

**LOUISIANA GAMING CONTROL BOARD
LOUISIANA DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONS
OFFICE OF STATE POLICE
GAMING ENFORCEMENT SECTION**

**Casino Gaming Division
Baton Rouge Field Office
7919 Independence Blvd.
2nd Floor
Baton Rouge, LA 70806**

**Casino Gaming Division
New Orleans Field Office
2121 Airline Hwy. Ste. 300
Metairie, LA 70001**

**General Gaming Division
Suitability Unit
7919 Independence Blvd.
3rd Floor
Baton Rouge, LA 70806**

**Casino Gaming Division
Lake Charles Field Office
750 Bayou Pines East
Lake Charles, LA 70601**

**Casino Gaming Division
Shreveport Field Office
3010 Knight St., Ste. 270
Shreveport, LA 71105**

**Indian Gaming Division
Main Office Lafayette
2020 West Pinhook
Suite 502
Lafayette, LA 70508**



**KEY GAMING EMPLOYEE PERMIT APPLICATION
STATE CERTIFICATION APPLICATION
PERSONAL HISTORY AND FINANCIAL RECORD DISCLOSURE FORM**

SCHEDULE OF FEES

Key Gaming Employee Permit Application (Valid for two (2) years).....	\$500.00
State Certification for Gaming Employee at Indian Casino Only (Valid for two (2) years).....	\$100.00

This form is authorized by the Louisiana Gaming Control Law and Tribal/State Compacts.

1. This application shall be completed in its entirety by any person who: (Check all that apply)

- ☐ Is an applicant for a key gaming employee permit
- ☐ Is an officer, director, partner, manager or managing member of a licensee or applicant for a license, casino operator, casino manager or a manufacturer of slot machines and video draw poker devices permittee or applicant for a manufacturer of slot machines and video draw poker devices permit, or a manufacturer of gaming equipment other than slot machines and video draw poker devices permittee or an applicant for a manufacturer of gaming equipment other than slot machines and video draw poker devices permit or gaming supplier permittee or applicant for a gaming supplier permit, or entity applying for state certification; in which case Indian Gaming attachment pages I-1 through I-2 must additionally be completed
- ☐ Is a shareholder, member, partner or person with a 5% or more ownership, income, profit or economic interest in a licensee or applicant for a license, casino operator, casino manager or manufacturer of slot machines and video draw poker devices permittee or applicant for a manufacturer of slot machines and video draw poker devices permit, or a manufacturer of gaming equipment other than slot machines and video draw poker devices permittee or an applicant for a manufacturer of gaming equipment other than slot machines and video draw poker devices permit or gaming supplier permittee or applicant for a gaming supplier permit, or entity applying for state certification; in which case Indian Gaming attachment pages I-1 through I-2 must additionally be completed
- ☐ Is a key/managerial employee of a licensee or applicant for a license, casino operator, casino manager or a manufacturer of slot machines and video draw poker devices permittee or applicant for a manufacturer of slot machines and video draw poker devices manufacturer of gaming equipment other than slot machines and video draw poker devices permit or gaming supplier permittee or applicant for a gaming supplier permit, or entity applying for state certification; in which case Indian Gaming attachment pages I-1 through I-2 must additionally be completed
- ☐ In the opinion of the Board or the Division has the ability to exercise a significant influence over a licensee or applicant for a license, casino operator, casino manager or a manufacturer of slot machines and video draw poker devices permittee or applicant for a manufacturer of slot machines and video draw poker devices permit, or a manufacturer of gaming equipment other than slot machines and video draw poker devices permittee or an applicant for a manufacturer of gaming equipment other than slot machines and video draw poker devices permit or gaming supplier permittee or applicant for a gaming supplier permit

2. Except for Schedules M-3 through M-19 and sections K and M, unless otherwise directed, this application shall be completed in its entirety by any person who: (Check all that apply)

- ☐ Is an officer, director, partner, manager, managing member or key/managerial employee of a non-gaming supplier permittee or an applicant for a non-gaming supplier permit
- ☐ Is a shareholder, director, member, partner or person with 5% or more ownership, income, profit or economic interest in a non-gaming supplier permittee or an applicant for a non-gaming supplier permit
- ☐ Is an applicant for state certification as a gaming employee of an Indian casino: in which case Indian Gaming attachment pages I-1 through I-2 must additionally be completed

3. Except for Schedules M-3 through M-19 and sections K and M, unless otherwise directed, this application shall be completed in its entirety by any person who is the spouse of any of the following:

- ☐ An applicant for a key gaming employee permit
- ☐ An officer, director, partner, manager or managing member of licensee or applicant for a license, casino operator, casino manager or a manufacturer of slot machines and video draw poker devices permittee or applicant for a manufacturer of slot machines and video draw poker devices permit, or a manufacturer of gaming equipment other than slot machines and video draw poker devices permittee or an applicant for a manufacturer of gaming equipment other than slot machines and video draw poker devices permit or gaming supplier permittee or applicant for a gaming supplier permit
- ☐ A shareholder, member, partner or person with a 5% or more ownership, income, profit or economic interest in a licensee or applicant for a license, casino operator, casino manager or a manufacturer of slot machines and video draw poker devices permittee or applicant for a manufacturer of slot machines and video draw poker devices permit, or a manufacturer of gaming equipment other than slot machines and video draw poker devices permittee or an applicant for a manufacturer of gaming equipment other than slot machines and video draw poker devices permit or gaming supplier permittee or applicant for a gaming supplier permit
- ☐ A key/managerial employee of a licensee or applicant for a license, casino operator, casino manager or a manufacturer of slot machines and video draw poker devices permittee or applicant for a manufacturer of slot machines and video draw poker devices permit or a manufacturer of gaming equipment other than slot machines and video draw poker devices permittee or an applicant for a manufacturer of gaming equipment other than slot machines and video draw poker devices permit or gaming supplier permittee or applicant for a gaming supplier permit

**LOUISIANA GAMING CONTROL BOARD
LOUISIANA DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONS
OFFICE OF STATE POLICE
GAMING ENFORCEMENT SECTION**

IMPORTANT NOTICES

No person may commence employment or be employed as a gaming employee unless that person is the holder of a valid gaming employee permit or state certification.

A Louisiana gaming employee permit or certification is a privilege. The burden of proving and maintaining suitability to receive and hold a gaming employee permit or certification is at all times on the applicant. The applicant accepts any and all risk of adverse public notice, embarrassment, criticism, emotional distress or financial loss that may result from any action with respect to this application. The applicant expressly waives any and all claims for damages of any nature whatsoever arising from or in any manner related to this application against the Louisiana Gaming Control Board, the Louisiana Department of Justice, the Louisiana Department of Public Safety and Corrections, and the employees and agents of each of these state agencies.

This application/disclosure form shall include, as applicable, any supplemental questionnaires, schedules, and all attached documents.

Any false statement made in this application/disclosure form is a felony and is punishable by up to ten (10) years in prison or a fine of up to ten thousand dollars (\$10,000.00), or both. Furthermore, failure to reveal requested information or the submission of false or misleading information may result in denial of this application.

The Louisiana Gaming Control Board, the Louisiana State Police Casino Gaming Division and/or the Louisiana State Police General Gaming Division may require the applicant to provide additional information, forms, or documents.

This application/disclosure form may not be withdrawn without permission of the appropriate licensing or permitting agency.

The applicant shall promptly provide written notification to the appropriate Louisiana State Police Casino Gaming Division or General Gaming Division office of any corrections or changes to the information submitted in this application or the required documents.

Acceptance of a license, permit, certification or renewal thereof constitutes an agreement on the part of the licensee or permittee to be bound by all of the applicable provisions of the Louisiana Gaming Control Law, the rules and Tribal/State Compacts. It is the responsibility of the licensee or permittee to stay informed of the content of all such laws and rules, and ignorance thereof will not excuse violations.

INSTRUCTIONS

- 1. Read La. R. S. 27: 1 *et seq.* and Title 42 of the Louisiana Administrative Code or Tribal/State Compacts.**
- 2. Any questions the applicant has in regard to completing this application/disclosure form may be directed to the appropriate Louisiana State Police Casino Gaming Division or General Gaming Division office.**
- 3. Read each question carefully. Answer each and every question completely. Do not leave blank spaces. If a question does not apply, write "Does Not Apply." If the correct answer to a particular question is "None", write "None."**
- 4. Each answer shall be typed or printed legibly in blue ink.**
- 5. Sign the application/disclosure form and initial and date each page of the application/disclosure form and any attached pages in blue ink, thereby attesting to the accuracy and completeness of the information on each page. Do not misstate or omit any material fact(s). All information is subject to verification.**
- 6. This application/disclosure form together with all required documents and the appropriate fee shall be submitted to the appropriate Louisiana State Police Casino Gaming Division office or General Gaming office. This application/disclosure form will not be accepted by mail. The non-refundable fee shall be paid in the form of a cashier's check, company check or money order made payable to: State of Louisiana, Department of Public Safety.**
- 7. Two (2) completed fingerprint cards shall be submitted by each applicant. Fingerprinting shall be done by a law enforcement agency, unless otherwise authorized in writing by the Louisiana State Police Casino Gaming Division or General Gaming Division. The applicant shall sign the fingerprint cards in blue ink.**
- 8. The applicant shall promptly provide written notification to the appropriate Louisiana State Police Casino Gaming Division or General Gaming Division office of any corrections or changes to the information submitted in this application or the required documents.**

**KEEP A COMPLETED COPY OF THIS APPLICATION FOR YOUR RECORDS.
YOU WILL NEED TO REFER TO THIS APPLICATION FOR FUTURE RENEWALS.**

KEY GAMING EMPLOYEE PERMIT APPLICATION STATE CERTIFICATION APPLICATION PERSONAL HISTORY AND FINANCIAL RECORD DISCLOSURE FORM

FOR OFFICE USE ONLY			
Permit Number: _____	Date Submitted: _____	Fee: _____	Entered By: _____
Check/Money Order Number: _____	Receipt Number: _____	Date Entered: _____	

THIS APPLICATION/DISCLOSURE FORM IS SUBMITTED IN CONNECTION WITH THE LICENSE OR APPLICATION OF:

NAME OF LICENSEE OR APPLICANT FOR A LICENSE, CASINO OPERATOR, CASINO MANAGER, PERMITTEE OR APPLICANT FOR A PERMIT, OR APPLICANT FOR STATE CERTIFICATION. IF A CASINO EMPLOYEE, INDICATE THE NAME OF CASINO AT WHICH APPLICANT IS EMPLOYED.

