

STATE OF OHIO
CASINO CONTROL COMMISSION



CASINO GAMING EMPLOYEE
LICENSE APPLICATION

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LICENSE APPLICATION

This is the CASINO GAMING EMPLOYEE LICENSE APPLICATION, which must be filed with the Ohio Casino Control Commission (Commission) as part of the application for a Casino Gaming Employee License. Copies of the application are available on the Internet at: <http://casinocontrol.ohio.gov/>. You may also request the application be mailed to you by calling (855) 800-0058.

INSTRUCTIONS

I. COMPLETING THIS APPLICATION

A. You are to complete this application if you are:

1. Required to obtain a Casino Gaming Employee License pursuant to R.C. 3772.131 and Ohio Adm. Code 3772-8-1(A). Rule 3772-8-1(A), states that the employees (listed below), and any employees in similar or equivalent positions, of a casino operator or management company applicant or licensee, who are not otherwise required to obtain Key Employee Licenses, must obtain and hold Casino Gaming Employee Licenses, except for employees whose duties relate solely to nongaming activities.

Assistant Manager	Box Person	Cashier
Change Personnel	Clerk	Complimentary Service Personnel
Computer Machine Technician	Count Room Personnel	Credit Issuing Personnel
Credit Supervisor	Croupier	Data Processing Personnel
Dealer	Floor Person	Host
Internal Accounting Personnel	Internal Audit Personnel	Machine Mechanic
Other Supervisor or Manager	Promotional Play Personnel	Promotional Play Supervisor
Security Personnel	Shift Supervisor	Shill
Slot Attendant	Slot Tracking Personnel	Surveillance Personnel
Table Game Device Technician	Table Game Manager	

2. Directed to do so by the Commission.
- B. Read each question carefully prior to answering. Answer every question completely. Do not leave blank spaces. If a question does not apply to you, indicate "Does not apply" in response to that question. If there is nothing to disclose in response to a particular question, write "None" in response to that question. **Note: the Commission will not review your application unless you provide a response to every question.**
- C. All entries on this application, except initials and signatures, must be typed or printed in block lettering using dark ink. **Note: the Commission will not review your application if it is illegible or if you have modified any of the questions or pre-printed information in this application.**
- D. If the space available is insufficient to respond to a question, supply the required information on a separate page titled "Further Response Page" wherein you clearly identify the question(s) you are answering. The Further Response Page, if needed, should be attached to the back of the application and be placed in front of all requested exhibits that apply to the applicant.
- E. Label all requested exhibits that apply to the applicant with the specified exhibit number and attach them, in the order that they are requested, to the back of the application. **Note: only those exhibits that apply to the applicant should be attached to this application.**

II. BEFORE YOU SUBMIT THIS APPLICATION TO THE COMMISSION, BE SURE THAT:

- A. All attachments required in this application are labeled with the correct title or exhibit number and are included in the application filed with the Commission.
- B. You have signed and notarized the Statement of Truth and Release Authorization forms included with this application.
- C. You have answered every question completely.
- D. You initial and date each page of this application, **except the cover page**, in the spaces provided.
- E. You retain a completed copy of this application for your own records.

III. FILING THIS APPLICATION WITH THE COMMISSION

- A. A complete application for a Casino Gaming Employee License consists of this application, all attachments, and the application fee. Once your application is accepted, it becomes the property of the Commission and may not be withdrawn without the permission of the Commission.
- B. The fees relating to a Casino Gaming Employee License are as follows:
 - 1. An applicant for an initial or new Casino Gaming Employee License must pay a nonrefundable application fee of \$250;
 - 2. An applicant for a renewal Casino Gaming Employee License must pay a nonrefundable renewal application fee of \$100;
 - 3. In the event that the costs incurred by the Commission in the course of investigating an applicant's background exceed the applicable application fee, the Commission may, upon written notice, charge an additional fee to cover the actual costs of investigation;
 - 4. Upon the Commission's approval, an initial or new applicant for a Casino Gaming Employee License must pay a nonrefundable license fee of \$250;
 - 5. Upon the Commission's approval, a renewal applicant for a Casino Gaming Employee License must pay a nonrefundable renewal license fee of \$50.
- C. If you are seeking an initial or new Casino Gaming Employee License in connection with an offer of employment with a casino in Ohio or a renewal Casino Gaming Employee License in connection with your current employment at a casino Ohio:
 - 1. You must submit your completed application and all attachments to the human resources department of the casino that either indicated an offer of employment to you or that currently employs you. The casino will then file the application with the Commission on your behalf. Please consult with the casino for specific instructions on how and where to submit your application.
 - 2. You do not need to enclose payment at the time you submit the application. The casino that either indicated an offer of employment to you or that currently employs you has agreed to pay the application fee on your behalf. However, depending upon company policies that are wholly outside the control of the Commission, your employer may choose to seek reimbursement from you for the amount of the fee paid on your behalf.

