

OHIO CASINO CONTROL COMMISSION



Key Employee License Application Cover Sheet

Applicant's Name

First: _____

Middle: _____

Last: _____

Applicant's Residence Location

County: _____

State: _____

Country: _____

Applicant's Gaming Credentials

Job Title: _____

Experience: _____

Business Information of the Employing Casino Operator, Management Company, Holding Company, or Gaming-Related Vendor

Business Name: _____

Address: _____

Phone: _____

I swear (or affirm) that the information contained in this Cover Sheet, the Ohio Supplement, and the Multi Jurisdictional Personal History Disclosure Form, including all attachments, exhibits, and other information requested or provided to the Commission, is true.

Signature of Applicant

Date

STATE OF OHIO
CASINO CONTROL COMMISSION



OHIO SUPPLEMENTAL FORM
TO MULTI JURISDICTIONAL
PERSONAL HISTORY DISCLOSURE FORM
FOR KEY EMPLOYEES

OHIO SUPPLEMENTAL FORM TO MULTI JURISDICTIONAL PERSONAL HISTORY DISCLOSURE FORM

INSTRUCTIONS

I. COMPLETING THIS FORM:

- A. You are to complete this form and a Multi Jurisdictional Personal History Disclosure Form if you are:
 - 1. Required to obtain a Key Employee License pursuant to Ohio Adm.Code 3772-5-01; or
 - 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 form must be legible. **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 this form 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 this form. **Note: Only those exhibits that apply to the applicant should be attached to this form.**

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

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

III. FILING THIS FORM WITH THE COMMISSION

- A. A complete application for a Key Employee License consists of this form, the Multi Jurisdictional Personal History Disclosure Form, all attachments (including identification documentation required by Paragraph B of Section III), 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. To establish your identity, you must attach a copy or copies of the identification documentation listed below to this form:
 - 1. 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.
 - 2. If the items above are not available, any two of the following current and valid documents:
 - a. A government-issued birth certificate with an official seal;

- b. A government-issued driver's license that has a photograph and/or identifying information;
- c. A military-issued identification card that has a photograph and/or identifying information;
- d. A foreign passport with a proper USCIS authorization;
- e. Any other government-issued identification card that has a photograph and/or identifying information; or
- f. Any other form of identification deemed appropriate by the Commission.

NOTE: Copies of the identification documentation listed above is in addition to any original document(s) required to be provided at the time of fingerprinting.

C. The fees relating to an initial, new, or renewal Key Employee License are as follow:

- 1. A nonrefundable application fee of \$2,000 must accompany an application for a Key Employee License;
- 2. In the event that the costs incurred by the Commission in the course of investigating an applicant's background exceed the upfront application fees set forth above, the Commission may, upon written notice, charge an additional fee to cover the actual costs of investigation;
- 3. An applicant for an initial, new, or renewal Key Employee License must pay a \$47.25 criminal-records check fee, as required by R.C. 3772.07;
- 4. Upon the Commission's approval or renewal of an applicant for a Key Employee License, a nonrefundable license fee of \$500 must be paid in order for the Commission to issue the license;
- 5. Upon the Commission's approval, an initial, new, or renewal applicant for a Key Employee License must pay an eLicense transaction fee of \$3.50.

D. If you are seeking an initial, new, or renewal Key Employee License and you have received an offer of employment from, are currently employed by, or are associated with a Casino Operator, Management Company, Gaming-Related Vendor, or Holding Company:

- 1. You must file your complete application and all attachments electronically. Consult with the relevant entity for specific instructions on how to file your application.
- 2. You do not need to enclose payment at this time. The relevant entity will pay the application fee on your behalf. However, depending upon company policies that are wholly outside the control of the Commission, the entity may choose to seek reimbursement from you for the amount of the fee paid on your behalf.