Section A-Personal Information

Last Name:		First Name:		Middle Name:		Social Security Number:	
Maiden Name(s), Alias(es), Nickname(s), and Other Name Change(s)- Legal or Otherwise:				Driver's License Number: List Other D/L Held for Past 5 years:		State of Issuance: State(s) of Issuance:	
Present Residence Address (Do Not Use Post Office Box #):							
City:			State:			Zip:	
County/Parish:			Country of Residence:			Since (Date):	
Race:		Gender: <input type="checkbox"/> M <input type="checkbox"/> F		Date of Birth:		Place of Birth:	
Eye Color:		Hair Color:		Weight:		Height:	
Build:							
Please Describe Any and All Scars, Tattoos, or Distinguishing Marks and/or Characteristics:							
Residence Telephone Number: ()			Business Telephone Number: ()			E-Mail Address:	
Are you a Citizen of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No				If Registered Alien, Provide Registration Number:			
If Naturalized, Provide Certificate Number: (Attach Certified Copy of Certificate)			Naturalization Date:		Place of Naturalization (City/State):		
Have You Ever Been Issued A Passport? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, Provide Passport Number:		Country of Issue:		Place Issued:	
						Date Issued:	
Expiration Date:							
List Languages Spoken Other Than English:							

A.1 Attach Certified Copy of Birth Certificate

Section B-Residences

Beginning with your current residence(s) and working back, provide the following information with respect to each place where you have lived (including residences while attending college, while in military service, or vacation homes) during the past ten (10) years or since the age of 18, whichever is less.

ADDRESS	COUNTY/PARISH	CITY	STATE	ZIP CODE	FROM (MO./YR.) -TO (MO./YR.)

(Use Schedule B-1 if additional space is necessary)

Section C-Family Information

<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Legally Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed			
Current Spouse's Full Name (Include Maiden Name):		Social Security Number:	Date of Birth:
Current Spouse's Residence Address:		City:	State : Zip:
Current Spouse's Driver's License Number:	State Issued:	Date of Marriage:	Place of Marriage (City/State):
Current Spouse's Occupation:	Name of Current Spouse's Employer:		

1. Has the applicant been married to any person other than to the current spouse named above? If YES, provide details in Schedule C-1 Prior Marriage.	<input type="checkbox"/> YES <input type="checkbox"/> NO
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Please provide the information requested below even if the person is deceased. If retired, provide the last occupation. If deceased, provide last address and occupation and write "deceased" after the name.

Father/Stepfather/ Legal Guardian:		Date of Birth:	Occupation:
Street Address:	City:	State:	Zip:
Mother/Stepmother/ Legal Guardian:		Date Of Birth:	Occupation:
Street Address:	City:	State :	Zip:

Father-in-law:	Date of Birth:	Occupation:
Street Address:	City:	State: Zip:
Mother-in-law:	Date of Birth:	Occupation:
Street Address:	City :	State: Zip:

(Use additional sheet of paper if necessary and reference as Attachment C)

2. Does the applicant have any children, adopted children or step-children? If YES, complete Schedule C-2 Child Information.	<input type="checkbox"/> YES <input type="checkbox"/> NO
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3. Is the applicant currently delinquent in the payment of any child support order or judgment? If YES, please attach a separate sheet(s) of paper providing details and reference as Attachment C-3 .	<input type="checkbox"/> YES <input type="checkbox"/> NO
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4. Does the applicant have any siblings, including adopted, half and step-siblings? If YES, complete Schedule C-3 Sibling Information.	<input type="checkbox"/> YES <input type="checkbox"/> NO
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Section D-Education

Beginning with secondary school (high school), provide the information listed below with respect to each school, college or university, graduate or post graduate school the applicant has attended.

Name And Address Of School:	Dates Attended:	Graduated?	Type Of Degree Or Certification Attained:
		[] Yes [] No	
		[] Yes [] No	
		[] Yes [] No	
		[] Yes [] No	
		[] Yes [] No	

(Use additional sheet of paper if necessary and reference as Attachment D)

Section E-Military Service Information

1. Has applicant ever served in a military organization or been an active or inactive member of the reserve forces of the United States or any other country? If YES, complete Schedule E-1 Military Service Information. In the United States, a military record is called a DD214. If the applicant served in the United States military, the applicant shall attach a copy of this record to this application. If the applicant's military service was in another country, the applicant shall provide a copy of the official documentation provided to the applicant at the time of the applicant's discharge and reference as Attachment E-1 .	<input type="checkbox"/> YES <input type="checkbox"/> NO
2. As a member of a military organization or reserve forces of the United States or any other country, was the applicant ever the subject of any judicial/non-judicial investigation or disciplinary proceeding, including any summary action, trial, arrest and/or a court martial? If YES, complete Schedule E-2 Military Service Information. Attach certified copies of documents relating to each matter to this application and reference as Attachment E-2 .	<input type="checkbox"/> YES <input type="checkbox"/> NO

Section F-Criminal, Investigatory and Civil Proceedings

1. Has the applicant ever been detained, issued a summons or citation, arrested, charged, indicted or forfeited bail for any criminal offense or violation for any reason whatsoever? If YES, complete Schedule F-1 Criminal, Investigatory, and Civil Proceedings. All detentions, summonses and citations, arrests, charges, and indictments shall be included even if the final result was the dismissal of charges or expungement. Applicant shall include all DWI/DUI charges; however, minor traffic violations need not be included. Attach certified copies of documents relating to each matter to this application and reference as Attachment F-1 .	<input type="checkbox"/> YES <input type="checkbox"/> NO
2. Has the applicant ever been convicted of, or plead guilty or nolo contendere to, any charge or offense? If YES, complete Schedule F-2 Criminal, Investigatory, and Civil Proceedings. Applicant shall include all DWI/DUI convictions; however, minor traffic convictions need not be included. Attach certified copies of documents relating to each matter to this application and reference as Attachment F-2 .	<input type="checkbox"/> YES <input type="checkbox"/> NO
3a. Has the applicant ever had a conviction set aside and prosecution dismissed under La.C.Cr. P. Article 893 or 894, been discharged or had a proceeding dismissed under La. R.S. 40:983, or had a conviction expunged? If YES, attach certified copies of documents relating to each matter to this application and reference as Attachment F-3a .	<input type="checkbox"/> YES <input type="checkbox"/> NO
3b. Has the applicant had any similar action taken under the laws of any jurisdiction? If YES, attach certified copies of documents relating to each matter to this application and reference as Attachment F-3b .	<input type="checkbox"/> YES <input type="checkbox"/> NO
4. Has the applicant ever been questioned, subpoenaed or investigated by any governmental agency, law enforcement agency, state or federal grand jury, board, commission or committee in any jurisdiction? If YES, please attach a separate sheet(s) of paper providing details and reference as Attachment F-4 .	<input type="checkbox"/> YES <input type="checkbox"/> NO
5. Has the applicant ever received a pardon or executive clemency? If YES, please attach a separate sheet(s) of paper providing details and reference as Attachment F-5 . Attach certified copies of documents relating to each matter to this application and reference as Attachment F-5 .	<input type="checkbox"/> YES <input type="checkbox"/> NO
6. Is the applicant currently in default on the payment of any student loan? If YES, please attach a separate sheet(s) of paper providing details and reference as Attachment F-6 .	<input type="checkbox"/> YES <input type="checkbox"/> NO
7. Is the applicant currently delinquent in the filing of any state or federal tax returns or the payment of any local, state or federal taxes, penalties and/or interest, excluding items under formal appeal? If YES, please attach a separate sheet(s) of paper providing details and reference as Attachment F-7 .	<input type="checkbox"/> YES <input type="checkbox"/> NO
8. Has the applicant's federal income tax return ever been audited or adjusted for any reason? If YES, please attach a separate sheet(s) of paper providing details and reference as Attachment F-8 .	<input type="checkbox"/> YES <input type="checkbox"/> NO
9. In the past twenty (20) years, has the applicant as an individual, trustee, executor, sole proprietor, partner, member, manager or shareholder, director, or officer of a corporation, been party to a lawsuit or an arbitration? If YES, complete Schedule F-3 Criminal, Investigatory, and Civil Proceedings.	<input type="checkbox"/> YES <input type="checkbox"/> NO
10. In the past ten (10) years, has any sole proprietorship, partnership, limited liability company, closely held corporation or business venture of which the applicant was an owner, partner, manager, director, or officer, been party to a lawsuit or arbitration? If YES, complete Schedule F-4 Criminal, Investigatory, and Civil Proceedings.	<input type="checkbox"/> YES <input type="checkbox"/> NO
11. Has the applicant ever filed a petition for any type of bankruptcy, insolvency or liquidation under any bankruptcy or insolvency law in any jurisdiction or had a petition for involuntary bankruptcy filed against the applicant? If YES, attach certified copies of the petition and order of discharge or plan of confirmation relating to each such filing to this application and reference as Attachment F-11 .	<input type="checkbox"/> YES <input type="checkbox"/> NO

12. Have any of the applicant's children, step-children, adopted children, parents, parents-in-law, or siblings ever been arrested, charged or indicted for any felony offense or violation for any reason whatsoever? If YES, complete Schedule F-5 Criminal, Investigatory, and Civil Proceedings. All arrests, charges, and indictments shall be included even if the final result was the dismissal of charges or expungement.	<input type="checkbox"/> YES <input type="checkbox"/> NO
13. Has the applicant or the applicant's spouse been sued or named as a defendant or respondent (including matrimonial matters, negligence matters, auto accident matters, contract matters, collection matters, debt matters, etc.) in a law suit? If YES, complete Schedule F-6 Civil Litigation.	<input type="checkbox"/> YES <input type="checkbox"/> NO

Definitions Applicable to Sections G, H and I and Accompanying Schedules

For purposes of this application/disclosure form, the term **"casino or gaming/gambling related operation"** includes, but is not limited to, any form or type of casino, any manufacturer of gaming/gambling equipment, any distributor of gaming/gambling equipment, junket enterprise, horse racing operation, dog racing operation, pari-mutuel operation, lottery, sports betting operation, Internet gaming operation, etc. or an entity that does business with a gaming/gambling entity.

For purposes of this application/disclosure form, the term **"company"** includes any group, firm, corporation, limited liability company, partnership, joint venture, unincorporated association or other business entity.

