



CASINO KEY EMPLOYEE LICENSE APPLICATION

SUPPLEMENTAL ATTACHMENT TO THE MULTI JURISDICTIONAL PERSONAL HISTORY DISCLOSURE FORM

This Supplement has been designed to satisfy unique information and documentation that is not requested in the Multi Jurisdictional Personal History Disclosure Form (MJPHD Form). A fill-able version of the MJPHD Form may be accessed through the International Association of Gaming Regulators at <http://www.iagr.org/>. This Casino Key Employee License Supplement should be submitted along with the MJPHD Form.

PERSONS REQUIRED TO BE LICENSED AS A CASINO KEY EMPLOYEE:

- a. Any person who will be employed by a gaming facility licensee, or by an affiliate, intermediary, subsidiary or holding company of a gaming facility licensee, and involved in the operation of a licensed gaming facility in a supervisory capacity and empowered to make discretionary decisions which regulate gaming facility operations.
- b. A junket representative who is employed by a gaming facility licensee or an affiliate of a gaming facility licensee.
- c. Vendor Owners, Directors, Officers, supervisors/ managers, and any other individuals the Commission deems reasonably required to file.

COMPLETING THIS APPLICATION:

- a. You must complete this Supplement **and** a MJPHD Form in order to obtain a valid Casino Key Employee License issued by the Gaming Commission.
- b. You must make accurate statements and include all material facts. **Any misrepresentation, or the failure to provide requested information, may result in the denial of your application.**
- c. Read each question carefully prior to answering. Answer every question completely. Do not leave blank spaces. If a question does not apply to you or you have nothing to disclose, indicate **“Does Not Apply”** in response to that question. Failure to provide a response to every question could result in the delay or denial of your application.
- d. If the space available is insufficient to respond to a question, supply the required information on an attachment page and clearly identify which question you are answering.
- e. If you make any modification to the pre-printed questions or information contained in this form, your application may be denied. Once your application is submitted, it becomes the property of the Gaming Commission and will not be returned.
- f. Review your responses to questions 30, 31a, 31b, 36 and 39 of the MJPHD Form. Each question references local, state, county, provincial, federal, and national governments. Ensure that your response has included Tribal or Indian governments. If your response has not included such, please attach, as an Exhibit to this form, a response to those questions reflecting Tribal or Indian governments.
- g. If you responded in the affirmative to question 34 or 35 of the MJPHD Form, please attach, as an Exhibit to this form, a copy of the complaint, summons and, if applicable, discharge papers.

BE SURE TO:

- a. To sign the **Statement and Authorization** at the end of this application in the presence of a notary public.
- b. **Complete Fingerprinting:** Please read the Commercial Fingerprint Procedures form and submit your fingerprint payment online before submitting the enrollment form and ink cards to Identogo. (Live Scan information is also included in procedures form). *Fingerprint instructions to be provided along with the answers in round two questions.*
- c. Retain a completed copy of this application for your own records.
- d. Attach a current color photograph no smaller than 2 inches by 2 inches. Photograph must have been taken within the last six months pursuant to 9 NYCRR 5303.4.
- e. **Include a copy of your photo ID.**

IMPORTANT NOTICES:

- a. Any applicant, licensee or registrant is required to consent to warrantless inspections, searches and seizures when present in a gaming facility in accordance with Racing, Pari-Mutuel Wagering and Breeding Law section 1322(3).
- b. In accordance with Privacy Act of 1974 (Title 5 U.S.C. §522a, as amended), disclosure of your social security number is voluntary. Failure to disclose your social security number is not grounds for denial of your application. If provided, your social security number will be used by the Gaming Commission to obtain and verify information in your application for qualification. The absence of a social security number on the application may delay the determination of your application.
- c. Fingerprints will be utilized for a criminal history check. A criminal history check will include a check of criminal history records information maintained by the Federal Bureau of Investigation, New York State Division of Criminal Justice Services and the Royal Canadian Mounted Police (if applicable).

The Gaming Commission or its designee will make inquiries to establish whether you have had any involvement with law enforcement agencies.

Failure to disclose any such involvement will be taken into account in assessing your character, honesty and integrity. The Gaming Commission will compare the information you provide with criminal records maintained by Federal and State law enforcement agencies.

Pursuant to Racing, Pari-Mutuel Wagering and Breeding Law sections 1323(4) and 1324(5), the Gaming Commission will provide each applicant with a copy of their criminal history information, if any.

Alternatively, procedures for obtaining a copy of FBI criminal history records are set forth at Title 28, Code of Federal Regulations (CFR), sections 16.30 through 16.33 or go to the FBI website at <http://www.fbi.gov/about-us/cjis/background-checks>. Procedures for obtaining a change, correction, or updating of FBI criminal history records are set forth at Title 28, CFR, section 16.34 or go to the FBI website at <http://www.fbi.gov/about-us/cjis/identity-history-summary-checks/challenge-of-an-identity-history-summary>.