E. If you are seeking an initial, new, or renewal Key Employee License and you have **not** been offered employment with, are **not** currently employed by, or are not associated with a Casino Operator, Management Company, Gaming-Related Vendor, or Holding Company, contact the Commission's Division of Licensing and Investigations at (614) 387-5688, toll free at (855) 800-0058, or cac.licensing@casinocontrol.ohio.gov for information regarding the submission of a completed application and all attachments and payment of the applicable application fee. Unless otherwise approved by the executive director, all fees must be submitted in the form of an electronic funds transfer payable to the treasurer of the state of Ohio.

IV. BACKGROUND INVESTIGATIONS

Pursuant to R.C. 3772.07, the Commission must obtain criminal records checks for each individual applying for a Key Employee License. In order to initiate a criminal records check, you must be fingerprinted. Contact the Commission's Division of Licensing and Investigations at (614) 387-5688, toll free at (855) 800-0058, or cac.licensing@casinocontrol.ohio.gov to schedule an appointment or to have an out-of-state fingerprinting packet mailed to you.

V. DUTY TO UPDATE

A. Any person who applies for or holds a Key Employee License has a continuing duty to update changes to any of the information that they are required to provide or have provided to the Commission, including information

contained in this form and the Multi Jurisdictional Personal History Disclosure Form, as well as information required by Ohio Adm.Code 3772-5-04.

- B. To fulfill this continuing duty to update, the person 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 their name and license number (if applicable).

VI. IMPORTANT NOTICES

- A. Should you be unable to fully understand this form or the Multi Jurisdictional Personal History Disclosure Form in English, it is your responsibility to obtain adequate means of interpretation or translation, as applicable.
- B. All notices regarding your application will be sent to the address that you provide on this form. You must notify the Commission of any change of address in accordance with Ohio Adm.Code 3772-5-04.
- C. The Commission will not issue a Key Employee License to a person who:
1. Has a conviction of a disqualifying offense, as defined and prohibited by sections 3772.07 and 3772.10 of the Revised Code, and as determined by the Commission under section 9.79 of the Revised Code;
 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 not at least twenty-one years of age; or
 7. Is otherwise ineligible for licensure as determined by the Commission.
- D. Pursuant to R.C. 3772.16, information provided in a multijurisdictional personal history disclosure form, including the Ohio Supplement, exhibits, attachments, and updates is confidential and not subject to disclosure as a record under R.C.149.43. You should clearly identify those portions of the application that you deem to be confidential, proprietary commercial information, trade secrets, or otherwise not subject to public disclosure. Information provided as part of the application and licensing process is open to public inspection to the extent permitted by the Ohio Public Records Act and R.C. 3772.16.
- E. 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, it will not be disclosed by the Commission as part of any public record.**
- F. A Key Employee License expires three years after the date of licensure. Renewal of a Key Employee License may be requested by submitting a completed Key Employee License Application no less than **one hundred twenty days** before expiration of the License and paying the application fee, in the manner outlined under this form's Instructions.
- G. A Key Employee License issued by the Commission is a revocable privilege and is not transferable. No licensee has a vested right in or under a Key Employee License issued by the Commission.

[Remainder of page intentionally left blank.]

OHIO SUPPLEMENTAL FORM

TO MULTI JURISDICTIONAL

PERSONAL HISTORY DISCLOSURE FORM

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

NAME: LAST (INCLUDE: 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 CELLULAR OR ALTERNATIVE TELEPHONE NUMBER EMAIL

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 Federal Privacy Act, Disclosure of your Social Security Number is voluntary. See Part VI, Paragraph D of the Instructions for more information.

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 associated with you.)

1. Provide the following information about the entity with which you are, or are seeking to be, associated:

Name of Entity

Address of Entity: (NUMBER AND STREET) (FLR#) (CITY) (COUNTY) (STATE) (ZIP CODE)

Title of Position Held or Will Hold

2. Provide the following information about your compensation in connection with the above position(s):

A. The total amount of compensation you earn: _____

B. Breakdown the structure and amounts of each compensation component (i.e., salary, wages, bonus, fees, commissions, options, etc.):

Initials/Date: _____

3. Check all appropriate areas below and fill in the appropriate blanks indicating the reason for submitting this application.