Section G-Licensing Information

1. Has the applicant ever made application for, or held, a license, permit, certification, registration, finding of suitability, qualification or other authorization to participate in any type of casino or gaming/gambling related operation in any jurisdiction? You must answer "YES" to this question if you ever applied and your application was approved, denied, withdrawn, returned to you by the gaming agency for any reason, or is currently pending. If YES, complete Schedule G-1 Licensing Information.	<input type="checkbox"/> YES <input type="checkbox"/> NO
2. Has any license, permit, certification, registration, finding of suitability, qualification or other authorization identified in the previous question ever been subject to any regulatory action including, but not limited to, non-renewal, suspension, revocation, investigation, penalty, fine, or any condition in any jurisdiction? If YES, complete Schedule G-2 Licensing Information.	<input type="checkbox"/> YES <input type="checkbox"/> NO
3. In the past twenty (20) years, has the applicant held a direct or indirect economic, beneficial, revenue, profit or ownership interest or been an officer, director, partner, or manager in any company that has applied to any licensing agency in any jurisdiction for any license, permit, certification, registration, finding of suitability, qualification or other authorization in connection with any type of casino or gaming/gambling related operation ? (Do not include publicly traded corporations in which you held less than 1% of the stock.) You must answer "YES" to this question if the application was approved, denied, withdrawn, returned to you by the gaming agency for any reason, or is currently pending. If YES, complete Schedule G-3 Licensing Information.	<input type="checkbox"/> YES <input type="checkbox"/> NO
4. Has any license, permit, certification, registration, finding of suitability, qualification or other authorization identified in the previous question ever been subject to any regulatory action including, but not limited to, non-renewal, suspension, revocation, investigation, penalty, fine, or any condition in any jurisdiction? If YES, complete Schedule G-4 Licensing Information.	<input type="checkbox"/> YES <input type="checkbox"/> NO
5. Are any members of your family (spouse, children, parents, grandparents, grandchildren, siblings, uncles, aunts, nephews, nieces, fathers-in-law, mothers-in-law, sons-in-law, daughters-in-law, brothers-in-law and sisters-in-law whether by whole or half blood, by marriage, or adoption) associated with or employed in any manner by any type of casino or gaming/gambling related operation in any jurisdiction? If YES, please attach a separate sheet(s) of paper providing details and reference as Attachment G-5 .	<input type="checkbox"/> YES <input type="checkbox"/> NO
6. Has the applicant ever been barred or otherwise excluded from any type of casino or gaming/gambling related operation in any jurisdiction for any reason other than denial, suspension or revocation of a license, permit or registration? Check YES even if the exclusion is/was voluntary or involuntary or is no longer in effect. If YES, please attach a separate sheet(s) of paper providing details and reference as Attachment G-6 .	<input type="checkbox"/> YES <input type="checkbox"/> NO
7. Has the applicant applied to any licensing agency in any jurisdiction for any license, permit, certification, registration, qualification or other authorization related to the sale or distribution of alcoholic beverages? You must answer "YES" to this question if the application was approved, denied, withdrawn, returned to you by the licensing agency for any reason or is currently pending. If YES, complete Schedule G-5 Licensing Information.	<input type="checkbox"/> YES <input type="checkbox"/> NO
8. Has the license, permit, certification, registration, qualification or other authorization identified in the previous question ever been subject to any regulatory action including, but not limited to, non-renewal, suspension, revocation, investigation, penalty, fine, or any condition in any jurisdiction? If YES, complete Schedule G-6 Licensing Information.	<input type="checkbox"/> YES <input type="checkbox"/> NO

9.	Has the applicant ever applied for, or held, any professional or occupational license, permit or certification in any jurisdiction? Do not include gaming, alcohol, or driver's licenses. You must answer "YES" to this question if you ever applied and your application was approved, denied, withdrawn, returned to you by the licensing agency for any reason, or is currently pending. If YES, complete Schedule G-7 Licensing Information.	<input type="checkbox"/> YES <input type="checkbox"/> NO
10.	Has the license, permit, or certification identified in the previous question ever been subject to any regulatory action including, but not limited to, non-renewal, suspension, revocation, investigation, penalty, fine or any condition in any jurisdiction? If YES, complete Schedule G-8 Licensing Information.	<input type="checkbox"/> YES <input type="checkbox"/> NO
11.	Has any entity in which the applicant is/was a director, officer, partner, manager or owner of a 5% or more interest ever had any license, permit, certification, registration, qualification or other authorization issued by a governmental agency in any jurisdiction denied, suspended, revoked, or subject to any condition? If YES, please attach a separate sheet(s) of paper providing details and reference as Attachment G-11 .	<input type="checkbox"/> YES <input type="checkbox"/> NO
12.	Do you have any personal or business relationship with any member, agent or employee of the Louisiana Gaming Control Board, the Louisiana Department of Justice, Office of the Attorney General, or the Louisiana Department of Public Safety, Office of the State Police? If YES, please attach a separate sheet(s) of paper providing details and reference as Attachment G-12 .	<input type="checkbox"/> YES <input type="checkbox"/> NO

Section H-Employment Information

1.	Has the applicant ever been employed by a casino or gaming/gambling related operation in any jurisdiction? Include any work performed or services provided as an independent contractor. If YES, complete Schedule H-1 Employment Information.	<input type="checkbox"/> YES <input type="checkbox"/> NO
2.	In Schedule H-2 Employment Information, provide the information regarding your employment for the past twenty (20) years. Begin with your current or most recent job and work back. Give dates of any unemployment between jobs in proper sequence. Include any work performed or services provided as an independent contractor, all part-time employment and military service. For employment with any casino or gaming/gambling related operation covered in the previous question, the applicant is only required to fill in the dates of employment and the name of the company .	
3.	Has the applicant held any governmental appointment, position or office, compensated or uncompensated, during the past ten (10) years? If YES, complete Schedule H-3 Employment Information.	<input type="checkbox"/> YES <input type="checkbox"/> NO
4.	Has the applicant ever resigned, been suspended or removed from a governmental appointment, position or office? If YES, please attach a separate sheet(s) of paper providing details and reference as Attachment H-4 .	<input type="checkbox"/> YES <input type="checkbox"/> NO
5.	Has the applicant held an office, trusteeship, directorship or other fiduciary position during the past ten (10) years, including any position with any non-profit entities and family trusts? If YES, complete Schedule H-4 Employment Information.	<input type="checkbox"/> YES <input type="checkbox"/> NO
6.	Has the applicant ever resigned, been suspended or removed from a position as an officer, trustee, director or other fiduciary position? If YES, please attach a separate sheet(s) of paper providing details and reference as Attachment H-6 .	<input type="checkbox"/> YES <input type="checkbox"/> NO

Section I-Ownership Information

1.	In Schedule I-1 Ownership Information, list any company in which the applicant held or controlled, directly or indirectly any economic, beneficial, revenue, profit or ownership interest of 5% or more during the past twenty (20) years.	
2.	Has the applicant ever held or controlled, directly or indirectly, any economic, beneficial, revenue, profit, income or ownership interest in any equipment leased or provided to any casino or gaming/gambling related operation ? If YES, please attach a separate sheet(s) of paper providing details and reference as Attachment I-2 .	<input type="checkbox"/> YES <input type="checkbox"/> NO
3.	Has the applicant ever received remuneration in cash, goods, or services of any kind, directly or indirectly, from any person in connection with any casino or gaming/gambling related operation ? Exclude employment compensation. If YES, please attach a separate sheet(s) of paper providing details and reference as Attachment I-3 .	<input type="checkbox"/> YES <input type="checkbox"/> NO
4.	Does the applicant have or has the applicant ever had a business association with any Indian tribe? If YES, please attach a separate sheet(s) of paper providing details and reference as Attachment I-4 .	<input type="checkbox"/> YES <input type="checkbox"/> NO

5. Has the applicant's interest in any **company** listed in response to Question 1 been assigned, pledged or hypothecated to any person or **company** or has any agreement been entered into whereby the applicant's interest is to be assigned, pledged, or sold either in part or in whole? If YES, please attach a separate sheet(s) of paper providing details and reference as **Attachment I-5**.

☐ YES ☐ NO

Section J-References

Please provide the names and other requested information of three (3) references over the age of 18 who have known the applicant for at least one year and can attest to the applicant's good character, honesty, and integrity. No person who is a member of the applicant's family can be a reference.

Name of Reference:		Occupation:	
Home Address:	City:	State:	Zip:
Business Address:	City:	State:	Zip:
Home Phone Number:	How long has the applicant known the reference?		

Name of Reference:		Occupation:	
Home Address:	City:	State:	Zip:
Business Address:	City:	State:	Zip:
Home Phone Number:	How long has the applicant known the reference?		

Name of Reference:		Occupation:	
Home Address:	City:	State:	Zip:
Business Address:	City:	State:	Zip:
Home Phone Number:	How long has the applicant known the reference?		

Section K-Political Activity

1. Have the applicant's children, adopted children, step-children, parents, parents-in-law, or siblings held any governmental appointment, position or office, compensated or uncompensated, during the past ten (10) years? If YES, complete Schedule K-1 Political Activity Information.	<input type="checkbox"/> YES <input type="checkbox"/> NO
2. Has the applicant, the applicant's spouse or any of the applicant's dependent children made, directly or indirectly, any contribution, loan or other payment exceeding \$400.00 to any individual candidate for public office, campaign committee, governmental office holder or political action committee within the past (5) five years? If YES, complete Schedule K-2 Political Activity Information.	<input type="checkbox"/> YES <input type="checkbox"/> NO

Section L-Business Associations

3. Have any local, city, county, parish, provincial, state, federal, national, or any other governmental liens/levies/judgments been filed against you as an individual, sole proprietor, member of a partnership or limited liability company, or shareholder of a corporation with a 5% or more ownership interest in any jurisdiction? If YES, please attach a separate sheet(s) of paper providing details and reference as Attachment L-1 .	<input type="checkbox"/> YES <input type="checkbox"/> NO
4. In the past twenty (20) years, has any business entity in which the applicant held a 5% or more ownership interest, or in which the applicant served as an officer, director, partner or manager filed a petition for any type of bankruptcy or insolvency or had a petition for involuntary bankruptcy filed against the business entity in any jurisdiction? If YES, please attach a separate sheet(s) of paper providing details and reference as Attachment L-2 .	<input type="checkbox"/> YES <input type="checkbox"/> NO
5. In the past twenty (20) years, has any business entity in which the applicant held a 5% or more ownership interest, or in which the applicant served as an officer, director, partner or manager been in liquidation, receivership or been placed under some form of governmental administration or monitoring in any jurisdiction? If YES, please attach a separate sheet(s) of paper providing details and reference as Attachment L-3 .	<input type="checkbox"/> YES <input type="checkbox"/> NO

