INDIVIDUAL HISTORY APPLICATION FORM FOR A SOUTH DAKOTA TRIBAL GAMING LICENSE

South Dakota Commission on Gaming 87 Sherman Street Deadwood, SD 57732 605-578-3074

DO NOT WRITE HERE FOR OFFICE USE ONLY
CONTROL #
Received by the YSTGC on

PLEASE READ: 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 (NIGC) members and staff who have need for the information in the performance of their official duties. The information may be disclosed by the Tribe or the NIGC 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 NIGC 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. 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). The disclosure of your Social Security Number (SSN) is voluntary. However, failure to supply a SSN may result in errors in processing your application.

ADDITIONAL INFORMATION: Information provided on this form in accordance with the above Privacy Act Notice may also be used by the South Dakota Commission on Gaming staff who have a need for the information in the performance of their official duties. Failure to provide your SSN may result in a denial of license if needed information cannot be found.

Date:			
Name:			
FIRST		DDLE	LAST
Current Physical Address:			
	City:	State:	Zip:
Current Mailing Address (if different):		
	City:	State:	Zip:
Telephone Number:		Cellphone #:	
Alias (Nickname, Maiden I	Name, Name Changes or any	other Name known by):	
Date of Birth:	Plac	ce of Birth:	
Sex: M F Socia	ıl Security Number:		
Color of Hair:	Color of Eyes:	Weight:	Height:
	nd state of issue for the past on sheet (page 6) if necessar		

If Naturalized, Certificate Number: Place: Date of Naturalization: Name of Spouse, if any: Spouse's Social Security #: Spouse's Date of Birth: Spouse's Place of birth: Spouse's occupation: Beginning with your most recent employment, please list your employment history for the past five years:	List all addresses wh necessary)	ere you have lived for the p	past five years: (Use Ad	ditional Information s	heet (page 6) if	
If Naturalized, Certificate Number: Place: Date of Naturalization: Name of Spouse, if any: Spouse's Social Security #: Spouse's Date of Birth: Spouse's Place of birth: Spouse's occupation: Beginning with your most recent employment, please list your employment history for the past five years:	Address	City	State	From(month/year)	To (month/year)	
If Naturalized, Certificate Number: Place: Date of Naturalization: Name of Spouse, if any: Spouse's Social Security #: Spouse's Date of Birth: Spouse's Place of birth: Spouse's occupation: Beginning with your most recent employment, please list your employment history for the past five years:						
f Alien, Registration Number: Place: Date of Naturalization: Name of Spouse, if any: Spouse's Social Security #: Spouse's Date of Birth: Spouse's Place of birth: Spouse's occupation: Beginning with your most recent employment, please list your employment history for the past five years:						
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If Alien, Registration Number: Place: Date of Naturalization: Name of Spouse, if any: Spouse's Social Security #: Spouse's Date of Birth: Spouse's Place of birth: Spouse's occupation: Beginning with your most recent employment, please list your employment history for the past five years:						
SD Resident? () Yes () No U.S. Citizen: () Yes () No If NO, attach details If Alien, Registration Number:						
If Naturalized, Certificate Number: Place: Date of Naturalization: Name of Spouse, if any: Spouse's Social Security #: Maiden Name, Nickname, etc.: Spouse's Place of birth: Spouse's Date of Birth: Spouse's Place of birth: Spouse's occupation: Beginning with your most recent employment, please list your employment history for the past five years:	SD Resident? () Ye	es () No U.S. C	Citizen: () Yes ()) No	tails	
Date of Naturalization:	f Alien, Registration	Number:				
Name of Spouse, if any: Spouse's Social Security #: Spouse's Date of Birth: Spouse's Place of birth: Spouse's occupation: Beginning with your most recent employment, please list your employment history for the past five years:	If Naturalized, Certifi	cate Number:		Place:		_
Maiden Name, Nickname, etc.: Spouse's Social Security #: Spouse's Date of Birth: Spouse's Place of birth: Spouse's occupation: Spouse's occupation: Seginning with your most recent employment, please list your employment history for the past five years:	Date of Naturalization	n:	_			
Spouse's Date of Birth: Spouse's Place of birth: Spouse's occupation: Beginning with your most recent employment, please list your employment history for the past five years:	Name of Spouse, if an	y:				_
Spouse's occupation:	Maiden Name, Nickna	ame, etc.:	Spouse	's Social Security #:		_
Beginning with your most recent employment, please list your employment history for the past five years:	Spouse's Date of Birt	h:	Spouse's Place of birth	1:		_
me of Employer Address Telephone # Position Held From To	Spouse's occupation:					
me of Employer Address Telephone # Position Held From To	•	most recent employment, p	please list your employr	nent history for the pa	ist five years:	
	•	most recent employment, ¡	please list your employr	nent history for the pa	ast five years:	
	Beginning with your				·	Г <u>о</u>
	Beginning with your				·	Го
	Beginning with your				·	Го
	Beginning with your				·	0