A. I am applying in association with:

- A casino operator applicant or licensee
- A management company applicant or licensee
- A holding company
- A gaming-related vendor applicant or licensee

B. I am applying for a(n):

- Initial License
- Provisional License
- Renewal License

C. I am a Key Employee because I am a(n):

- Managerial Employee Officer
- Owner Director
- Shareholder Trustee
- Partner Other (Specify) _____

D. Provisional license applicants must demonstrate exigent circumstances necessitating the immediate issuance of a provisional Key Employee License pending the Commission's complete review of the application. If you are seeking a provisional license, describe the exigent circumstances:

4. Do you have any ownership interest, financial interest, or financial investment in any business entity applying to, or presently licensed by, the Ohio Casino Control Commission? YES NO

If YES, complete the following chart:

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

Initials/Date: _____

5. Are you a citizen of the United States? YES NO
6. If you are a naturalized citizen of the United States, attach a copy of your Certificate of Naturalization or valid U.S. passport, **labeled as Exhibit 6OH.**
7. If you are not a citizen of the United States, provide:
- A. The country of which you are a citizen: _____
- B. Place of birth: _____
- C. Port of entry to the United States: _____
- D. Name and Address of sponsor upon your arrival:

- E. A copy of your criminal records report issued in the last 90 days by a duly authorized entity in the country of which you are a citizen. If you are unable to provide such a report, provide a written explanation as to the circumstances preventing you from doing so. **Label responsive information as Exhibit 7EOH.**
- F. A copy of credit check report issued in the last 90 days by a duly authorized entity in the country of which you are a citizen. If you are unable to provide such a report, provide a written explanation as to the circumstances preventing you from doing so. **Label responsive information as Exhibit 7FOH.**
8. 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, provide a copy of your USCIS identification card and/or any other USCIS document that permits, conditions, or restricts your employment, **labeled as Exhibit 8OH.**
9. During the last ten-year period, have you held a five percent or greater interest in or been a director, officer, or principal of any entity that:
- A. Has made or has been charged with (either itself or through third parties acting for it) bribes or kickbacks to any government official to obtain favorable treatment or to any company, employee, or organization to obtain a competitive advantage? YES NO
- B. Has held a foreign bank account or has had authority to control disbursements from a foreign bank account? YES NO
- C. Has maintained a bank account, or other account, that was not reflected on the books or records of the business? YES NO
- D. Has maintained any bank account in a name other than the name of the business? YES NO
- E. Has donated or loaned corporate funds or property for the use or benefit of or for the purpose of opposing any government, political party, candidate, or committee? YES NO
- F. Has compensated any director, officer, principal, or employee for time and expenses incurred in performing services for the benefit of or to oppose any government or political party? YES NO
- G. Has made any loans, donations, or other disbursements to a director, officer, principal, or employee for the purpose of making or of reimbursing for political contributions? YES NO

Initials/Date: _____

10. Have any of the applications, licenses, permits, registration, findings of suitability, qualifications, or other authorizations that you identified in Question 24 of the Multi Jurisdictional Personal History Disclosure Form, ever been denied, suspended, revoked, or subject to any conditions in any jurisdiction? YES NO

If YES, complete the following chart:

TYPE OF LICENSE, PERMIT, OR AUTHORIZATION	NAME & ADDRESS OF GOVERNMENT AGENCY	DATE OF DENIAL, SUSPENSION, REVOCATION, ETC.	REASONS FOR ACTION TAKEN

11. State when you filed your last Federal Income Tax Return Form 1040, to what IRS Center it was sent and the tax period it covered.