An applicant may obtain, review and, if necessary, seek correction of his/her criminal history information pursuant to New York State DCJS regulation (9 NYCRR Part 6050). To obtain further information through procedures established by DCJS, visit <http://www.criminaljustice.ny.gov/ojs/recordreview.html>.

Applicant is applying for a Casino Key Employee License for the following gaming facility:

APPLICANT INFORMATION					
1. Last Name		2. First		3. Middle	
4. Social Security Number	---	---	5. Date of Birth		
6. Street Address				Apartment/Unit #	
City		State		ZIP	
7. Home Phone		8. E-mail Address			
9. Name of Entity			10. Nature of position		
11. Mobile Phone		12. Male/Female	13. Are you a New York State Resident?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

14. Applicant is applying for qualification in connection with:

- Casino Principal or Key Employee License

- Individual associated with an entity holding a direct ownership interest in a Gaming Facility License Applicant

- Gaming-related Vendor Applicant (Owner, Director, Officer, Manager or Supervisor)

A. If casino key employee, what is your official job title:

B. If vendor owner, manager, or supervisor, what is your official job title:

C. **TO BE COMPLETED BY HR:** Please provide a brief description of this applicant's job duties:

D. During the course of your employment with the gaming facility, will you have **any** supervisory or managerial responsibilities?

YES NO

15. If applicable, the name of parent, holding, intermediary or subsidiary companies of the licensee or applicant with which you are a principal:

ENTITY NAME	ENTITY ADDRESS

FINANCIAL INFORMATION

16. List when you filed your last Federal Income Tax Return Form 1040, to what Internal Revenue Service Center it was sent and the tax period it covered.

DATE FILED	PERIOD COVERED	INTERNAL REVENUE SERVICE ENTER LOCATION

****Please provide and Attach to the back of this form**** a copy of each IRS Form 1040 and 1040X (Amended Return) and all appropriate schedules filed by you in the **last (3) three years**. If you and your spouse filed separate tax returns for any year in the last three years, also attach a copy of your spouse's tax returns.

17. Have your Federal Income Tax Returns ever been audited or adjusted? YES NO

****If you answered YES, attach to the back of this form** the list of years for which your Federal Income Tax Return was audited or adjusted and a narrative detailing the reasons for such audit or adjustment.

18. Have you ever filed any type of tax return, statement or form in any jurisdiction outside the United States within the last three years? YES NO

****If you answered YES, attach to the back of this form** a copy of each such tax return and all appropriate schedules or other attachments required by the tax authorities of the foreign jurisdiction.

CIVIL, CRIMINAL AND INVESTIGATORY PROCEEDINGS

<p>19. Have you ever been arrested, served with a criminal summons, charged with, or convicted of ANY crime or offense in any manner?</p> <ul style="list-style-type: none"> • You must include <u>ALL</u> arrests, charges and convictions regardless of the outcome even if the charges were dismissed or you were found not guilty. • You must include <u>ALL</u> arrests, charges and convictions regardless of the class of crime (felonies, misdemeanors, petty offenses and/or violations). • You must include <u>ALL</u> serious traffic offenses, including DUI, DWAI, reckless driving, leaving the scene of an accident, driving under suspension or revocation, or any other offense that resulted in your being taken into custody. 	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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DO NOT rely on your understanding that an arrest or charge is "not supposed to be on your record." A criminal record was not cleared, erased, sealed or expunged unless you were given, and have in your possession, a written order from a judge directing that action.

If you answered YES, explain in detail in an attachment to the back of this form. For each offense for which you were arrested or charged, **YOU MUST OBTAIN OFFICIAL DOCUMENTATION FROM THE COURT WHERE YOU APPEARED, SHOWING THE FINAL DISPOSITION (OUTCOME) OF YOUR CASE.** This information will include whether you were found guilty or not guilty and the penalty (e.g., money fine, time in jail or prison, probation, deferred sentence). If you received a deferred judgment, a deferred sentence, or probation, your documentation must include the date that you were discharged or released from probation or other supervision.

MISCELLANEOUS

Please answer either YES or NO to the following questions. If you answer YES, provide details in an attachment to the back of this form.