Section M-Financial

1. In the past ten (10) years, has the applicant had any property repossessed, dated to or foreclosed upon by any lender? If YES, please attach a separate sheet(s) of paper providing details and reference as Attachment M-1 .	<input type="checkbox"/> YES <input type="checkbox"/> NO
2. During the past ten (10) years, has the applicant had any right of ownership in, control over or interest in any bank account(s) located outside the United States? If YES, please attach a separate sheet(s) of paper providing details and reference as Attachment M-2 .	<input type="checkbox"/> YES <input type="checkbox"/> NO
3. Does the applicant own, manage or control any assets, or is the applicant responsible for any liabilities, located outside the United States? If YES, please attach a separate sheet(s) of paper providing details and reference as Attachment M-3 .	<input type="checkbox"/> YES <input type="checkbox"/> NO
4. During the past ten (10) years, has the applicant, the applicant's spouse or any of the applicant's dependent children received any loan in excess of \$25,000 USD? If YES, please attach a separate sheet(s) of paper providing details and reference as Attachment M-4 .	<input type="checkbox"/> YES <input type="checkbox"/> NO
5. During the past ten (10) years, has the applicant, the applicant's spouse or any of the applicant's dependent children made any loan in excess of \$10,000 USD? If YES, please attach a separate sheet(s) of paper providing details and reference as Attachment M-5 .	<input type="checkbox"/> YES <input type="checkbox"/> NO
6. During the past ten (10) years, has the applicant, the applicant's spouse or any of the applicant's dependent children filed any claims in excess of \$100,000 USD under any fire, theft, automobile or insurance policy? If YES, please attach a separate sheet(s) of paper providing details and reference as Attachment M-6 .	<input type="checkbox"/> YES <input type="checkbox"/> NO
7. During the past ten (10) years, has the applicant, the applicant's spouse or any of the applicant's dependent children given or received any gift or gifts, whether tangible or intangible, which either individually or in aggregate exceeded \$10,000 USD? If YES, please attach a separate sheet(s) of paper providing details and reference as Attachment M-7 .	<input type="checkbox"/> YES <input type="checkbox"/> NO
8. During the past ten (10) years, has the applicant received any referral, finder's, or consulting fee in excess \$10,000 USD? If YES, please attach a separate sheet(s) of paper providing details and reference as Attachment M-8 .	<input type="checkbox"/> YES <input type="checkbox"/> NO
9. During the past ten (10) years, has the applicant given a guarantee, co-signed or otherwise insured payment of a loan, debt or other financial obligation in any jurisdiction? If YES, please attach a separate sheet(s) of paper providing details and reference as Attachment M-9 .	<input type="checkbox"/> YES <input type="checkbox"/> NO
10. Has the applicant ever, at any single occasion, exchanged currency in an amount of \$10,000 USD or more? If YES, please attach a separate sheet(s) of paper providing details and reference as Attachment M-10 .	<input type="checkbox"/> YES <input type="checkbox"/> NO
11. Has the applicant employed any bookkeeper, accountant, accounting firm, Certified Public Accountant or other person to assist in the preparation of financial statements, tax returns or financial documents or records during the past seven (7) years? If YES, complete Schedule M-1 Financial Advisor Information.	<input type="checkbox"/> YES <input type="checkbox"/> NO
12. Does the applicant maintain a brokerage or margin account with any securities or commodities dealer? If YES, complete Schedule M-2 Financial Advisor Information.	<input type="checkbox"/> YES <input type="checkbox"/> NO
13. Do you anticipate active participation in the management and operation of the Company this application is filed in conjunction with?	<input type="checkbox"/> YES <input type="checkbox"/> NO
14. List the amount to be invested by the applicant in the company \$ _____ and the percentage of ownership this represents: _____.	

15. The applicant's investment will be derived from the following sources:

a. _____

b. _____

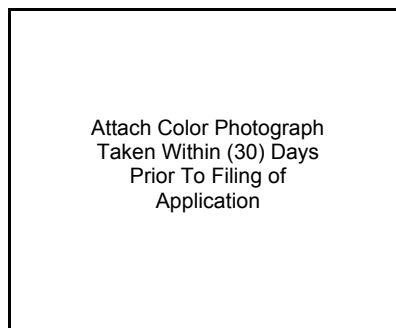
c. _____

16. Applicant's last Federal Tax Return was filed on the _____ Day of _____ in the Year _____,

at _____, _____

City State

Section N-Applicant Photograph



Date of Photograph: _____



I, _____, being duly sworn, depose and say that:

Print Name

1. I have read the Important Notices, Instructions and the completed application;
2. The statements and responses provided in the application are true and correct to the best of my knowledge, information and belief and represent a complete and accurate account of the requested information;
3. I have read, understand and agree to comply with the statutes that govern casino gaming that are contained in La. R.S. 27:1 et seq, as well as the corresponding rules contained in Title 42 of the Louisiana Administrative Code or the provisions of Tribal/State Compacts;
4. I have executed this statement voluntarily;
5. I understand that failure to provide correct and complete information is cause for the denial of any original or renewal application or other administrative action; and
6. I understand that the making of any false statement in this application is a violation of La. R.S. 27:30 and is punishable by up to ten (10) years in prison or a fine of up to ten thousand dollars (\$10,000.00), or both, or a violation of Tribal/State Compacts.

Signature of Applicant

Sworn to and subscribed before me, the undersigned Notary Public, in _____ (City),

_____ (County/Parish), _____ (State), on the _____ day of _____, 20_____.

Name of Notary Public (Print or Type)

SEAL

Signature of Notary Public

My Commission Expires: _____

**LOUISIANA GAMING CONTROL BOARD
LOUISIANA DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONS
OFFICE OF STATE POLICE
GAMING ENFORCEMENT SECTION

REQUEST TO RELEASE INFORMATION**

TO: _____

FROM: _____

Legal Name of Applicant or Individual

I hereby authorize and request all persons and entities to whom this request is presented having information relating to or concerning me, or the entity on whose behalf I am acting, referenced herein above to furnish such information, including the review and copying of documents, to a duly appointed agent of the Louisiana State Police, the Louisiana Gaming Control Board or the Louisiana Department of Justice whether or not such information would otherwise be protected from disclosure by any constitutional, statutory, or other legal privilege.

If the person or entity to whom this request is presented is a brokerage firm, bank, savings and loan, or other financial institution, or an officer of the same, I hereby authorize and request that a duly appointed agent of the Louisiana State Police, the Louisiana Gaming Control Board or the Louisiana Department of Justice be permitted to review and obtain copies of any and all documents, records, or correspondence pertaining to me, or the entity on whose behalf I am acting, including, but not limited to, past loan information, notes cosigned by me, or the entity on whose behalf I am acting, checking account records, savings deposit records, safe deposit box records, passbook records, and general ledger folio sheets.

This release expires sixty (60) months from the date of execution or at the termination of all licenses/certifications/permits issued to me, or the entity on whose behalf I am acting, or my employer or other in whom I have an interest requiring my licensing/certification or determination of suitability, whichever occurs later.

I or the entity on whose behalf I am acting hereby release, remise, indemnify, hold harmless, and forever discharge the person or entity to whom this request is presented, and his or its agents and employees from any and all manner of action, causes of action, suits, debts, judgments, executions, claims, damages, losses, expenses including attorney fees, and demands whatsoever, known or unknown, in law or equity, which I ever had, now have, may have, or claim to have against the person or entity to whom this request is presented or his or its agents or employees arising out of or by reason of complying with this request.

This authorization, request and release is granted and given in connection with the license, permit, or certification application of:

(Legal Name of Applicant or Individual)

X _____
Signature of Authorized Individual

A reproduction of this document is as valid as the original.

In witness whereof, executed in _____ (City), County/Parish of _____

State of _____ on the _____ Day of _____ in the Year 20_____.

SEAL

X _____
Notary Public or / Division Agent

My Commission Expires: _____

**LOUISIANA GAMING CONTROL BOARD
LOUISIANA DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONS
OFFICE OF STATE POLICE
GAMING ENFORCEMENT SECTION**

RELEASE OF ALL CLAIMS

In consideration of the State of Louisiana's review and consideration of the application of

Print Legal Name of Applicant

for a license, permit, certification or other approval,

I, _____, acting in the capacity of

☐ Individual (includes sole proprietors); or

☐ duly-authorized _____ (director, officer, partner, manager, trustee

administrator, executor) of _____

(name of corporation, partnership, company, other business entity, trust, or succession on whose behalf
you are acting)

do, for:

☐ myself, my heirs, legatees, executors, administrators, successors and assigns; or

☐ the corporation, partnership, company, other business entity, trust, or succession listed above, its successors and
assigns,

hereby release, remise, indemnify, hold harmless and forever discharge the state of Louisiana, the Louisiana Gaming Control Board, the Louisiana Department of Justice and the Louisiana Department of Public Safety and Corrections, their members, agents, attorneys and employees, from any and all manner of actions, causes of action, suits, debts, judgments, executions, claims and demands whatsoever, known or unknown, in law or equity, which I or the entity on whose behalf I am acting, have, has, may have or claim(s) to have, now or in the future, against the state of Louisiana and the above-listed state agencies, their members, agents, attorneys and employees, arising out of or by reason of the processing or investigation or other action in regard to the above-referenced application.

I voluntarily execute this release with full knowledge of its significance.

Print Legal Name of Person Granting Release
(Individual or Corporation, Limited Liability Company,
Business Entity, Trust or Succession)

By: _____
Signature of Individual or Authorized Director, Officer,
Partner, LLC Manager, Trustee, Executor or Partnership, Other
Administrator

SWORN TO AND SUBSCRIBED before me, the undersigned Notary Public, duly qualified in and for the Parish/County of

_____, in _____ (City), _____ (State), on this _____ day of _____, 20 ____.

SEAL

Signature of Notary Public

My Commission Expires: _____

**LOUISIANA GAMING CONTROL BOARD
LOUISIANA DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONS
OFFICE OF STATE POLICE
GAMING ENFORCEMENT SECTION**

INDIVIDUAL CONSENT TO DISCLOSE FEDERAL TAX INFORMATION / CLEARANCE FORM

I authorize the U.S. Department of Treasury and the Bureau of Internal Revenue Service (IRS) to disclose any of my returns and return information, for the past (3) three tax years, to the Louisiana Gaming Control Board and the Louisiana State Police Gaming Enforcement Section.