D. If you are seeking an initial, new, or renewal Casino Gaming Employee License and you have **not** been offered employment with or are not currently employed by a casino in Ohio:

1. You must submit your completed application and all attachments to the Ohio Casino Control Commission, 10 West Broad Street, Sixth Floor, Columbus, Ohio 43215, along with the applicable application fee. This fee must be paid by certified check, cashier's check, or money order (made payable to the "Treasurer – State of Ohio").

IV. BACKGROUND INVESTIGATIONS

A. Along with a completed application, you will be required to be fingerprinted so that the Commission can initiate a criminal records check as part of the investigation of your suitability for a Casino Gaming Employee License.

B. If you are seeking a Casino Gaming Employee License in connection with an offer of employment with a casino in Ohio:

1. You will be notified of a time and date to report to the casino that offered you employment so that fingerprints can be obtained and a photo can be taken.

2. There is a \$46 fee to obtain a background check. You do not need to enclose payment at the time you file the application. Your prospective employer has agreed to pay the fee on your behalf. However, depending upon company policies that are wholly outside the control of the Commission, your employer may choose to seek reimbursement from you for the amount of the fee paid on your behalf.

3. To establish your identity when you are being fingerprinted and having your photo taken, you must present the original documents(s) listed below:

- a. A current and valid U.S. passport OR Certificate of Naturalization OR a current identification card issued by the USCIS containing a photograph or fingerprints and identifying information such as name, date of birth, sex, height, color of eyes and address.

- b. If the items in subdivision 1 above are not available, any two of the following authentic documents may be accepted.

- i. A certified copy of a U.S. birth certificate issued by a state, county, or municipal authority with an official seal;

- ii. A current and valid state-issued driver's license that has photograph and/or identifying information;

- iii. A current and valid identification card issued to persons who serve in the U.S. military or their dependents that has a photograph and/or identifying information;

- iv. A current and valid school identification card containing a photograph, an expiration date, the seal or logo of the issuing institution and/or identifying information;

- v. A current and valid identification card issued by a federal, state, or local government agency that has a photograph and/or identifying information;

- vi. A valid Key or Gaming employee License; or

- vii. A current and valid foreign passport with a proper USCIS authorization.

NOTE: If the name on any of the provided identification is different than the name on your application, you must also provide a court-ordered name change, marriage certificate, or divorce decree to establish the reason for the different name.

- C. If you are seeking an initial, new, or renewal Casino Gaming Employee License and you have **not** been offered employment with or are not currently employed by a casino in Ohio:
1. If you reside in Ohio, you must visit an approved WebCheck vendor at the time you submit your application. The fee charged by these vendors is the applicant's responsibility. A list of such vendors can be found at: <http://www.ohioattorneygeneral.gov/Services/Business/WebCheck>. The vendor should be advised to send the results of the background check to the Ohio Casino Control Commission, 10 West Broad Street, Sixth Floor, Columbus, Ohio 43215.
 2. If you reside outside Ohio, you must request that the Commission mail an out-of-state fingerprinting packet to you. For information on how to do so, please visit the Commission's website at the following address: <http://www.casinocontrol.ohio.gov/FingerprintInstructions.aspx>.
 3. There is a \$46 fee to obtain a background check. When returning the required fingerprint cards from the packet, you must include payment for the \$46 fee by certified check, cashier's check, or money order, made payable to the "Treasurer – State of Ohio".

V. DUTY TO UPDATE INFORMATION

- A. All Casino Gaming Employee applicants **and** licensees have a continuing duty to update changes to any of the information the applicant or licensee is required to provide or has provided to the Commission.
- B. To fulfill this continuing duty to update, a Casino Gaming Employee applicant or licensee must:
1. Submit information about the change to the Commission **in writing** and no later than **ten days** after the change occurs; and
 2. Include the name and license number (if applicable) of the applicant or licensee.