Date Filed: _____ Period Covered: _____

Attach to this form, **labeled as Exhibit 11OH**, a copy of each IRS Form 1040 and 1040X (Amended Return) and all appropriate schedules filed by you in the last **three** years. If you and your spouse filed separate tax returns for any year in the last **three** years, also attach a copy of your spouse's tax returns.

12. Has your Federal Income Tax Return ever been audited or adjusted? YES NO

If YES, for what year(s)? _____

13. Have you ever failed to file Federal or State Income Tax returns? YES NO

If YES, for what year(s)? _____

14. Have you or your spouse ever filed any type of tax return, statement, or form in any jurisdiction outside the United States within the last three years? YES NO

If YES, complete the following chart:

TAX YEAR(S) FILED	COUNTRY FILED	AMOUNT OF TAX

Attach to this form, **labeled as Exhibit 14OH**, a copy of each such tax return and all appropriate schedules or other attachments required by the tax authorities of the foreign jurisdiction.

Initials/Date: _____

OHIO CASINO CONTROL COMMISSION

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
Printed Name of Applicant

the Ohio Casino Control Commission, a law enforcement agency, 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 Commission, provided that he or she certifies to you that I have an application pending before the 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.

Signature of Applicant

Date

Notarization Required:

STATE OF: _____

COUNTY: _____

SWORN TO ME AND SUBSCRIBED IN MY PRESENCE, THIS

_____ DAY OF _____, 20 _____

NOTARY PUBLIC: _____

MY COMMISSION EXPIRES: _____

Initials/Date: _____

OHIO CASINO CONTROL COMMISSION

AUTHORIZATION TO RELEASE CRIMINAL RECORD

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

The Executive Director may request the Bureau of Criminal 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. Applicant acknowledges reading and understanding the conditions set forth in this authorization and agrees to observe and be bound by them. Applicant acknowledges that the Commission is not obligated to issue a license and can suspend or revoke the license in accordance with R.C. 3772.04 and the rules adopted thereunder. 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

Printed Name of Applicant Date Date of Birth Social Security Number*

Signature of Applicant

*Under the Federal Privacy Act, Disclosure of your Social Security Number is voluntary. See Part VI, Paragraph E of the Instructions for more information.

Notarization Required:

STATE OF: _____

COUNTY: _____

SWORN TO ME AND SUBSCRIBED IN MY PRESENCE, THIS

_____ DAY OF _____, 20_____

NOTARY PUBLIC: _____

MY COMMISSION EXPIRES: _____

Initials/Date: _____

OHIO CASINO CONTROL COMMISSION

STATEMENT OF TRUTH

STATE OF _____:

SS:

COUNTY OF _____:

I, _____, swear (or affirm) that:
Printed Name of Applicant

1. I personally supplied and reviewed the information contained in this form and the Multi Jurisdictional Personal History Disclosure Form, including all attachments, exhibits, and other information requested by or provided to the Commission.
2. I understand and read the English language, or I have had an interpreter or translator (as applicable) read, explain, or record the answer to each question on this form and the Multijurisdictional Personal History Disclosure Form, including all attachments, exhibits, and other information requested by or provided to the Commission.
3. Any document accompanying this form or the Multi Jurisdictional Personal History Disclosure Form that is not an original document is a true copy of the original document.
4. I am aware that if any of the information contained in this form or the Multi Jurisdictional Personal History Disclosure Form, including all attachments, exhibits, and other information requested by or provided to the Commission, or in the foregoing statements made by me, is false, my Key Employee License Application may be denied.
5. The information contained in this form and the Multi Jurisdictional Personal History Disclosure Form, including all attachments, exhibits, and other information requested by or provided to the Commission, as well as in the foregoing statements made by me, is true.

Signature of Applicant

Date

Notarization Required:

STATE OF: _____

COUNTY: _____

SWORN TO ME AND SUBSCRIBED IN MY PRESENCE, THIS

_____ DAY OF _____, 20_____

NOTARY PUBLIC: _____

MY COMMISSION EXPIRES: _____

Initials/Date: _____