I also authorize the Internal Revenue Service to disclose this information to any person to the extent the Internal Revenue Service deems necessary to clarify any matter pertaining to this information that is published, discussed, or otherwise disseminated in the public record.

I am aware that without this authorization, my returns and return information are confidential and are protected by law under the Internal Revenue Code and the applicable Louisiana statutes.

Legal Name of Taxpayer:		Taxpayer's Social Security Number:	
Name of Taxpayer's Spouse (If Applicable):		Spouse's Social Security Number:	
Current Mailing Address of Taxpayer:	City:	State:	Zip Code:
Current Physical Address of Taxpayer:	City:	State:	Zip Code:
Previous Address (If Other Than Current in Past 3 Years):	City:	State:	Zip Code:
Taxpayer's Signature Authorizing Release of Information:		Date of Release:	

La. R.S. 27:28(B)(3), Louisiana Administrative Code 42:VII.2114 and 2115, Louisiana Administrative Code 42:IX.2129 and 2131, Louisiana Administrative Code 42:XIII.2114 and 2115 require that any applicant for a license or permit be current in the filing of federal tax returns or in the payment of federal taxes, including interest and penalties. Failure to timely file federal tax returns and to pay amounts due, except those under dispute, is grounds for the denial, revocation, suspension, or the imposition of a condition upon the license or permit.

(Applicant "STOP" Here)

The signature of the Internal Revenue Service agent identified below certifies that an inquiry regarding the current tax status of the taxpayer identified above has been performed with the status indicated below. The signature of the Internal Revenue Service agent identified below does not certify that the filings of the taxpayer identified above are correct.

A tax clearance is: _____ **Granted** _____ **Unable to be granted at this time**

X _____
Signature and Title of Revenue Service Representative

Date of Certification

Completed form to be returned to:

**Louisiana State Police
Casino Gaming Division
Attn: Administrative Sergeant
7919 Independence Blvd. A-3
Baton Rouge, LA 70806**

**LOUISIANA GAMING CONTROL BOARD
LOUISIANA DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONS
OFFICE OF STATE POLICE
GAMING ENFORCEMENT SECTION**

INDIVIDUAL CONSENT TO DISCLOSE LOUISIANA TAX INFORMATION / CLEARANCE FORM

I authorize the Louisiana Department of Revenue to disclose any of my returns and return information, for the past (3) three tax years, to the Louisiana Gaming Control Board and the Louisiana State Police Gaming Enforcement Section.

I also authorize the Louisiana Department of Revenue to disclose this information to any person to the extent the Louisiana Department of Revenue deems necessary to clarify any matter pertaining to this information that is published, discussed, or otherwise disseminated in the public record.

I am aware that without this authorization, my returns and return information are confidential and are protected by law under the Internal Revenue Code and the applicable Louisiana statutes.

Legal Name of Taxpayer:		Taxpayer's Social Security Number:	
Name of Taxpayer's Spouse (If Applicable):		Spouse's Social Security Number:	
Current Mailing Address of Taxpayer:	City:	State:	Zip Code:
Current Physical Address of Taxpayer:	City:	State:	Zip Code:
Previous Address (If Other Than Current in Past 3 Years):	City:	State:	Zip Code:
Taxpayer's Signature Authorizing Release of Information:		Date of Release:	

La. R.S. 27:28(B)(3), Louisiana Administrative Code 42:VII.2114 and 2115, Louisiana Administrative Code 42:IX.2129 and 2131, Louisiana Administrative Code 42:XIII.2114 and 2115 require that any applicant for a license or permit be current in the filing of state tax returns or in the payment of state taxes, including interest and penalties. Failure to timely file state tax returns and to pay amounts due, except those under dispute, is grounds for the denial, revocation, suspension, or the imposition of a condition upon the license or permit.

(Applicant "STOP" Here)

The signature of the Louisiana Department of Revenue agent identified below certifies that the taxpayer identified above is current in the filing of state tax returns and the payment of all state taxes, including interest and penalties and is therefore granted a clearance at this time. The signature of the Louisiana Department of Revenue agent identified below does not certify that the filings of the taxpayer identified above are correct.

"Louisiana Department of Revenue Stamp Below"

X _____
Signature of Revenue Service Representative

Date Clearance Granted to Taxpayer

Schedule B-1 Residences

Beginning with your current residence(s) and working back, provide the following information with respect to each place where you have lived (including residences while attending college, while in military service, or vacation homes) during the past ten (10) years or since the age of 18, whichever is less.

ADDRESS	COUNTY/PARISH	CITY	STATE	ZIP CODE	FROM (MO./YR.) -TO (MO./YR.)

(Use additional sheet of paper if necessary and reference as Schedule B-1)

Schedule C-1 Prior Marriage Schedule

Name of Former Spouse (Include Maiden Name):	Date of Birth:	Date and Place of Marriage:		
Former Spouse's Current Street Address:	City:	County/Parish:	State:	Zip Code:
State the reason the marriage was terminated (Annulled, Separated, Divorced, or Widowed). Indicate date and jurisdiction where such action was taken.			Docket/Case Number of Divorce Action (if known):	

(Use additional sheet of paper if necessary and reference as Schedule C-1)

Schedule C-2 Child Information Schedule

Name of Child:	Place of Birth: (City, County/Parish, State)	Date of Birth:	Occupation:
Current Street Address:	City:	County/Parish:	State: Zip Code:
Name of Child's Spouse:	Place of Birth: (City, County/Parish, State)	Date of Birth:	Occupation:

Name of Child:	Place of Birth: (City, County/Parish, State)	Date of Birth:	Occupation:
Current Street Address:	City:	County/Parish:	State: Zip Code:
Name of Child's Spouse:	Place of Birth: (City, County/Parish, State)	Date of Birth:	Occupation:

(Use additional sheet of paper if necessary and reference as Schedule C-2)

DATE _____ INITIALS _____

Schedule C-3 Sibling Information

Name of Sibling:	Place of Birth: (City, County/Parish, State)	Date of Birth:	Occupation:	
Street Address:	City:	County/Parish:	State:	Zip Code:
Name of Sibling's Spouse:	Place of Birth: (City, County/Parish, State)	Date of Birth:	Occupation:	

Name of Sibling:	Place of Birth: (City, County/Parish, State)	Date of Birth:	Occupation:	
Street Address:	City:	County/Parish:	State:	Zip Code:
Name of Sibling's Spouse:	Place of Birth: (City, County/Parish, State)	Date of Birth:	Occupation:	

(Use additional sheet of paper if necessary and reference as Schedule C-3)

Schedule E-1 Military Service Information

Country:	Branch of Service:	Service Serial Number:	Highest Rank Held:
Periods of Active Service: (From-To)			
Date of Discharge or Separation:			
Type of Discharge or Separation (Honorable, Dishonorable, Honorable Conditions, Medical, etc.) from Military Service:			

(Use additional sheet of paper if necessary and reference as Schedule E-1)

Schedule E-2 Military Service Information

Date of Arrest:	Nature of Charge or Offense:	Location of Arrest (Include City, County/Parish, State and Country):
Name of Arresting Organization :		
Disposition of Arrest (Check All Applicable): <input type="checkbox"/> Charges Dismissed <input type="checkbox"/> Charges Reduced <input type="checkbox"/> Convicted <input type="checkbox"/> Other		Sentence:

(Use additional sheet of paper if necessary and reference as Schedule E-2)

DATE _____ INITIALS _____

Schedule F-1

Criminal, Investigatory and Civil Proceedings

Date of Arrest:	Charge or Offense:	Location of Offense (Include City, County/Parish, State and Country):		
Name of Arresting Law Enforcement Agency:				
Address of Arresting Law Enforcement Agency:		City:	County/Parish:	State: Zip Code:
Check All Applicable: <input type="checkbox"/> Pretrial Intervention <input type="checkbox"/> Diversion	Disposition of Arrest (Check All Applicable): <input type="checkbox"/> Charges Dismissed <input type="checkbox"/> Charges Reduced <input type="checkbox"/> Bill of Information <input type="checkbox"/> Indictment <input type="checkbox"/> Complaint or Summons Issued			Has This Arrest Been Expunged?

Date of Arrest:	Charge or Offense:	Location of Offense (Include City, County/Parish, State and Country):		
Name of Arresting Law Enforcement Agency:				
Address of Arresting Law Enforcement Agency:		City:	County/Parish:	State: Zip Code:
Check All Applicable: <input type="checkbox"/> Pretrial Intervention <input type="checkbox"/> Diversion	Disposition of Arrest (Check All Applicable): <input type="checkbox"/> Charges Dismissed <input type="checkbox"/> Charges Reduced <input type="checkbox"/> Bill of Information <input type="checkbox"/> Indictment <input type="checkbox"/> Complaint or Summons Issued			Has This Arrest Been Expunged?

(Use additional sheet of paper if necessary and reference as Schedule F-1)

Schedule F-2

Criminal, Investigatory and Civil Proceedings

Date of Conviction, Plea of Guilty, or Nolo Contendere:	Offense:	Location of Offense(City, County/Parish, State and Country):		
Name of Court:				
Address of Court:	City:	County/Parish:	State:	Zip Code:
Case/Docket Number:	Sentence:			

Date of Conviction, Plea of Guilty, or Nolo Contendere:	Offense:	Location of Offense(City, County/Parish, State and Country):		
Name of Court:				
Address of Court:	City:	County/Parish:	State:	Zip Code:
Case/Docket Number:	Sentence:			

(Use additional sheet of paper if necessary and reference as Schedule F-2)

DATE _____ INITIALS _____

Schedule F-3
Criminal, Investigatory and Civil Proceedings

Name of Plaintiff(s):		Name of Defendant(s):	
Name of Court:		Case/Docket Number:	
Address of Court:	City:	State:	Zip:
Please Provide Details of the Case:			

Name of Plaintiff(s):		Name of Defendant(s):	
Name of Court:		Case/Docket Number:	
Address of Court:	City:	State:	Zip:
Please Provide Details of the Case:			

Name of Plaintiff(s):		Name of Defendant(s):	
Name of Court:		Case/Docket Number:	
Address of Court:	City:	State:	Zip:
Please Provide Details of the Case:			

(Use additional sheet of paper if necessary and reference as Schedule F-3)

DATE _____ INITIALS _____

Schedule F-4
Criminal, Investigatory and Civil Proceedings

Name of Plaintiff(s):		Name of Defendant(s):	
Name of Court:		Case/Docket Number:	
Address of Court:	City:	State:	Zip:
Please Provide Details of the Case:			

Name of Plaintiff(s):		Name of Defendant(s):	
Name of Court:		Case/Docket Number:	
Address of Court:	City:	State:	Zip:
Please Provide Details of the Case:			

Name of Plaintiff(s):		Name of Defendant(s):	
Name of Court:		Case/Docket Number:	
Address of Court:	City:	State:	Zip:
Please Provide Details of the Case:			

(Use additional sheet of paper if necessary and reference as Schedule F-4)

DATE _____ INITIALS _____

Schedule F-5
Criminal, Investigatory and Civil Proceedings

Name of Person:				
Date of Arrest:	Charge or Offense:	Location of Offense (Include City, County/Parish, State and Country):		
Name of Arresting Law Enforcement Agency:				
Address of Arresting Law Enforcement Agency:	City:	County/Parish:	State:	Zip Code:
Check All Applicable: <input type="checkbox"/> Pretrial Intervention <input type="checkbox"/> Diversion	Disposition of Arrest (Check All Applicable): <input type="checkbox"/> Charges Dismissed <input type="checkbox"/> Charges Reduced <input type="checkbox"/> Bill of Information Issued <input type="checkbox"/> Indictment <input type="checkbox"/> Complaint or Summons <input type="checkbox"/> Convicted		Has This Arrest Been Expunged?	

