



## **INSTRUCTIONS**

### **Trust Application for Gaming & Non-Gaming Suppliers Pokagon Band Gaming Commission**

The following is a Trust application for Supplier licensing requirements. This application must be completed in its entirety in order to be processed by the Commission. Incomplete applications will be returned.

Be advised that all applications are investigated. This may include, but not be limited to, criminal and civil history checks. The Commission may require you to furnish additional information and/or documentation as necessary to proceed with such investigation. This investigation may continue throughout the processing and after the granting of a suppliers license. Failure to provide the Commission with the requested information and/or documents may result in the summary suspension of your Gaming License.

Please submit a Trust application for trusts that hold more than ten (10) percent of the Company.

**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 members and staff who have need for the information in the performance of their official duties. The information may be disclosed to appropriate Federal, Tribal, State, local or foreign law enforcement and regulatory agencies when relevant to civil, criminal or regulatory investigations or prosecutions or when pursuant to a requirement by a tribe or the National Indian Gaming Commission in connection with the 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.

**False Statements Notice:** 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).

This application must be submitted along with the application fee to the following address:

Pokagon Band Gaming Commission  
Attn: Licensing Department  
10528 Maudlin Road  
New Buffalo, MI 49117

## Pokagon Band Gaming Commission Trust Application for Gaming and Non-Gaming

If you have any questions about this application, you are encouraged to contact the Commission for clarification.

**TRUST INFORMATION:** This section must be completed in full with all of the Trust information. Company must also provide the Trust documents. Photocopies of these documents are acceptable.

**Trust Name**

**Type Of Trust**

**Percentage of Ownership in Business**

**Date Trust Was Established**

**Contact Name/Contact Number**

**TRUSTEE INFORMATION:** This section must be completed by ALL person(s) having control over the Trust. This means any person who has the authority to make decisions for the Trust. **Attach additional sheets if necessary.**

#1 Last Name

First Name

Middle Name

Date of Birth

SSN

Address

City

State

Zip

Current Position

Date of Hire

% of Ownership

#2 Last Name

First Name

Middle Name

Date of Birth

SSN

Address

City

State

Zip

Current Position

Date of Hire

% of Ownership

**BENEFICIARY INFORMATION:** This section must be completed by ALL person(s) who are the beneficiary of the above listed trust. **Attach additional sheets if necessary.**

#1 Last Name	First Name	Date of Birth	SSN
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

#2 Last Name	First Name	Date of Birth	SSN
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

#3 Last Name	First Name	Date of Birth	SSN
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**QUESTIONNAIRE/REQUEST:**

**#1** – Has the Trust listed applied for a license to conduct business with another casino in the United States? (This includes Gaming License, Non-Gaming License, Registrations, Exemptions, etc.)

YES       NO

If yes, please attach additional sheets listing the following: The jurisdiction where the license is held (or applied with), the address of the jurisdiction, license (or exemption) number, date applied, current status, detailed statement of any current or prior sanctions against said license.

**#2** – Does the Trust have any relationships involving Indian Tribes?       YES       NO

If yes, please provide names(s) and relationships on a separate sheet of paper.

**#3** In the past ten years has the Trust had a judgment, order, consent decree or consent order pertaining to any state or federal statute, regulation or code that resulted in a fine of \$50,000 or more entered against it?

YES       NO

**#4** List the civil lawsuits, excluding divorce or child custody proceedings, to which the business or control person has been a defendant within the previous ten years, including the name and address of the court involved, the date and disposition on a separate sheet of paper.

**ACKNOWLEDGMENT/TRUTH/RELEASE**

I, \_\_\_\_\_, on behalf of \_\_\_\_\_, hereby certify that all the representations, information and data, presented in this application are true, accurate and complete to the best of my knowledge. I understand that any falsification on any information contained in this application may constitute grounds for the denial of licensing request.

I, \_\_\_\_\_, on behalf of \_\_\_\_\_, hereby 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. I also acknowledge and consent to the jurisdiction of the above and all laws, rules, and regulations imposed by them for conducting business with the Four Winds Casino Resort; and, agree to abide by such.

I, \_\_\_\_\_, on behalf of \_\_\_\_\_, have authorized the Pokagon Band of Potawatomi Indians Commission (Commission) to conduct a full investigation into the background of the said enterprise. Therefore, 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. You are hereby authorized to release any and all information pertaining to the said enterprise, documentary or otherwise, as requested by any employee or agent of the Commission, provided that he or she certifies to you that said enterprise has an application pending before the Commission under the provisions of the Gaming Regulatory Act. This authorization shall supersede and countermand any prior request or authorization to the contrary. A photo static copy of this authorization will be considered as effective and valid as the original.

Finally, I certify that I have (or have been given) the authorization to make these statements on behalf of \_\_\_\_\_.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

Subscribed and sworn before me this

\_\_\_\_\_ Day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Signature