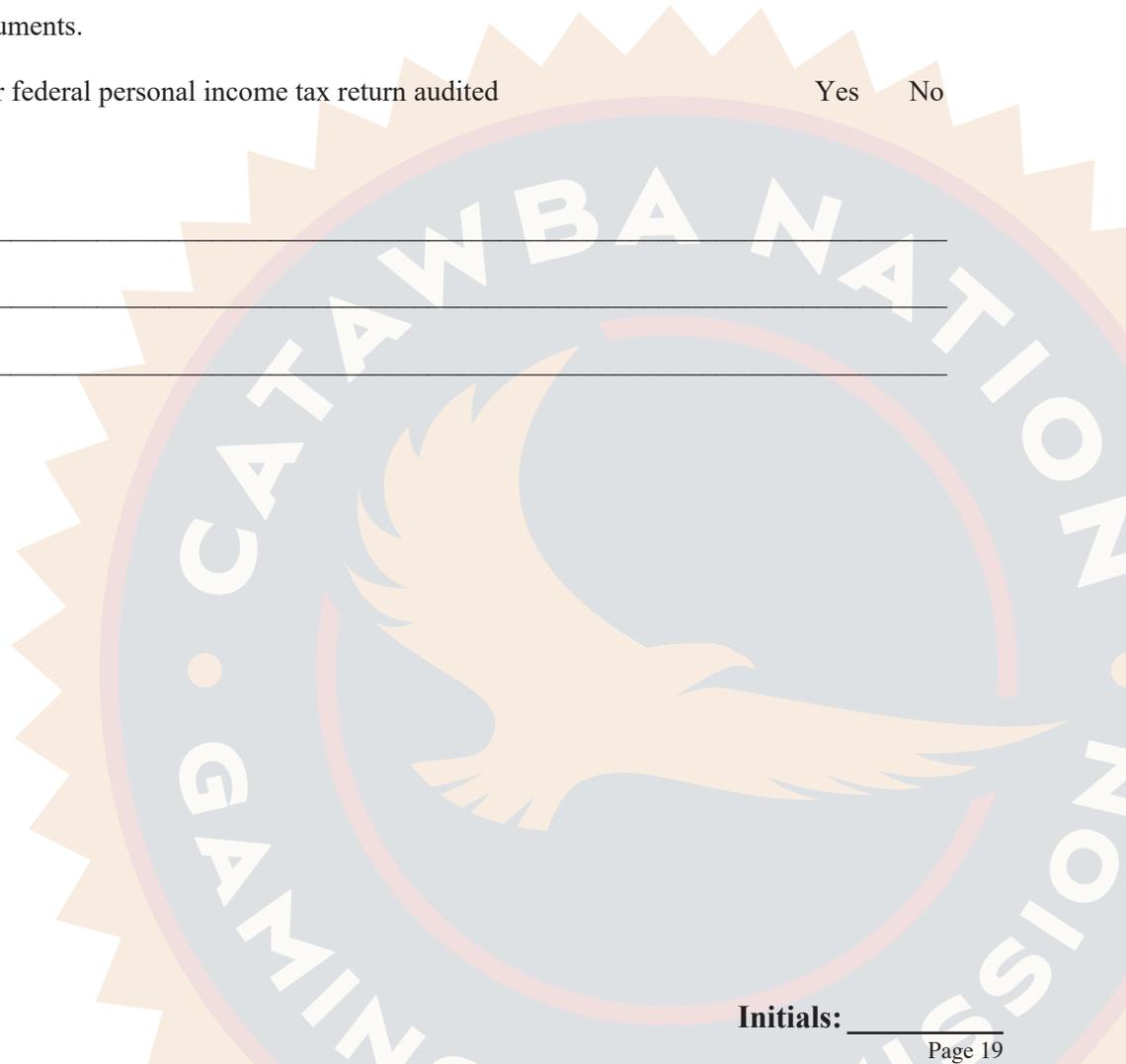
*If yes, please explain and provide the court name and address:

49. Have you ever been a defendant/respondent in a civil suit and/or had a judgment or lien rendered against you such as student loans, garnishment of wages, child support? Yes No

*If yes, please attach court documents.

50. Have you ever had your state or federal personal income tax return audited or adjusted? Yes No

*If yes, provide details:



CERTIFICATION

I certify that all information and statements made by me in this form are true, complete and correct to the best of my knowledge and belief and are made in good faith.