Name of Person:				
Date of Arrest:	Charge or Offense:	Location of Offense (Include City, County/Parish, State and Country):		
Name of Arresting Law Enforcement Agency:				
Address of Arresting Law Enforcement Agency:	City:	County/Parish:	State:	Zip Code:
Check All Applicable: <input type="checkbox"/> Pretrial Intervention <input type="checkbox"/> Diversion	Disposition of Arrest (Check All Applicable): <input type="checkbox"/> Charges Dismissed <input type="checkbox"/> Charges Reduced <input type="checkbox"/> Bill of Information Issued <input type="checkbox"/> Indictment <input type="checkbox"/> Complaint or Summons <input type="checkbox"/> Convicted		Has This Arrest Been Expunged?	

(Use additional sheet of paper if necessary and reference as Schedule F-5))

DATE _____ INITIALS _____

Schedule F-6 Civil Litigation

Date Filed	Name and Address of Court	Docket Number	Other Parties to Suit	Nature of Suit	Disposition	Date of Disposition	Self or Spouse

(Use additional sheet of paper if necessary and reference as Schedule F-6)

DATE _____ INITIALS _____

Schedule G-1 Licensing Information

"License" or "Licensing" for purposes of this Schedule shall include any license, permit, registration, finding of suitability, qualification or other authorization to participate in any type of casino or gaming/gambling related operation.

Name of Licensing Authority:	License Number (If License Issued):	Date of Application:		
Address of Licensing Authority:	City:	County/Parish:	State:	Zip Code:
If application denied, withdrawn, otherwise not approved, or conditionally approved, give detailed reasons why.				

(Use additional sheet of paper if necessary and reference as Schedule G-1)

Schedule G-2 Licensing Information

"License" or "Licensing" for purposes of this Schedule shall include any license, permit, registration, finding of suitability, qualification or other authorization to participate in any type of casino or gaming/gambling related operation.

Name of Licensing Authority:
Details of Regulatory Action:

(Use additional sheet of paper if necessary and reference as Schedule G-2)

DATE _____ INITIALS _____

Schedule G-3 Licensing Information

"License" or "Licensing" for purposes of this Schedule shall include any license, permit, registration, finding of suitability, qualification or other authorization to participate in any type of casino or gaming/gambling related operation.

Name of Licensing Authority:	License Number (If License Issued):	Date of Application:			
Address of Licensing Authority:	City:	County/Parish:	State:	Zip Code:	
If application denied, withdrawn, otherwise not approved, or conditionally approved, give detailed reasons why.					

(Use additional sheet of paper if necessary and reference as Schedule G-3)

Schedule G-4 Licensing Information

"License" or "Licensing" for purposes of this Schedule shall include any license, permit, registration, finding of suitability, qualification or other authorization to participate in any type of casino or gaming/gambling related operation.

Name of Licensing Authority:
Details of Regulatory Action:

(Use additional sheet of paper if necessary and reference as Schedule G-4)

DATE _____ INITIALS _____

Schedule G-5 Licensing Information

"License" or "Licensing" for purposes of this Schedule shall include any license, permit, registration, finding of suitability, qualification or other authorization to participate in any type of casino or gaming/gambling related operation.

Name of Licensing Authority:	License Number (If License Issued):	Date of Application:			
Address of Licensing Authority:	City:	County/Parish:	State:	Zip Code:	
If application denied, withdrawn, otherwise not approved, or conditionally approved, give detailed reasons why.					

(Use additional sheet of paper if necessary and reference as Schedule G-5)

Schedule G-6 Licensing Information

"License" or "Licensing" for purposes of this Schedule shall include any license, permit, registration, finding of suitability, qualification or other authorization to participate in any type of casino or gaming/gambling related operation.

Name of Licensing Authority:
Details of Regulatory Action:

(Use additional sheet of paper if necessary and reference as Schedule G-6)

DATE _____ INITIALS _____

Schedule G-7 Licensing Information

"License" or "Licensing" for purposes of this Schedule shall include any license, permit, registration, finding of suitability, qualification or other authorization to participate in any type of casino or gaming/gambling related operation.

Name of Licensing Authority:	License Number (If License Issued):	Date of Application:			
Address of Licensing Authority:	City:	County/Parish:	State:	Zip Code:	
If application denied, withdrawn, otherwise not approved, or conditionally approved, give detailed reasons why.					

(Use additional sheet of paper if necessary and reference as Schedule G-7)

Schedule G-8 Licensing Information

"License" or "Licensing" for purposes of this Schedule shall include any license, permit, registration, finding of suitability, qualification or other authorization to participate in any type of casino or gaming/gambling related operation.

Name of Licensing Authority:
Details of Regulatory Action:

(Use additional sheet of paper if necessary and reference as Schedule G-8)

DATE _____ INITIALS _____

Schedule H-1 Employment Information

Name of Employer:				Telephone Number of Employer:	
Address of Employer:		City:	County/Parish:	State:	Zip Code:
Position Held:			Name of Supervisor:		
Employment Period: From-To (Month/Year)		Reason for Leaving:			
Description of Duties:					

Name of Employer:				Telephone Number of Employer:	
Address of Employer:		City:	County/Parish:	State:	Zip Code:
Position Held:			Name of Supervisor:		
Employment Period: From-To (Month/Year)		Reason for Leaving:			
Description of Duties:					

Name of Employer:				Telephone Number of Employer:	
Address of Employer:		City:	County/Parish:	State:	Zip Code:
Position Held:			Name of Supervisor:		
Employment Period: From-To (Month/Year)		Reason for Leaving:			
Description of Duties:					

(Use additional sheet of paper if necessary and reference as Schedule H-1)

DATE _____ INITIALS _____

Schedule H-2 Employment Information

Name of Employer:			Telephone Number of Employer:	
Address of Employer:	City:	County/Parish:	State:	Zip Code:
Position Held:		Name of Supervisor:		
Employment Period: From-To (Month/Year)	Reason for Leaving:			
Description of Duties:				

Name of Employer:			Telephone Number of Employer:	
Address of Employer:	City:	County/Parish:	State:	Zip Code:
Position Held:		Name of Supervisor:		
Employment Period: From-To (Month/Year)	Reason for Leaving:			
Description of Duties:				

Name of Employer:			Telephone Number of Employer:	
Address of Employer:	City:	County/Parish:	State:	Zip Code:
Position Held:		Name of Supervisor:		
Employment Period: From-To (Month/Year)	Reason for Leaving:			
Description of Duties:				

(Use additional sheet of paper if necessary and reference as Schedule H-2)

DATE _____ INITIALS _____

Schedule H-3 Employment Information

Title of Office or Position Held:
Name of Government Agency/Organization:
Address of Government Agency/Organization:
From-To (Month/Year):

Title of Office or Position Held:
Name of Government Agency/Organization:
Address of Government Agency/Organization:
From-To (Month/Year):

(Use additional sheet of paper if necessary and reference as Schedule H-3)

Schedule H-4 Employment Information

Title of Office or Position Held:
Name of Company, Trust or Succession:
Address of Company, Trust or Succession:
From-To (Month/Year):

(Use additional sheet of paper if necessary and reference as Schedule H-4)

DATE _____ INITIALS _____

Schedule I-1 Ownership Information

Name of Company:	
Address of Company:	
% Interest Held or Controlled by Applicant:	From-To (Month/Year):
Name of Other Owners:	
State/Province and Country of Organization or Incorporation:	

Name of company:	
Address of company:	
% Interest held or controlled by applicant:	From-To (Month/Year):
Name of other owners:	
State/Province and Country of Organization or Incorporation:	

Name of company:	
Address of company:	
% Interest held or controlled by applicant:	From-To (Month/Year):
Name of other owners:	
State/Province and Country of Organization or Incorporation:	

(Use additional sheet of paper if necessary and reference as Schedule I-1)

DATE _____ INITIALS _____

Schedule K-1 Political Activity Information

Name of Person:
Title of Office or Position Held:
Name of Government Agency/Organization:
Address of Government Agency/Organization:
From-To (Month/Year):

Name of Person:
Title of Office or Position Held:
Name of Government Agency/Organization:
Address of Government Agency/Organization:
From-To (Month/Year):

(Use additional sheet of paper if necessary and reference as Schedule K-1)

Schedule K-2 Political Activity Information

Name of Contributor:		Name of Official/Candidate/Committee:	
Office Sought/Held:	Date:	Amount:	
Method of Payment:		Intermediary, if any:	

Name of Contributor:		Name of Official/Candidate/Committee:	
Office sought/held:	Date:	Amount:	
Method of payment:		Intermediary, if any:	

(Use additional sheet of paper if necessary and reference as Schedule K-2)

DATE _____ INITIALS _____

Schedule M-1 Financial Advisor Information

Name:	Name of Company:		
Address:	City:	State:	Zip:

Name:	Name of Company:		
Address:	City:	State:	Zip:

Name:	Name of Company:		
Address:	City:	State:	Zip:

(Use additional sheet of paper if necessary and reference as Schedule M-1)