<p>20. Have you ever committed acts, even those you were not charged for, that would constitute a crime, offense or violation of criminal or civil law?</p>	<p>YES <input type="checkbox"/></p>	<p>NO <input type="checkbox"/></p>
<p>21. Have you ever refused to cooperate with any legislative body or other official investigatory body involved in the investigation of crimes?</p>	<p>YES <input type="checkbox"/></p>	<p>NO <input type="checkbox"/></p>
<p>22. Have you ever been barred or otherwise excluded from any type of casino or gaming/gambling related operation in any jurisdiction? (Check "YES" even if the disbarment or exclusion is no longer in effect or has been lifted.)</p>	<p>YES <input type="checkbox"/></p>	<p>NO <input type="checkbox"/></p>
<p>23. Are you a career offender or a member of a career offender cartel, as those terms are defined by New York law?</p> <p><i>Career offender</i> is defined as any person whose behavior is pursued in an occupational manner or context for the purpose of economic gain, utilizing such methods as are deemed criminal violations of the public policy of the State of New York.</p> <p><i>Career offender cartel</i> is defined as any group of persons who operate together as career offenders.</p>	<p>YES <input type="checkbox"/></p>	<p>NO <input type="checkbox"/></p>
<p>24. Are you delinquent in the filing of any tax return with any taxing agency anywhere?</p>	<p>YES <input type="checkbox"/></p>	<p>NO <input type="checkbox"/></p>
<p>25. Are you delinquent in the payment of any taxes, interest or penalties due to any taxing agency anywhere?</p>	<p>YES <input type="checkbox"/></p>	<p>NO <input type="checkbox"/></p>
<p>26. Are you delinquent in the payment of any judgments due to any governmental agency anywhere?</p>	<p>YES <input type="checkbox"/></p>	<p>NO <input type="checkbox"/></p>
<p>27. Are you delinquent in the payment of any child support?</p>	<p>YES <input type="checkbox"/></p>	<p>NO <input type="checkbox"/></p>
<p>28. Do you have affiliates or close associates whose relationship with you may pose any injurious threat to the interest of the State of New York?</p>	<p>YES <input type="checkbox"/></p>	<p>NO <input type="checkbox"/></p>

Statement and Authorization

Statement

I am the applicant and I personally supplied the information contained in this application. I understand and read the English language or I have had an interpreter read, explain and record the answer to each and every question on this form. I have read and understand Racing, Pari-Mutuel Wagering and Breeding Law section 1318. Any document accompanying this application that is not an original document is a true copy of the original document. I swear that the foregoing statements are true.

Notification and Release Authorization

The New York State Gaming Commission is hereby authorized to provide information relative to my identity, including my name, social security number, date of birth, and casino registration to any agency of any state or other jurisdiction for the purposes of obtaining a license.

To any person and all courts, probation departments, selective service boards, employers, educational institutions, banks, financial and other such institutions, and all governmental agencies—federal, state and local, including unemployment insurance agencies, without exception, both foreign and domestic: I have authorized the New York State Gaming Commission, the New York State Police, the New York State Division of Criminal Justice Services and any other organization chosen or retained by the New York State Gaming Commission to conduct a full investigation into my background and activities.

I hereby authorize the New York State Gaming Commission and the New York State Police to obtain a credit report on me through a credit agency of its choice and I further authorize the New York State Gaming Commission to check my credit record, as needed, on a continuing basis as it relates to my employment or my suitability for employment. If an adverse employment decision is made totally or partially due to the information on the credit report, the New York State Gaming Commission will provide me a copy of the credit report, a summary of my rights under the Fair Credit Reporting Act and the source of the credit report so that I may contact the credit agency, if I wish.

I hereby consent to all inspections, searches and seizures and the supplying of handwriting exemplars required by the New York State Gaming Commission of its agents. The said entity is aware of its right secured by the Constitution of the United States and by the Constitution of the State of New York not to consent to such inspections, searches and seizures and I expressly waive and forego that right on behalf of said entity.

I hereby waive liability as to the State of New York and its instrumentalities and agents, for any damages resulting to the said entity from any disclosure or publication in any manner, other than a willfully unlawful disclosure or publication, of any material or information acquired during the licensing process or during any inquiries, investigations or hearings.

Therefore, you are hereby authorized to release any and all information pertaining to me, documentary or otherwise, as requested by any employee or agent of the New York State Gaming Commission, provided that he or she certifies to you that I have an application pending before the New York State Gaming Commission or that I am presently a licensee, registrant or other person required to be qualified under Racing, Pari-Mutuel Wagering and Breeding Law sections 1322 through 1330, as each may be amended from time to time.

This authorization shall supersede any prior request or authorization to the contrary. A copy of this authorization shall be considered as effective and valid as the original.

(Print Name)

(Date of Birth)

_____-_____-_____
(Social Security #)

(Address)

(City, State, Zip)

DATED: _____

(SIGNATURE OF APPLICANT)

Subscribed and sworn to
before me this _____ day
of _____,

NOTARY PUBLIC