VI. IMPORTANT NOTICES

- A. All notices regarding your application will be sent to the address that you provide on this application. You must immediately notify the Commission of any change of address.
- B. The Commission will not issue a Casino Gaming Employee License to an applicant if the applicant:
1. Has been convicted of or has pleaded guilty to or no contest to a disqualifying offense per R.C. 3772.07 (a "disqualifying offense" means any gambling offense, any theft offense, any offense having an element of fraud or misrepresentation, any offense having an element of moral turpitude, and any felony not otherwise included in the foregoing list);
 2. Has submitted an application that contains false information;
 3. Owns an ownership interest that is unlawful under R.C. Chapter 3772, unless waived by the Commission;
 4. Violates specific rules adopted by the Commission related to denial of licensure;
 5. Is a member of or employed by a gaming regulatory body of a governmental unit in Ohio, another state, or the federal government, or is an employee of a governmental unit of Ohio and in that capacity has significant influence or control, as determined by the Commission, over the ability of a casino operator, management company, holding company, institutional investor, or gaming-related vendor to conduct business in Ohio;
 6. Is a not at least twenty-one years of age; or
 7. Is otherwise ineligible for licensure as determined by the Commission.

- C. Pursuant to R.C. 3772.16, certain information submitted, collected, or gathered as part of an application to the Commission for a Casino Gaming Employee License is confidential and not subject to disclosure as a record under R.C. 149.43.
- D. In accordance with the Privacy Act of 1974, 5 U.S.C. 552a, disclosure of your social security number is voluntary. Failure to disclose your social security number is not grounds for denial of your application. If provided, the Commission will use your social security number to obtain and verify information in your application. The absence of a social security number on the application may, however, delay the final determination of your application. **Note: If your social security number is provided as part of this application, it will not be disclosed by the Commission as part of any public record.**
- E. A Casino Gaming Employee License expires **three years** after the date of licensure.
- F. Any Casino Gaming Employee License issued by the Commission is a revocable privilege and is not transferable. No licensee has a vested right in or under a Casino Gaming Employee License issued by the Commission.

[Remainder of page intentionally left blank.]

CASINO GAMING EMPLOYEE

LICENSE APPLICATION

PLEASE PRINT OR TYPE THE ANSWERS TO THE FOLLOWING QUESTIONS IN THE SPACES PROVIDED

NAME: LAST (INCLUDES SR., JR., ETC., IF APPLICABLE) FIRST MIDDLE

MAILING ADDRESS: (NUMBER AND STREET) (APT#) (CITY) (COUNTY) (STATE) (ZIP CODE)

HOME ADDRESS: (IF DIFFERENT THAN MAILING ADDRESS) (APT#) (CITY) (COUNTY) (STATE) (ZIP CODE)

HOME TELEPHONE NUMBER: TELEPHONE NUMBER AT CURRENT PLACE OF EMPLOYMENT:

DATE OF BIRTH: (MO) (DAY) (YEAR) HEIGHT (FT-IN) WEIGHT (LBS) SOCIAL SECURITY NUMBER*

HAIR COLOR EYE COLOR SEX

DRIVER LICENSE NUMBER ISSUING JURISDICTION ISSUE DATE EXPIRATION DATE

*UNDER THE PRIVACY ACT, DISCLOSURE OF YOUR SOCIAL SECURITY NUMBER IS VOLUNTARY.

HAVE YOU EVER BEEN KNOWN BY ANY OTHER NAME OR NAMES? YES NO IF YES, LIST THE ADDITIONAL NAMES BELOW AND SPECIFY DATES OF USE FOR EACH. (INCLUDE MAIDEN NAME, ALIASES, NICKNAMES, OR ANY OTHER NAME.)

IMPORTANT

FAILURE TO ANSWER ANY QUESTION ON THIS APPLICATION COMPLETELY AND TRUTHFULLY MAY RESULT IN THE DENIAL OF YOUR LICENSE APPLICATION

MANUALLY AFFIX OR ELECTRONICALLY INSERT A COLOR, IDENTICAL, AND TAKEN WITHIN THE PAST 6 MONTHS 2" X 2" WITH A FULL-FACE, FRONT VIEW PHOTOGRAPH HERE

1. I am applying for a(n):

- Initial or New License (check this box if you have never applied for **or** do not currently have an active Ohio Casino Gaming Employee License)
- Provisional License* (check this box if you checked the Initial License box **and** you have an offer of employment from a casino operator or management company applicant or licensee)
- Renewal License (check this box if you have an active Ohio Casino Gaming Employee License and wish to renew that license)

*Any applicant seeking a Provisional Casino Gaming Employee License **must** attach to this application, **labeled as Exhibit 1**, documentation of an offer of employment from a casino operator or management company applicant or licensee.