Schedule M-2 Financial Advisor Information

Name:	Name of Company:		
Address:	City:	State:	Zip:
Type of Account:	Margin:		

Name:	Name of Company:		
Address:	City:	State:	Zip:
Type of Account:	Margin:		

Name:	Name of Company:		
Address:	City:	State:	Zip:
Type of Account:	Margin:		

(Use additional sheet of paper if necessary and reference as Schedule M-2)

DATE _____ INITIALS _____

Schedule M-3 Statement of Annual Income

Please provide the total annual gross income for the three (3) most recent complete calendar years for the applicant, the applicant's spouse and any dependent children who earned more than \$20,000. **Use a separate sheet for each family member.**

Sources of Income	Year	Year	Year
Salary (Specify Source)			
1.	\$	\$	\$
2.	\$	\$	\$
3.	\$	\$	\$
Interest (Specify Source)			
1.	\$	\$	\$
2.	\$	\$	\$
3.	\$	\$	\$
Dividends (Specify Source)			
1.	\$	\$	\$
2.	\$	\$	\$
3.	\$	\$	\$
Income from Businesses (Specify Source)			
1.	\$	\$	\$
2.	\$	\$	\$
3.	\$	\$	\$
Capital Gains (Specify Source)			
1.	\$	\$	\$
2.	\$	\$	\$
3.	\$	\$	\$
Rentals (Specify Source)			
1.	\$	\$	\$
2.	\$	\$	\$
3.	\$	\$	\$
Other Income/Compensation (Specify Source)			
1.	\$	\$	\$
2.	\$	\$	\$
3.	\$	\$	\$
Total Annual Gross Income	\$	\$	\$

(Use additional sheet of paper if necessary and reference as Schedule M-3)

DATE _____ INITIALS _____

Schedule M-4

NET WORTH STATEMENT-- ASSETS AND LIABILITIES

NOTE: Complete the financial statements on pages 31 through 47 and copy the totals in the appropriate space below.

M.4a. Please list all assets, tangible and intangible, in which a direct or indirect interest is held by you, your spouse or your dependent children. For each line item, list both the cost of the asset and the present market values as of the date of this statement unless this cannot reasonably be done, in which case any special valuation date should be noted in the column provided. Detail each line entry on the appropriate schedule.

ASSET	COST AT DATE ACQUIRED OR PURCHASED (A)	CURRENT MARKET VALUE (B)	SPECIAL VALUATION DATE, IF ANY
1. Cash			
a) On Hand		a)	
b) In bank (Schedule M-5)		b)	b)
2. Loans, Notes and Other Receivables (Schedule M-6)			
3. Securities (Schedule M-7)			
4. Real Estate Interests (Schedule M-8)			
5. Cash Value Life Insurance (Schedule M-9)			
6. Cash Value Pension/ Retirement Funds (Schedule M-10)			
7. Furniture and Clothing (Reasonable Estimate)			
8. Vehicles (Schedule M-11)			
9. Other (Schedule M-12)			
TOTAL ASSETS			

M.4b. Please list all liabilities of you, your spouse and your dependent children. Enter the amount as of the date of this statement. Detail each line entry on the appropriate schedule.

LIABILITY	ORIGINAL AMOUNT OF LIABILITY (C)	AMOUNT OUTSTANDING (D)
10. Notes Payable (Schedule M-13)		
11. Loans and Other Payables (Schedule M-14)		
12. Taxes Payable (Schedule M-15)		
13. Mortgages or Liens on Real Estate (Schedule M-16)		
14. Loans Against Insurance/Pensions (Schedule M-17)		
15. Other Indebtedness (Schedule M-18)		
TOTAL LIABILITIES		
NET WORTH		
Total Assets (From Column B) less		
Total Liabilities (From Column D)		
16. Contingent Liabilities (Schedule M-19)		

Date of Statement _____

Please provide the name, address and phone number of the person completing this statement if it is completed by someone other than you.

Name _____
Address _____
Phone _____

SCHEDULE M-5 - CASH IN BANK

List below all bank accounts (checking, savings, time deposits, certificates of deposit, money market funds, etc.) foreign and domestic, maintained by you, your spouse or dependent children. Identify with an asterisk (*) any check writing accounts held with brokerage houses, insurance companies, etc.

NAME AND ADDRESS OF INSTITUTION	NAME OF PERSON(S) AND TAX IDENTIFICATION NUMBER(S) APPEARING ON ACCOUNT	ACCOUNT NUMBER	INTEREST RATE (%)	GENERAL NATURE OF ACCOUNT	DATE OF BALANCE	BALANCE
						\$ _____
						TOTAL CURRENT BALANCE (Enter this figure in item 1b, column B of Schedule M-4.)

SCHEDULE M-6

LOANS, NOTES AND OTHER RECEIVABLES

List below all loans, notes and other receivables held by you, your spouse or dependent children.

CHECK IF HELD BY SPOUSE OR DEPENDENT CHILD	NAME AND ADDRESS OF DEBTOR	INTEREST RATE (%)	ORIGINAL LOAN AMOUNT	ORIGINAL DATE OF LOAN/NOTE RECEIVABLE	TOTAL PAYMENTS	DATE DUE	NATURE OF ADVANCE AND NATURE OF SECURITY, IF ANY (INDICATE IF UNSECURED)	CURRENT BALANCE
			\$ _____					\$ _____
			TOTAL ORIGINAL LOAN AMOUNT(S) (Enter this figure in item 2, column A of Schedule M-4.)					TOTAL CURRENT BALANCE (Enter this figure in item 2, column B of Schedule M-4.)

SCHEDULE M-7 SECURITIES

Provide the information in the table below for all stocks, bonds, mutual funds, commodity accounts, options, warrants, etc., held or controlled by you, your spouse or dependent children in any jurisdiction. Whenever interest exists through a mutual fund or holding company, the individual stocks or bonds held by such mutual fund or holding company need not be listed; whenever such interest exists through a beneficial interest in a trust, the securities held in such trust shall be listed if you, your spouse or dependent children have knowledge of what securities are so held. INDICATE PUBLICLY TRADED SECURITIES BY AN ASTERISK(*).

CHECK IF HELD BY SPOUSE OR DEPENDENT CHILD	NUMBER OF SECURITIES OR CONTRACTS HELD	TYPE OF SECURITY	NAME OF ISSUING COMPANY OR GOVERNMENT AGENCY/ORGANIZATION	MARKET VALUE AT TIME OF ACQUISITION	DATE OF AND PRICE AT PURCHASE	% OF OWNERSHIP IF GREATER THAN 5%	REGISTERED OWNER	DATE OF VALUATION	CURRENT MARKET VALUE
					\$ _____				\$ _____
					TOTAL PURCHASE PRICE (Enter this figure in item 3, column A of Schedule M-4.)				TOTAL CURRENT MARKET VALUE (Enter this figure in item 3, column B of Schedule M-4.)

SCHEDULE M-8 - REAL ESTATE INTERESTS

Indicate below the location, size, general nature, acquisition date and other information requested regarding any real property in any jurisdiction in which any direct, indirect, vested or contingent interest is held by you, your spouse or dependent children, along with the names of all individuals or entities who share a direct, indirect, vested or contingent interest therein.

CHECK IF HELD BY SPOUSE OR DEPENDENT CHILD	ADDRESS PARCEL/LOT NUMBER	LOT SIZE/ STAND NO./ SQUARE FOOTAGE OF BUILDING	TYPE OF PROPERTY	DATE ACQUIRED/ DOWN PAYMENT	INDIVIDUALS OR ENTITIES SHARING INTEREST (INCLUDE % OF OWNERSHIP FOR EACH)	PURCHASE PRICE OF % OWNED	MONTHLY RENTAL INCOME, IF ANY	ESTIMATED MARKET VALUE OF % OWNED
						<div>\$ _____</div>		<div>\$ _____</div>
						TOTAL PURCHASE PRICE (Enter this figure in item 4, column A of Schedule M-4.)		TOTAL CURRENT MARKET VALUE (Enter this figure in item 4, column B of Schedule M-4.)

SCHEDULE M-9 - CASH VALUE - LIFE INSURANCE

Indicate below the information requested with regard to the cash value of all life insurance policies held by you, your spouse or your dependent children.

CHECK IF HELD BY SPOUSE OR DEPENDENT CHILD	DATE PURCHASED	INSURANCE CARRIER POLICY NUMBER	BENEFICIARY(IES)	FACE VALUE	ANNUAL PREMIUM PAYMENTS	CASH SURRENDER VALUE	EFFECTIVE DATE OF CASH SURRENDER VALUE
						\$ _____	
						TOTAL CASH SURRENDER VALUE (Enter this figure in item 5, column B of Schedule M-4.)	

SCHEDULE M-10 - CASH VALUE - PENSION/RETIREMENT FUNDS

Indicate below the information requested with regard to the cash value of all retirement/investment/pension funds* held by you or your spouse.

CHECK IF HELD BY SPOUSE	TYPE OF FUND	TYPE OF SECURITIES HELD AND ACCOUNT NUMBER, IF ANY	EMPLOYER/ INSTITUTION	CUMULATIVE EMPLOYEE CONTRIBUTION	CUMULATIVE EMPLOYER CONTRIBUTION	CURRENT CASH VALUE	EFFECTIVE DATE OF CASH VALUE
				\$ _____		\$ _____	
				TOTAL CUMULATIVE EMPLOYEE CONTRIBUTION (Enter this figure in item 6, column A of Schedule M-4.)			TOTAL CURRENT CASH VALUE (Enter this figure in item 6, column B of Schedule M-4.)

*If you are filing this application in the United States, the information is to include IRA, 401K and KEOGH plans.

SCHEDULE M-11 – VEHICLES

Indicate below the information requested with regard to all vehicles owned or leased by you, your spouse, or your dependent children.

CHECK IF HELD BY SPOUSE OR DEPENDENT CHILD	TYPE OF VEHICLE	SPECIFY IF OWNED OR LEASED*	DATE OF PURCHASE/ LEASE	MODEL YEAR	MAKE/ MODEL OF VEHICLE	COST**	IF OWNED, CURRENT MARKET VALUE
						\$ _____	\$ _____
*If leased, specify in this column the length of the lease, total lease costs, down payments, monthly payments and number of payments over the life of the lease.						TOTAL COST OF VEHICLES (Enter this figure in item 8,column A of Schedule M-4.)	TOTAL CURRENT CASH VALUE (Enter this figure in item 8,Column B of Schedule M-4.)