Print Name

Signature

Date

****For Notary Public service only****

State of _____

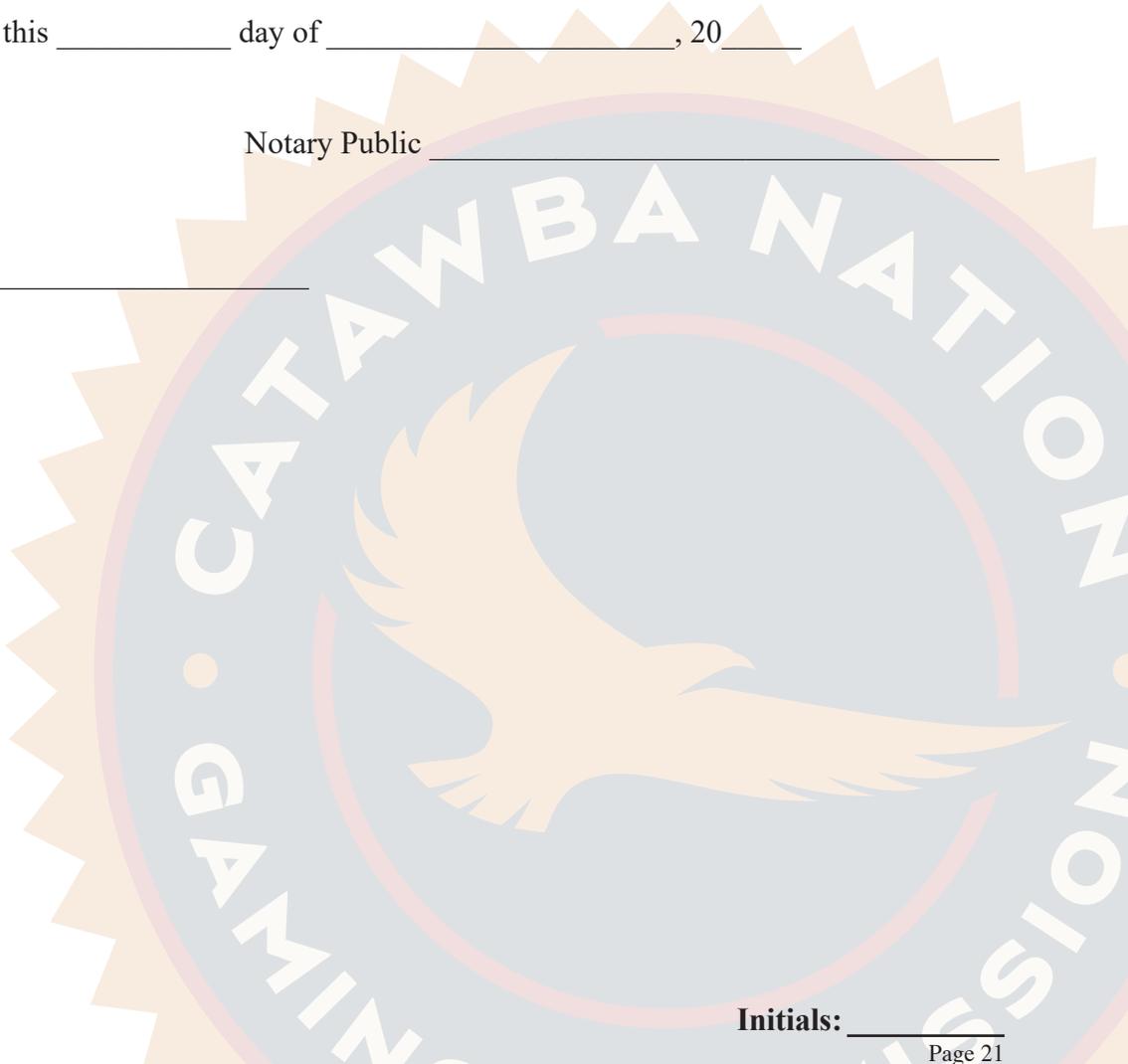
County of _____

Subscribed and sworn before me this _____ day of _____, 20____

Notary Public

My Commission Expires: _____

Seal



AUTHORIZATION FOR RELEASE OF INFORMATION

Presented To The Catawba Gaming Commission:

I, _____ (applicant's full name) hereby authorize release to the Catawba Gaming Commission and the National Indian Gaming Commission (NIGC) any information requested in order for the Catawba Gaming Commission and NIGC to determine my suitability for involvement in Indian Gaming.

