

POKAGON BAND OF POTAWATOMI INDIANS

SUPPLEMENT TO MULTI JURISDICTIONAL FORM



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. 270. et seq. The purpose of the requested information is to determine the eligibility of individuals to be employed in a gaming enterprise. The information will be used by the 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, State, local or foreign law enforcement and regulatory agencies when relevant to civil, criminal or regulatory investigations, prosecutions, or when pursuant to a requirement by a tribe or the National Indian Gaming Commission in issuance or revocation of a gaming license, or investigations of activities while associated with a tribe or a gaming enterprise. Failure to consent to the disclosures indicated in this notice will result in the tribe's being unable to hire you in a primary management official or key employee position and may result in you not being hired in other positions. The disclosure of your Social Security Number (SSN) is voluntary. However, failure to supply a SSN may result in errors in processing your application.

False Statements Notice

A false statement on any part of your application may be grounds for not hiring you, for firing you after you begin work, or for denying or revoking a License. Also, you may be punished by fine or imprisonment.

**APPLICATION INSTRUCTIONS
PERSONAL HISTORY DISCLOSURE FORM KEY ONE**

Please be aware that the Pokagon Band of Potawatomi Indians Gaming Commission (Commission) will not accept an application from or issue a license to any person who is not a citizen of the United States or who does not possess a valid employment authorization issued by the United States Immigration and Naturalization Service (INS). Furthermore, the expiration date of a license issued by the Commission to any person who is not a citizen of the United States cannot exceed the expiration date of that person's INS employment authorization.

I. COMPLETING THIS FORM:

- A. You are to complete this application if you are:
1. A primary management official; or
 2. A control person for a gaming or non gaming supplier; or
 3. as directed to do so by the Commission.

Position I will hold at the casino or gaming or non gaming supplier _____

Name of company in which I will be employed

- 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, write "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.
- C. If you need additional space to answer any question(s), attach additional pages as necessary to this form. If you use additional pages, be sure to indicate the number(s) of the questions(s) which you are answering.

II. ESTABLISHING YOUR IDENTITY AND WORK AUTHORIZATION:

All applicants must come to the Commission offices and establish their identity and employment authorization. Our offices are located at:

To establish your identity and employment authorization, you must present the original document(s) listed below in A, B or C.

- A. A current and valid U.S. passport OR Certificate of Naturalization OR a current identification card issued by the INS 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 (A) above are not available, and C below does not apply to you, you must present a certified copy of a U.S. birth certificate issued by a state, county or municipal authority with an official seal and one of the following documents;
1. A current and valid state issued driver's license that has a photograph and/or identifying information;
 2. 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;
 3. A current and valid school identification card containing a photograph, an expiration date, the seal or logo of the issuing institution and the signature of the card holder;
 4. A current and valid identification card issued by a federal, state or local government agency that has a photograph and/or identifying information;
- C. If you are a student and citizen of another country with J-1 authorization you must present the appropriate signed J-1 authorization document and a valid and current foreign passport with United States Citizenship and Immigration Service stamp.

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.

In addition, if you are not a citizen of the United States, you must supply a country ID number _____

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

- A. You have established your identity and work authorization in accordance with Section II above and attached copies of these documents to this form.
- B. All attachments required in this form are labeled with an exhibit number and included in both the original and the photocopy.
- C. The Statement of Truth and Release Authorization forms are notarized on the original application.
- D. Every question has been answered completely.
- E. You initial each page of this form in the space provided.
- F. You retain a completed copy of this form for your own records.

IV. FILING THIS FORM WITH THE COMMISSION:

- A. Submit this form as an original and one (1) photocopy of the form and attachments. If you are a primary management official of a casino, your application fee is \$300. Payment may be made by check, money order, credit or debit card (no cash). Make your check or money order payable to the Pokagon Band of Potawatomi Indians Gaming Commission. **Application fees are nonrefundable.**
- B. If the photocopy of this form is not clear, the application **will not be accepted.**

- C. Once your application is accepted, it becomes the property of the Gaming Commission and may not be withdrawn without the permission of the Gaming Commission.

