

New Gaming Supplier Application Checklist

CONTROL PERSONS

Applicant Name: _____ Position: _____

Company Name: _____

Please return with application

Multi Jurisdictional - Personal History Disclosure Form

- Legible
- Initialed, Dated and Identified Gaming Agency – in BLUE ink
- Complete Addresses and Phone Numbers
- JPEG Formatted Picture (Send to GC.Licensing@pokagonband-nsn.gov)
- Any and/or all attachments are properly labeled
- Statement of Truth/American Checked Release – Signed, Dated & Notarized

Multi Jurisdictional Supplement

- Legible/Pages Initialed
- Release Authorization – Signed, Dated & Notarized
- Acknowledgement of Jurisdiction – Signed, Dated & Notarized

Federal Tax Returns (1040, 1040A, 1040EZ) – for the last (3) three years

Application Fee of \$300 – Check or Money Order

Copy of Driver's License

Copy of legal Birth Certificate or Copy of Passport

AN INCOMPLETE APPLICATION WILL BE RETURNED

Applicant Signature: _____ Date: _____