This document authorizes release of requested information whether or not such information would otherwise be protected from disclosure by any constitutional, statutory or common law privilege. I agree to accept any risk of adverse public notice, embarrassment, criticism or financial loss that may result from use of information that is obtained in connection with a background investigation for the purpose listed in the first paragraph of this document.

I authorize release of any information related to my activities including: schools, property interest, employment, criminal justice agencies, regulatory agencies, businesses, financial institutions, credit reporting agencies and lending institutions.

I relinquish any right that I may otherwise have to pursue a cause of action against any person (or his/her agent) to whom this request is presented when such cause of action arises out of a response to a request for information pursuant to the Indian Gaming Regulatory Act of 1988 (25 USC § 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, loses and expenses, including reasonable attorney's fees. I authorize review and copying of all documents. A reproduction of this authorization is the same as the original.

*******PLEASE DO NOT SIGN THIS PAGE YET*******

Name _____ SSN _____ DOB _____

Address _____ DL# _____ State _____

Signature _____ Date _____

****For Notary Public service only****

State of _____

County of _____

Subscribed and sworn to before me on this _____ day of _____, 20____

Notary Public _____

My Commission Expires: _____

Seal

CONDITION OF LICENSING

As a requirement of the Catawba Gaming Commission:

I, _____, understand that it is my responsibility to conduct my personal life in such a manner that will not bring any negative consequences to either Catawba Two Kings Casino and/or the Catawba Indian Nation.

I understand that I must disclose on my gaming license application ANY AND ALL misdemeanor and felony charges and/or convictions, even if a *nolo contendere* (no contest) or Alford plea, or if the charges were dropped, dismissed, or deferred, or a *nolle prosequi* was filed.

I further understand that I must report the following to the Catawba Gaming Commission throughout the course of my employment:

- All criminal charges that are filed against me by any Federal, State or Tribal law enforcement agency. This includes any felony and/or misdemeanor charges.
- All civil complaints that are filed against me by any person or entity, personal and/or business.
- Any cases involving bankruptcy, that may be filed on my own behalf, or where I am named as an additional party on a bankruptcy claim.

And lastly, I understand that the Catawba Gaming Commission shall retain the right to conduct additional background investigation of any person required to be licensed at any time while the license is valid. I have read and understand the Catawba Gaming Commission's Condition of Licensing form.

Applicant Signature

Date

CGC Representative

Date

FULL DISCLOSURE ASSURANCES

I acknowledge that:

I do not have any criminal history such as arrests, detainments, deferred sentencing, dismissed, dropped, or *nolle prosequi* court cases with any law enforcement agency, tribal court records or ANY court jurisdictions (City, County, Tribal, State Police), including cases of *nolo contendere* (no contest) or Alford pleas, **other than** what is listed on my gaming license application. _____ *Initials*

I am currently not on or have been on any supervised/unsupervised probation, parole, diversion program, deferred sentence or out on bail. _____ *Initials*

I do not owe any court jurisdiction any money for bench warrants or fines other than what is listed on my gaming license application. _____ *Initials*

I am currently not involved with any preliminary or criminal investigation. _____ *Initials*

I understand that the Catawba Gaming Commission will deny, revoke, or suspend my application for a Catawba Gaming Commission License if I fail to disclose any criminal activities, criminal records, reputations, habits or associations that pose a threat to the Catawba Indian Nation, public interests or to the effective regulation of gaming at the Catawba gaming facilities. _____ *Initials*

I understand that the phrase "I did not remember" or "I just forgot" will not be accepted as excuses for failing to reveal criminal history. _____ *Initials*

I understand that the burden of proving my good character and integrity is mine alone. I will obtain and provide any required documents as requested by the Catawba Gaming Commission within the specified time given. _____ *Initials*

I understand that it is my responsibility to report all future charges, arrests, major citations, bench warrants, bankruptcies, etc., regardless of the outcome to the Catawba Gaming Commission within seventy two (72) hours. Failure to report any future charges, arrests, major citations, bench warrants, bankruptcies, etc., may result in suspension and/or revocation of my gaming license. _____ *Initials*

Lastly, I certify that the Catawba Gaming Commission has gone over this gaming license application with me and that I understand all sections and have answered them in good faith with the full knowledge that I can be denied a Catawba Gaming Commission License for not being honest or for failing to disclose any criminal history that I know I may have been involved in. _____ *Initials*

Applicant Signature: _____

Date: _____

CGC Representative: _____

Date: _____