V. IMPORTANT NOTICES:

- A. Should you be unable to understand this form fully in English, it is your responsibility to acquire adequate means of translation.

Si usted no puede entender este formulario completamente en Ingles, es su responsabilidad de obtener los metodos necesarios de traduccion.
- B. All notices regarding your application will be sent to the address you provide on this form. You must immediately notify the Gaming Commission if you change your address.
- C. Failure to answer any question completely and truthfully will result in denial of your license application.
- D. Any person who applies for and obtains a license from the Gaming Commission is required to submit to warrantless searches when present in a licensed casino hotel facility.
- E. Information supplied to the Gaming Commission or otherwise obtained by either of them is confidential and shall not be revealed except in the course of the necessary administration. In applicant or licensee waives any liability and its instrumentalities and agents for any damages resulting from any disclosure or publication in any manner, other than a willfully unlawful disclosure or publication.
- F. Any applicant for a license must, prior to the issuance of such license, produce sufficient information, documentation, and assurances to meet the qualification criteria.
- G. Disclosure of your social security number is voluntary. Failure to disclose your social security number is not grounds to deny your application. If provided, your social security number will be used by the Gaming Commission to obtain and verify information for your license as a casino employee. The absence of a social security number on the application may delay the final determination of your application.

PLEASE 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) (STATE) (ZIP CODE)

HOME ADDRESS: (IF DIFFERENT THAN MAILING ADDRESS) (NUMBER AND STREET) (APT#) (CITY) (STATE) (ZIP CODE)

HOME TELEPHONE NUMBER: (AREA CODE) (NUMBER) TELEPHONE NUMBER AT CURRENT PLACE OF EMPLOYMENT: (AREA CODE) (NUMBER) (EXTENSION)

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

BUSINESS BUSINESS ADDRESS BUSINESS TELEPHONE NUMBER

PLACE OF BIRTH LANGUAGE WRITTEN OR SPOKEN

HAVE YOU 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.)

POKAGON TRIBAL MEMBERSHIP (IF APPLICABLE) POKAGON TRIBAL MEMBERSHIP NUMBER

-----PLEASE CHECK APPROPRIATE SPACE-----

- | | | | |
|-------------------------------------|-------------------------------------|-------------------------------------|--|
| HAIR COLOR | EYE COLOR: | SEX:** | RACE:** |
| <input type="checkbox"/> (BK) BLACK | <input type="checkbox"/> (BK) BLACK | <input type="checkbox"/> (M) MALE | <input type="checkbox"/> (C) CAUCASIAN |
| <input type="checkbox"/> (BR) BROWN | <input type="checkbox"/> (BR) BROWN | <input type="checkbox"/> (F) FEMALE | <input type="checkbox"/> (B) BLACK |
| <input type="checkbox"/> (BD) BLOND | <input type="checkbox"/> (HZ) HAZEL | | <input type="checkbox"/> (H) HISPANIC |
| <input type="checkbox"/> (RD) RED | <input type="checkbox"/> (BL) BLUE | | <input type="checkbox"/> (A) ASIAN |
| <input type="checkbox"/> (GY) GRAY | <input type="checkbox"/> (GY) GRAY | | <input type="checkbox"/> (N) NATIVE AMERICAN |
| <input type="checkbox"/> (WH) WHITE | <input type="checkbox"/> (GR) GREEN | | |
| <input type="checkbox"/> (BA) BALD | | | |

*UNDER THE PRIVACY ACT, DISCLOSURE OF YOUR SOCIAL SECURITY NUMBER IS VOLUNTARY, SEE SECTION V G UNDER IMPORTANT NOTICES ON PAGE 5 OF THIS APPLICATION.