2. Are you a citizen of the United States?

YES NO

3. If you are a naturalized citizen of the United States, attach to this application, **labeled as Exhibit 2**, a copy of your Certificate of Naturalization.

4. If you are not a citizen of the United States, please indicate:

A. The country of which you are a citizen: _____

B. Place of birth: _____

C. Port of entry to the United States: _____

5. If you are not a United States citizen, but you are a legally authorized permanent resident alien or you are authorized to be employed in the United States, please provide your USCIS "A" number or other USCIS authorization in the space provided below, and attach to this application, **labeled as Exhibit 3**, a copy of your USCIS identification card, and/or any other USCIS document that conditions or restricts your employment.

USCIS: "A" number

6. Have you ever served in a military organization of any country or have you been an active or inactive member of a reserve force of any country? YES NO

If yes, provide the following information:

Country of Service: _____ Branch of Service: _____

Service ID # (or equivalent): _____ Highest Rank Held: _____

Period(s) of Active Service: From: _____ To: _____

From: _____ To: _____

Date(s) and type(s) of discharge/separation (e.g., Honorable, Dishonorable, Honorable Conditions, Medical, etc.) from Military Service(s):

Date of each Discharge/Separation	Type of each Discharge/Separation

Attach a copy of your DD-214*. If unavailable, attach a copy of a letter to the appropriate branch of the military requesting a copy of your DD-214. If in reserves, please attach a copy of your discharge papers.

*In the United States, a military record is called a DD-214. If you have served in the U.S. military, you **must** provide a copy of this record. If your military service was in another country, you **must** provide a copy of whatever official documentation was provided to you at the time of your discharge. If no official documentation of your non-U.S. military discharge is available, provide a detailed explanation of the nature of and reason for your discharge as well as an explanation as to why no official documentation can be provided.

7. Have you ever been tried by military court martial or have you had any charges** filed against you? YES NO

If yes, provide a detailed explanation on a separate sheet, wherein you describe the (1) nature of the charge or arrest, (2) date and location of the charge or arrest, (3) name of the military organization filing the charges, (4) disposition (convicted, acquitted, dismissed, pleading, etc.), and (5) sentence (if applicable), and attach it to this application, **labeled as Exhibit 4**.

**Charges filed against you by the military authorities in any country would fall under the Code of Military Justice applicable to that jurisdiction. In the United States, this means any charges filed against you under Article 15 of the Uniform Code of Military Justice (summary court, deck court, captain's mast, company punishment, etc.).

The next question asks about any arrests, charges, or offenses you may have committed. Prior to answering this question, carefully review the definitions and instructions that follow:

- DEFINITIONS: For purposes of this question:
- A. **"Arrest"** includes any detaining, holding, or taking into custody by any police or other law enforcement authorities to answer for the alleged performance of any "offense."
 - B. **"Charge"** includes any indictment, complaint, information, summons, or other notice of the alleged commission of any "offense."
 - C. **"Convict"** includes the finding of guilty of any "offense" upon a trial, a plea of guilty, or a plea of no contest.
 - D. **"Offense"** includes all felonies, crimes, misdemeanors, disorderly persons offenses, petty disorderly offenses, driving while intoxicated/impaired motor vehicle offenses, and violation of probation or any other court order. Juvenile offenses that occurred within the most recent ten-year period are also included within the definition of "offense." **However**, "offense" does not include minor traffic offenses.

INSTRUCTIONS: A. Answer "yes" and provide all information to the best of your ability EVEN IF:

1. You did not commit the offense charged;
2. The charges were dismissed or subsequently downgraded to a lesser charge;
3. You completed a diversionary program or the equivalent thereof;
4. You were not convicted;
5. You did not serve any time in prison or jail; or
6. The charges or offenses happened a long time ago.

B. Answer "no" IF:

1. You have never been arrested or charged with any crime or offense; or
2. Any records relating to any charge, arrest, or conviction have been expunged or otherwise officially sealed by a court, government agency, or other regulatory authority.