****If leased, enter the sum of the down payment plus monthly payments to date as the total cost.**

SCHEDULE M-12 - OTHER ASSETS

List below the information requested regarding all other assets, including any business investments in which any direct, indirect, vested or contingent is held by you, your spouse or your dependent children. Business interests should include, but not be limited to, joint ventures, partnerships, sole proprietorships, corporations and LLCs. Other assets should include, but not be limited to, art collections, coin collections, and antiques.

CHECK IF HELD BY SPOUSE OR DEPENDENT CHILD	NATURE OF ASSET	DATE OF ACQUISITION	COST	% OF OWNERSHIP INTEREST	DATE OF VALUATION	CURRENT MARKET VALUE
			\$ _____			\$ _____
			TOTAL COST(S) OF OTHER ASSETS (Enter this figure in item 9, column A of Schedule M-4.)			TOTAL CURRENT MARKET VALUE OF OTHER ASSETS (Enter this figure in item 9, column B Schedule M-4.)

SCHEDULE M-13 - NOTES PAYABLE

List below the information requested with regard to all notes payable for which you, your spouse or dependent children are obligated.

CHECK IF OWED BY SPOUSE OR DEPENDENT CHILD	NAME & ADDRESS OF CREDITOR	ACCOUNT NUMBER, IF ANY	DATE INCURRED	DUE DATE	INTEREST RATE (%)	AMOUNT OF PERIODIC PAYMENT/ PAY PERIOD	ORIGINAL AMOUNT OF NOTE	NATURE OF SECURITY, IF ANY	TOTAL PAYMENTS	OUTSTANDING AMOUNT OF LIABILITY
							\$ _____			\$ _____
							TOTAL ORIGINAL AMOUNT OF NOTES PAYABLE (Enter this figure in item 10, column C of Schedule M-4.)			TOTAL AMOUNT OF OUTSTANDING NOTES PAYABLE (Enter this figure in item 10, column D of Schedule M-4.)

SCHEDULE M-14 - LOANS AND OTHER PAYABLES

List below the information requested with regard to all accounts payable (include lines of credit, installment loans, revolving charge accounts and any other accounts) for which you, your spouse or your dependent children are obligated.

CHECK IF OWED BY SPOUSE OR DEPENDENT CHILD	NAME & ADDRESS OF CREDITOR	ACCOUNT NUMBER, IF ANY	DATE OPENED OR INCURRED	DUE DATE	INTEREST RATE (%)	NATURE OF ACCOUNT	ORIGINAL AMOUNT OF LIABILITY	NATURE OF SECURITY, IF ANY	TOTAL PAYMENTS	CURRENT AMOUNT OUTSTANDING
							\$ _____			\$ _____
							TOTAL ORIGINAL AMOUNT OF LIABILITY (Enter this figure in item 11, column C of Schedule M-4.)			TOTAL AMOUNT OF OUTSTANDING LOANS AND OTHER PAYABLES (Enter this figure in item 11, column D of Schedule M-4.)

SCHEDULE M-15 - TAXES PAYABLE

List below the information requested with regard to all taxes payable for which you, your spouse, or your dependent children are obligated. Only real estate and income taxes need to be included.

CHECK IF OWED BY SPOUSE OR DEPENDENT CHILD	TAXING AUTHORITY	NATURE OF TAX	DATE AND AMOUNT OF ORIGINAL OBLIGATION	FINES, PENALTIES AND INTEREST, IF ANY	TOTAL AMOUNT DUE
			\$ _____		\$ _____
			TOTAL ORIGINAL TAX OBLIGATION(S) (Enter this figure in item 12, column C of Schedule M-4.)		TOTAL AMOUNT OF TAXES PAYABLE (Enter this figure in item 12, column D of Schedule M-4.)

SCHEDULE M-16 - MORTGAGES OR LIENS PAYABLE ON REAL ESTATE

List below the information requested with regard to all mortgages or liens due and owing on real estate for which you, your spouse or your dependent children are obligated.

CHECK IF OWED BY SPOUSE OR DEPENDENT CHILD	NAME AND ADDRESS OF MORTGAGEE OR LIEN HOLDER	ACCOUNT NUMBER	DATE INCURRED	ORIGINAL AMOUNT OF LIABILITY	DESCRIPTION/ ADDRESS OF REAL ESTATE	TERM OF MORTGAGE/ INTEREST RATE (%)	AMOUNT OF PERIODIC PAYMENT/ PAY PERIOD	CURRENT MORTGAGE BALANCE
				<div>\$</div>				<div>\$</div>
				TOTAL ORIGINAL MORTGAGES OR LIENS PAYABLE ON REAL ESTATE (Enter this figure in item 13, column C of Schedule M-4.)				TOTAL MORTGAGES OR LIENS PAYABLE ON REAL ESTATE (Enter this figure in item 13, column D of Schedule M-4.)

SCHEDULE M-17 - LOANS AGAINST INSURANCE/PENSION PLANS

List below the information requested with regard to all loans against life insurance policies, pension plans, etc., taken by you, your spouse or your dependent children.

CHECK IF OWED BY SPOUSE OR DEPENDENT CHILD	INSURANCE CARRIER/ PENSION PLAN	PURPOSE OF LOAN	ORIGINAL AMOUNT OF LOAN	INTEREST RATE (%)	DATE OF LOAN	PERIODIC PAYMENT AMOUNT/ PAY PERIOD	CURRENT LOAN BALANCE
			\$ _____				\$ _____
			TOTAL ORIGINAL LIABILITY INSURANCE/ PENSION LOANS (Enter this figure in item 14, column C of Schedule M-4.)				TOTAL AMOUNT OUTSTANDING INSURANCE/PENSION LOANS (Enter this figure in item 14, column D of Schedule M-4.)

SCHEDULE M-18 - ANY OTHER INDEBTEDNESS

List below the information requested with regard to any other indebtedness for which you, your spouse or your dependent children are obligated.

CHECK IF OWED BY SPOUSE OR DEPENDENT CHILD	NAME AND ADDRESS OF CREDITOR	INTEREST RATE (%)	DESCRIPTION OF LIABILITY, TYPE OF OBLIGATION AND NATURE OF SECURITY, IF ANY	DUE DATE	AMOUNT OF PERIODIC PAYMENT/ PAY PERIOD	ORIGINAL AMOUNT OF LIABILITY	OUTSTANDING AMOUNT OF INDEBTEDNESS
						\$ _____	\$ _____
						TOTAL ORIGINAL AMOUNT OTHER INDEBTEDNESS (Enter this figure in item 15, column C of Schedule M-4.)	TOTAL AMOUNT OUTSTANDING OTHER INDEBTEDNESS (Enter this figure in item 15, column D of Schedule M-4.)

SCHEDULE M-19 - CONTINGENT LIABILITIES

List below the information requested with regard to all contingent liabilities for which you, your spouse or your dependent children are obligated.

CHECK IF OWED BY SPOUSE OR DEPENDENT CHILD	NAME AND ADDRESS OF CONTINGENT CREDITOR	DATE INCURRED	ACCOUNT NUMBER	PRIMARY DEBTOR	DESCRIPTION OF OBLIGATION INCLUDING NATURE OF SECURITY, IF ANY	ORIGINAL AMOUNT OF CONTINGENT OBLIGATION	CURRENT AMOUNT OF CONTINGENT OBLIGATION
						\$ _____	\$ _____
						TOTAL ORIGINAL CONTINGENT LIABILITIES (Enter this figure in item 16, column C of Schedule M-4.)	TOTAL AMOUNT OF OUTSTANDING CONTINGENT LIABILITIES (Enter this figure in item 16, column D of Schedule M-4.)

**STATE CERTIFICATION
INDIAN GAMING ATTACHMENT
PAGES I-1 THROUGH I-2**



**NOTE: TO BE COMPLETED BY THOSE APPLICANTS FILING
AN APPLICATION RELATING TO INDIAN GAMING ONLY.**

**LOUISIANA DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONS
OFFICE OF STATE POLICE**

**INDIAN CASINO GAMING EMPLOYEE CERTIFICATION APPLICATION
NOTICE OF PRIVACY AND MAKING OF FALSE STATEMENTS**

25 U.S.C. 2701 SEC 556.2 PRIVACY 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 employed in a gaming operation. The information will be used by 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 hiring or firing of an employee, the issuance 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 hire you in a primary management official or key employee position.

The foregoing Privacy Notice is applicable to all gaming employee applicants.

The disclosure of your social security number (SSN) is voluntary. However, failure to supply a social security number may result in errors or delays in processing your application.

25 U.S.C. 2701 SEC 556.3 NOTICE REGARDING FALSE STATEMENTS

A false statement on any part of your application may be grounds for not hiring you, or for firing you after you begin work. Also, you may be punished by fine or imprisonment. (U.S. Code, Title 18, Section 1001).

I, the undersigned, have read the Privacy Notice and the Notice Regarding False Statements and understand all of their terms.

Individual's Signature

Date

Subscribed and Sworn to Before Me This _____ Day of _____, in the Year _____.

SEAL

Notary Public

Date

My Commission expires on _____ in the year _____.

**LOUISIANA DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONS
OFFICE OF STATE POLICE**

**INDIAN CASINO GAMING EMPLOYEE CERTIFICATION APPLICATION
TRIBAL STATE COMPACT REGULATIONS**

ATTENTION: APPLICANT SHOULD READ CAREFULLY

Section 7:(C)(1): The State of Louisiana may revoke, suspend, or deny a State Certification for any reason it deems to be in the public interest. These reasons include, but are not limited to, when an applicant for or holder of State Certification fails to notify the State within ten (10) calendar days of any changes in the information submitted in an application or a required report.

Section 7:(M): A State Certification is only valid for the applicant and cannot be transferred to any other person or entity. Any significant change in the information submitted by an applicant on the application for State Certification shall be filed with the Indian Casino Gaming Division within ten (10) calendar days of the change. For the purposes of this Tribal/Sate Compact, a significant change includes, but is not limited to, any change in:

Address
Telephone Number
Marital Status
Arrests or Litigation
Department Transfers
Transfer to another Louisiana Land Based Casino
Bankruptcies

Changes must be reported within ten (10) calendar days to:

Louisiana State Police
Gaming Enforcement Section
Indian Gaming Division
2020 West Pinhook Road, Suite 502
Lafayette, LA 70508

Individual's Signature

Subscribed and Sworn to Before Me this _____ Day of _____ in the Year _____.

Notary Public

SEAL

My Commission expires on _____ in the Year _____.