**YOUR RESPONSE IS OPTIONAL.

1. Provide the following employment information regarding the casino, gaming or non gaming supplier you are associated with:

Name of Entity

Address of Entity

NUMBER AND STREET

CITY

STATE

ZIP CODE

Title of Position held or will hold

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

A. I am applying for:

- A license as a PMO
- Qualification as a control person for a gaming or non gaming supplier

B. If I am a control person for a gaming or non gaming supplier, I am an:

- Owner
- Investor
- Officer
- Other (Specify) _____
- Stockholder
- Director
- Partner

C. If applicable, the name of holding company(ies) affiliated with the gaming or non gaming supplier with which I have any positions:

3. Are you a citizen of the United States? Yes No

4. If you are a naturalized citizen of the United States, attach a copy of your Certificate of Naturalization to this form and label as Exhibit 5N.

5. 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: _____

d. Name and address of sponsor upon your arrival:

6. 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 INS "A" number or other INS authorization in the space provided below, and attach to this form a copy of your INS identification card and/or any other INS document that conditions or restricts your employment labeled as Exhibit 7N.

INS "A" number: _____

7. Have you ever had a civil or criminal record expunged or sealed by court order **? Yes No

If yes, when? _____ Where? _____
City County State

**** IF YOU HAVE ANY RECORDS RELATING TO ANY ADMINISTRATIVE, CIVIL, OR CRIMINAL CHARGE, OFFENSE, ARREST OR CONVICTION, WHICH HAVE BEEN EXPUNGED OR SEALED BY COURT ORDER, ATTACH A COPY OF THE EXPUNGEMENT OR SEALING ORDER TO THIS SUPPLEMENTAL FORM.**

8. During the last ten year period, have you held a 5% or greater interest in or been a director, officer or principal employee 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, domestic or foreign, 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, whether domestic or foreign, which was not reflected on the books or records of the business? Yes No
 - d. Has maintained a domestic or foreign numbered bank account or other bank account in a name other than the name of the business? Yes No

9. 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: _____

IRS Office Location: _____

Attach to the back of this form 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.

10. Has your Federal Income Tax Return ever been audited or adjusted? Yes No
 If yes, for what tax year(s)? _____
11. Have you ever failed to file Federal or State Income Tax returns? Yes No
 If yes, for what year(s)? _____

12. 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 ten years?

Yes No

If yes, complete the following chart:

TAX YEAR(S) FILED	COUNTRY FILED	AMOUNT OF TAX

Attach to the back of the Form and label as Exhibit 12 a copy of each such tax return and all appropriate schedules or other attachments required by the tax authorities of the foreign jurisdiction.

13. Do you or immediate family (parents, children, siblings, by whole or half-blood, adoption or natural relationship) now have or have you had any current of financial interest, other than a salary interest, in any gaming relation activity or business anywhere? If so, disclose the name of the person who has such interest and the nature of that relationship.

GAMING HISTORY

14. Describe any existing and previous business relationships with the gaming industry generally, including ownership interest in those business.

RELATIONSHIP WITH OTHER TRIBES

15 Describe any existing or previous Gaming-related or other business relationship you have with any Indian Tribes.

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 Pokagon Band of Potawatomi Indian Commission (Commission) to conduct a full investigation into my criminal and civil records, credit and financial history, business relationships and activities, records of all prior license applications and tax records.

Therefore, you are hereby authorized to release any and all information pertaining to me, documentary or otherwise, as requested by any employee or agent, provided that he or she certifies to you that I have an application pending before the Commission or that I am presently a licensee, registrant or other person required to be qualified under the provisions of the Gaming Regulatory Act.

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)

Subscribed and sworn to

before me this _____ day

of _____, 20 _____

NOTARY PUBLIC

STATE

ACKNOWLEDGEMENT OF JURISDICTION

I, _____, hereby acknowledge
(PRINT NAME)

that I consent to the personal jurisdiction of the Pokagon Band of Potawatomi Indians, its Gaming Commission and the tribal court and I hereby waive all available defenses against such jurisdiction.

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

Subscribed and sworn to

before me this _____ day
of _____, 20 ____.

NOTARY PUBLIC

STATE