8. Have you ever been arrested for, charged with, or convicted of **any offense in any jurisdiction (including Ohio)**? YES NO

If yes, complete the following chart:

DESCRIPTION OF OFFENSE AND LOCATION WHERE OFFENSE OCCURRED	DATE OFFENSE OCCURRED	NAME AND ADDRESS OF ANY INVESTIGATING AGENCY, ARRESTING AGENCY, CHARGING AGENCY, AND PROSECUTING AGENCY	DISPOSITION (CONVICTED, ACQUITTED, DISMISSED, PENDING, PARDONED, ETC.) (if applicable)	SENTENCE (if applicable)

9. Have you ever been issued, **in any jurisdiction (including Ohio)**, a gaming-related license, permit, registration, certification, or other authorization? YES NO

If yes, complete the following chart:

NAME AND ADDRESS OF LICENSING AGENCY	TYPE OF LICENSE, PERMIT, REGISTRATION, CERTIFICATION, OR OTHER AUTHORIZATION	LICENSE, PERMIT, REGISTRATION, CERTIFICATION, OR OTHER AUTHORIZATION NUMBER	NAME OF LICENSEE AT TIME OF ISSUANCE*	AGE OF LICENSEE AT TIME OF ISSUANCE

*Please provide all names, including former names, under which the gaming-related license was issued

10. Have you ever had any gaming-related application, license, permit, registration, certification, or other authorization restricted, suspended, rejected, revoked, or denied by any governmental agency or gaming regulatory authority? YES NO

If yes, complete the following chart:

NAME AND ADDRESS OF GOVERNMENTAL AGENCY OR GAMING REGULATORY AUTHORITY	TYPE OF APPLICATION, LICENSE, PERMIT, REGISTRATION, CERTIFICATION, OR OTHER AUTHORIZATION	TYPE OF ACTION (RESTRICTION, SUSPENSION, REJECTION, REVOCATION, OR DENIAL)	DATE AND DURATION OF RESTRICTION, REJECTION, SUSPENSION, REVOCATION, OR DENIAL	CAUSE(S) OF RESTRICTION, SUSPENSION, REJECTION, REVOCATION, OR DENIAL

11. Have you ever been fined by, penalized by, or entered into any settlement with any governmental agency Or gaming regulatory authority regarding a gaming-related matter? YES NO

If yes, complete the following chart:

NAME AND ADDRESS OF GOVERNMENTAL AGENCY OR GAMING REGULATORY AUTHORITY	DATE OF FINE, PENALTY, OR SETTLEMENT	TERMS OF THE FINE, PENALTY, OR SETTLEMENT	CAUSE(S) OF FINE, PENALTY, OR SETTLEMENT

12. Beginning with your current residence(s) and working backwards, provide the following information with respect to each place where you have lived during the past five years.

DATES (MO/YR)		ADDRESS (NUMBER, STREET, APARTMENT, CITY, STATE, COUNTRY, AND ZIP CODE)	TELEPHONE NUMBER
FROM:	TO:		

13. Circle your current marital status: Single Married Legally Separated Divorced Widow/Widower

A. Provide the name of your present spouse: _____

B. List all former spouses: _____

14. In the chart below, provide the information regarding your employment for the past five years. Begin with your present job and work backwards. Give dates of any unemployment between jobs in proper sequence. Include all part-time and full-time employment and any military service. Note by means of an asterisk (*) any gaming-related employment (e.g., casino gaming, horse racing, dog racing, parimutuel operation, lottery, sports betting, etc.).

DATES (MO/YR)		NAME AND MAILING ADDRESS OF EMPLOYER(S)	TELEPHONE NUMBER	TITLE(S)/POSITION(S) HELD	REASON FOR LEAVING
FROM:	TO:				

15. Have you ever been suspended, discharged, asked to resign, or resigned by mutual agreement from any gaming-related employment position? YES NO

If yes, provide a detailed explanation on a separate sheet and attach it to this application, **labeled as Exhibit 5.**

16. A. Are you a party to **any currently pending** lawsuit? (Include matrimonial matters, negligence matters, auto accident matters, contract matters, collection matters, debt matters, foreclosure matters, etc.). YES NO

B. Have you had any financial liens or judgments filed against you **in the last ten years**? (Include federal tax liens, state tax liens, unemployment judgments, defaulted student loans, delinquent child support obligations, etc.). YES NO

If yes to either question, complete the following chart:

DATE FILED	JURISDICTION	DOCKET NUMBER	OTHER PARTIES TO THE LAWSUIT	NATURE OF THE LAWSUIT	DISPOSITION (if applicable)	DATE OF DISPOSITION (if applicable)

17. Have you filed a petition for any type of bankruptcy or insolvency or been adjudicated bankrupt or insolvent under any bankruptcy or insolvency law **in the last ten years**? YES NO

If yes, attach to this application, **labeled as Exhibit 6**, a copy of the bankruptcy petition and discharge (if available).

18. Have your wages, earnings, or other income been subject to garnishment, attachment, charging order, voluntary wage execution, or the like **in the last ten years**? YES NO

If yes, complete the following chart:

DATE FILED	DOCKET NUMBER	NAME AND ADDRESS OF COURT	NATURE OF OBLIGATION	AMOUNT OF OBLIGATION	NAME AND ADDRESS OF OBLIGATION HOLDER

19. Do you have any ownership interest, financial interest, or financial investment (**other than through passive investing***) in any business entity applying to, or presently licensed by, the Commission? YES NO

If yes, complete the following chart:

NAME AND ADDRESS OF BUSINESS ENTITY	NATURE AND AMOUNT OF YOUR INTEREST	% OF OWNERSHIP IN THE BUSINESS ENTITY

*Passive investing means any investment by the applicant by means of a mutual fund in which the applicant has no control of the investments or investment decisions.

RELEASE AUTHORIZATION

To All Courts, Probation Departments, Selective Service Boards, Employers, Educational Institutions, Banks, Financial and Other Such Institutions, and All Governmental Agencies - federal, state and local, without exception, both foreign and domestic,

I, _____, have authorized
(Print Name)

the Ohio Casino Control Commission to conduct a full investigation into my background and activities.

Therefore, you are hereby authorized to release any and all information pertaining to me, documentary or otherwise, as requested by any employee or agent of the Casino Control Commission, provided that he or she certifies to you that I have an application pending before the Casino Control Commission or that I am presently a licensee or provisional licensee.

This authorization shall supersede and countermand any prior request or authorization to the contrary.

A photocopy of this authorization will be considered as effective and valid as the original.

DATED: _____ (LEGAL SIGNATURE)
(Signature of Applicant)

Notarization Required:

STATE OF: _____

COUNTY: _____

SWORN TO ME AND SUBSCRIBED IN MY PRESENCE, THIS
_____ DAY OF _____, 20_____

NOTARY PUBLIC: _____

MY COMMISSION EXPIRES: _____

AUTHORIZATION TO RELEASE CRIMINAL RECORD

The undersigned applicant hereby agrees to the release of criminal record information to the Ohio Casino Control Commission in order for the Executive Director of the Ohio Casino Control Commission to conduct all necessary and required background checks.

The Executive Director of the Commission may request the Bureau of Criminal Identification and Investigation, the Ohio State Highway Patrol, or any other state, local, or federal agency to supply the criminal records of any applicant. The applicant is required to be fingerprinted. FAILURE TO COMPLY WILL RESULT IN A LICENSE NOT BEING ISSUED TO THE APPLICANT.

The applicant further agrees that the Executive Director may make investigations in order to satisfy the conditions for licensure. These investigations may include, without limitation, credit reviews, inspections of applicant's premises and inspection of law enforcement and other official records. The applicant acknowledges reading and understanding the conditions set forth in this authorization and agrees to observe and be bound by them. The applicant acknowledges that the Ohio Casino Control Commission is not obligated to issue a license and can suspend or revoke the license in accordance with R.C. 3772.14. Each holder of a license agrees to be bound by and observe the terms and conditions on the application and in R.C. Chapter 3772 and Ohio Adm. Code 3772.

THIS FORM MUST BE COMPLETED AND NOTARIZED

Applicant Signature

Date

Date of Birth

Social Security Number

Notarization Required:

STATE OF: _____

COUNTY: _____

SWORN TO ME AND SUBSCRIBED IN MY PRESENCE, THIS

_____ DAY OF _____, 20_____

NOTARY PUBLIC: _____

MY COMMISSION EXPIRES: _____

STATEMENT OF TRUTH

STATE OF _____:

SS:

COUNTY OF _____:

_____, being duly sworn according to law deposes and says:

1. I hereby swear (or affirm) that the information contained herein and accompanying this application is true.
2. I personally supplied the information contained in this application.
3. I understand and read the English language or I have had an interpreter read, explain, and record the answer to each and every question on this application.
4. Any document accompanying this application that is not an original document is a true copy of the original document.
5. I swear (or affirm) that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are false, this Application for a Casino Gaming Employee License may be denied.

(SIGNATURE)

(TYPE, STAMP, PRINT NAME)

(DATE)

Notarization Required:

STATE OF: _____

COUNTY: _____

SWORN TO ME AND SUBSCRIBED IN MY PRESENCE, THIS
_____ DAY OF _____, 20_____

NOTARY PUBLIC: _____

MY COMMISSION EXPIRES: _____