List names and current addresses of three personal references:					
Name	Address	City	State	Telephone #	
		<u>'</u>			
Bank Reference:					
Bank Address:					
List two (2) credit	references. (Include	account number and ba	alance)		
(1)					
(2)					
Have you ever held or applied for a privileged or professional license with any regulatory agency ()Yes ()No If YES, list the name and address of each licensing or regulatory agency.					
NAME	ADDRESS		CITY	STATE	
D		didin 1 1 1	P		
causes of action th	at you may have agair cy disclosing or releas	ur background and pol nst the South Dakota Co sing said information to	ommission on Gamin	ng and any other	

NOTE: IF YOUR ANSWER IS YES TO <u>ANY</u> OF THE FOLLOWING QUESTIONS, PLEASE FURNISH DETAILS TO EACH YES ANSWER ON THE ADDITIONAL INFORMATION SHEET.

$\sqrt{}$	Arrests, Detentions and Litigations (Include arrests in which you were not convicted dismissed.)	l oı	r charge:	s we	ere
for any disposit	bu <u>EVER</u> been questioned, detained, indicted, arrested or summoned to answer criminal offense or violation for any reason whatsoever, regardless of the tion of the event, including Reckless Driving, DUI, and Eluding?	•	NAME (
(Do not	include minor traffic violations ie: speeding or parking tickets)	()YES (JN	VO
Have yo	ou EVER been or are you now on parole or probation to any court?	()YES ()N	10
Have yo	ou EVER received a pardon for any criminal act(s)? If so, list all cases without ons.	()YES ()N	10
	riminal indictment, information or complaint EVER been returned against you, which you were not arrested or in which you were named as an unindicted co-party?	()YES ()N	10
	ou EVER been subpoenaed to appear to testify before a federal, state or county ury, boards or commission?	()YES ()N	10
	ou EVER had a civil or criminal record expunged by a court order? ist the date and jurisdiction below:	()YES ()N	10
		_			
Date	City County	St	ate		
Have yo	ou ever applied for a permit or license related to gaming?	()YES ()N	10
Have yo	ou ever been denied a permit or license related to gaming?	()YES ()N	10
Type of	license: State:				
Agency	issuing license: Phone #:				
Address	3:				
If licens	e was revoked, provide details:				

PLEASE ATTACH A PHOTOGRAPH OF YOURSELF OR A COPY OF YOUR PICTURE ID WITH THIS APPLICATION.

STATE OF		
COUNTY OF		
I,	les, and information provided hation process is true and correct y me to be true and correct, and a false answer to any question a gened and the Applicant to a defurther, I understand that all information thereof, or misrepre Commission on Gaming may haware that later discovery of an	nerein to the South Dakota t. Information submitted d is otherwise so qualified which was posed in the mial, suspension, formation provided herein resentation by failing to be deemed as sufficient in omission or
Further, I am voluntarily submitting this Apcharged with the perjury laws of this State a		
Further, I acknowledge my obligation to fur required by SDCL 42-7B-65	nish all processes and pleading	s to which I am a party as
	Signature of A	Applicant
Subscribed and sworn to before me this	day of	, 20
	Notary Pul	olic
	Notary Printed Name:	
	My Commission Expires:	
{AFFIX SEAL}		

ADDITIONAL INFORMATION SHEET

INVESTIGATION AUTHORIZATION AUTHORIZATION TO RELEASE INFORMATION

I,	, hereby authorize the St	ate of South Dakota through			
its authorized representative, Commission of Criminal Investigation, to conduct an inv	vestigation into my personal b	ackground, using whatever			
legal means it deems appropriate. Persons Dakota Commission on Gaming or Division					
hereby authorized to provide such informa	_	or mines necessary, are			
I also authorize and consent to the South D information collected in the investigation t enforcement or regulatory agencies and we South Dakota Commission on Gaming for r	to appropriate federal, tribal, s aive any rights or causes of ac	tate, local or foreign law			
understand that by signing this authorization, a financial record check will be performed. I authorize any financial institution to surrender to the Commission on Gaming or the Division of Criminal Investigation a complete and accurate record of such transactions that may have occurred with that institution, not limited to, but to include, internal banking memoranda, past and present oan applications, financial statements and any other documents relating to the applicants personal or business financial records in whatever form and wherever located.					
It is hereby understood that the Commission will conduct a complete and comprehensive information gathered. However, the State Division of Criminal Investigation, Commiss Dakota shall not be held liable for inaccurate	re investigation to determine to of South Dakota and the authors ion Gaming and other em	he accuracy of all orized representative,			
The Commission on Gaming and the Division investigate all relevant information and factors.		eserves the right to			
INFORMATION GATHERED AS A RESULT OBY THE COMMISSION ON GAMING AS REQ		L BE HELD CONFIDENTIAL			
(Please Print)					
FULL LEGAL NAME:					
LAST	FIRST	MIDDLE			
SIGNATURE:					
-					

AUTHORIZATION AND RELEASE

I,		, hereby authorize the Div	ision of Criminal
Investigation of information corthat the crimina disposition othe finding.) I furth suspended imposition of the su	The State of South Dakota ncerning me contained in al history record files cont er than a finding (i.e.: disr her understand that the in osition of sentence, even	to release to the State Commiss the criminal history record files tain records of arrests which manissed charges, or charges that reformation may contain listings of though I successfully completed L 23A-27-17. I acknowledge tha	sion on Gaming any of the Division. I understand y have resulted in a esulted in a not guilty of charges that resulted in a the conditions of said
may be released 23A-27-17.	d, even though this record	l is designed as "non-public" und	ler the provisions of
		inal Investigation releasing any i ord files to the State Commission	
I,	, on be	half of myself, my spouse, legal r	epresentatives, heirs, and
	s officers and employees,	and agree to hold harmless the from all liability for any claim of	
(Please Print)			
FULL LEGAL NAN	ИЕ:		
	LAST	FIRST	MIDDLE
SIGNATURE:			
Dated this	day of	, 20, at	
Witness:			
Witness			
vv 1011033			



YANKTON SIOUX TRIBE

Gaming Commission

P.O. Box 77 • Pickstown, SD 57367 Phone: (605) 487-6022 • Fax: (605) 487-7116

INVESTIGATION AUTHORIZATION AUTHORIZATION TO RELEASE INFORMATION

I,		, hereby authorize the	e Yankton Sioux Tribe
Gaming Commissio whatever legal mea	n to conduct a ns it deems a _l	n investigation into my personal l opropriate. Persons requested to	background, using provide information
which the Yankton to provide such info		aming Commission deems necessa	ary, are hereby authorized
authorize any finan Commission a comp with that institution present loan applic	cial institution plete and accu n, not limited t ations, financi	authorization, a financial record contouries to surrender to the Yankton Siourate record of such transactions to but to include, internal banking al statements and any other documents and any other documents and any other documents.	ux Tribe Gaming hat may have occurred memoranda, past and ments relating to the
comprehensive inv	estigation to d ton Sioux Trib	Yankton Sioux Tribe Gaming Comr letermine the accuracy of all infor e Gaming Commission will not be	mation gathered.
The Yankton Sioux information and fac	_	Commission reserves the right to action.	investigate all relevant
FULL LEGAL NAME:			
(PLEASE PRINT)	LAST	FIRST	MIDDLE
SIGNATURE:			

INVESTIGATION AUTHORIZATION AND AUTHORIZATION TO RELEASE INFORMATION

I,	_, hereby authorize the	State of South Dakota			
through its authorized representative, Commis General, Division of Criminal Investigation to C	conduct an investigation	n into my personal			
background, using whatever legal means it de		• •			
information which the South Dakota Commiss Investigation determines necessary, are hereb	_				
investigation determines necessary, are nereb	y authorized to provide	, such information.			
understand that by signing this authorization, a financial record check will be performed. I authorize any financial institution to surrender to the Commission on Gaming or the Division of Criminal Investigation a complete and accurate record of such transactions that may have occurred with that institution, not limited to, but to include, internal banking memoranda, past and present loan applications, financial statements and any other documents relating to the applicant's personal or business financial records in whatever form and wherever occated. The State of South Dakota and the authorized representative, Division of Criminal Investigation, Commission on Gaming and other employees of the State of South Dakota shall					
not be held liable for inaccurate information.					
I further understand that by signing this author Gaming or the Division of Criminal Investigation information which they have discovered throus Commission along with the Gaming Commission suitability.	on may release financia Igh their investigation t	l or criminal history o the Tribal Gaming			
The Commission on Gaming and the Division of investigate all relevant information and facts t	_	n reserves the right to			
(Please Print) FULL LEGAL NAME:					
LAST	FIRST	MIDDLE			
SIGNATURE:					

**LEAVE BLANK:	TO BE FILLED OUT BY THE REPRESENTATIVE OF THE YANKTON SIOUX TRIBE GAMING
COMMISSION OR	LAW ENFORCEMENT ACENCY TAKING YOUR FINGERPRINTS

VERIFICATION OF FINGERPRINTS

The enclosed fingerprint cards are the prints of	
	NAME:
	TITLE:
	OFFICE:
	SIGNATURE: