

# FORT SILL APACHE GAMING COMMISSION



## NON-GAMING VENDOR LICENSE APPLICATION

COMPANY NAME	NEW _____ RENEWAL _____
NAME OF PERSON FILLING OUT APPLICATION & TITLE	

Please read carefully and follow the licensing instructions.

1. Use blue or black ink only when completing this application form.
2. All answers should be typed or neatly printed; this form will not be accepted if not clear and complete. Any corrections, changes or other alterations must have a single line drawn through it along with the initials of the Applicant.
3. This application may be mailed to the Fort Sill Apache Gaming Commission (FSAGC) Office with original signatures or brought in with a scheduled appointment.
4. Answer all questions accurately and in as much detail as possible. If a question does not pertain to you, write "N/A" (not applicable).
5. Complete the application form in its entirety (no questions should be left blank).
6. The Authorization for Release of Information form will need to be signed in front of a notary. There is one available at the FSAGC Office for those with scheduled appointments.
7. All requested documents must be included with the application at the time of submission.
8. Any information omitted on the application could lead to your application being denied/revoked.
9. We recommend that you keep a copy of your completed application for your records.
10. All notices regarding your application will be sent to the address which you provide on this form. You must immediately notify the Fort Sill Apache Gaming Commission of any changes of address.

**Copies of the following supporting documents MUST BE submitted with the completed application form.**

11. Certified copies of articles of incorporation or Partnership agreements.
12. All supporting paperwork for any criminal offense, if any, dispositions, proof of payments etc...
13. Completed Individual Application (or Individual Renewal Application) and \$150 annual application fee for each Principal, Board of Director and any person who has a five (5) percent or greater ownership of an type of stock or other right(s) of ownership.



**NON-GAMING VENDOR LICENSE APPLICATION  
PRIVACY NOTICE  
NOTICE TO APPLICANT**

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In compliance with the Privacy Act of 1974, the following information is provided: Solicitation of the information on this form is authorized by 25 U.S.C. 2701 *et seq.* The purpose of the requested information is to determine the eligibility of individuals to be granted a gaming license. The information will be used by the Tribal gaming regulatory authorities and by the National Indian Gaming Commission (NIGC) members and staff who have need for the information in the performance of their official duties. The information may be disclosed by the Tribe or NIGC to appropriate Federal, Tribal, State, local, or foreign law enforcement and regulatory agencies when relevant to civil, criminal or regulatory investigations or prosecutions or when pursuant to a requirement by a tribe or the NIGC in connection with the issuance, denial, or revocation of a gaming license, or investigations of activities while associated with a tribe or a gaming operation. Failure to consent to the disclosures indicated in this notice will result in a tribe's being unable to license your business as a Gaming Vendor. The disclosure of your Social Security Number (SSN) is voluntary. However, failure to supply a SSN may result in errors in processing your application.

**NOTICE REGARDING FALSE STATEMENTS**

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A false statement on any part of your license application may be grounds for denying a license or the suspension or revocation of a license. Also, you may be punished by fine or imprisonment (U.S. Code, title 18, section 1001).

I have read and understand the instructions for filling out a gaming license application and I understand that any omitted information will lead to being denied a gaming license by the FSAGC.

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\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

## Non-Gaming Vendor License Application

### SECTION ONE

**BUSINESS NAME:** \_\_\_\_\_

Principal Type of Business: \_\_\_\_\_

New business ( )      Renewal ( )      Last date registered: \_\_\_\_\_

If renewal, give license #: \_\_\_\_\_

Other (explain): \_\_\_\_\_

Annual Non-Gaming Vendor License Application fee – \$150.00 (one hundred fifty dollars)

Check #: \_\_\_\_\_

**Note: This license, if issued, will be valid only for one calendar year from the date of issuance, and subject to renewal and/or revocation at the discretion of the Fort Sill Apache Gaming Commission.**

### SECTION TWO

1. THIS BUSINESS IS A: Individual-Sole Proprietor ( ) Limited Partnership ( ) General Partnership  
( ) Oklahoma Corporation ( ) Other Corporation \_\_\_\_\_ ( ) Foreign Corporation  
( ) Limited Liability Company ( ) Other (Explain) \_\_\_\_\_

1. Name of Business:

\_\_\_\_\_

2. Federal Employee's Identification Number (FEIN): \_\_\_\_\_

3. Business Address:

\_\_\_\_\_

\_\_\_\_\_

4. Business Phone : ( ) \_\_\_\_\_ Business Fax : ( ) \_\_\_\_\_

5. True Name of Individual, Partnership, Corporation or Limited Liability Company:

\_\_\_\_\_

**SECTION THREE**

Please Provide Names of each Principal, Board of Director and any person who has a five (5) percent or greater ownership of any type of stock or other right(s) of ownership in this business:  
IF MORE SPACE IS REQUIRED, PLEASE ATTACH ADDITIONAL PAGES:

1. Name: \_\_\_\_\_ DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

Address: \_\_\_\_\_

Percentage of interest: \_\_\_\_\_ Title in business: \_\_\_\_\_

2. Name: \_\_\_\_\_ DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

Address: \_\_\_\_\_

Percentage of interest: \_\_\_\_\_ Title in business: \_\_\_\_\_

3. Name: \_\_\_\_\_ DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

Address: \_\_\_\_\_

Percentage of interest: \_\_\_\_\_ Title in business: \_\_\_\_\_

**SECTION FOUR**

Physical location, Classification and Information:

1. Trade name of business (DBA): \_\_\_\_\_

1. Physical location of business:

\_\_\_\_\_  
Street and number or directions (do not use) a post office box or rural route number

\_\_\_\_\_  
City State Zip Code Country

2. Name of Business Contact:

\_\_\_\_\_  
Name (last, first, middle) Social Security # Title

\_\_\_\_\_  
City State Zip Code Phone # E-mail address

3. List Your Principal Products or Services: \_\_\_\_\_

**SECTION FOUR(cont.)**

4. Is this a Home-Based Business? YES ( ) NO ( )
5. Is this a New Business? YES ( ) NO ( )
6. Is this a Subsidiary of Another Business? YES ( ) NO ( )

Name of Parent Company: \_\_\_\_\_

7. Date you would like to start work with or at the Fort Sill Apache Casino? \_\_\_\_\_
8. Who are you working with (contact person) at the Fort Sill Apache Casino? \_\_\_\_\_
9. Do you have a written agreement or contract with the Fort Sill Apache Casino? YES( ) NO ( )

If not, how will you Conduct Business with the Fort Sill Apache Casino?

\_\_\_\_\_

10. Anticipated Dollar Amount of Sales (Goods or Services) to the Fort Sill Apache Casino during the first 12 months of doing business? \$ \_\_\_\_\_
11. Where is the Business Incorporated? \_\_\_\_\_
12. Has your Business ever been licensed to do business with Indian Gaming in Oklahoma?
- YES ( ) NO ( ) If YES, Please provide Tribal Entity
- A. \_\_\_\_\_
- B. \_\_\_\_\_
- C. \_\_\_\_\_
13. Has your Business ever been licensed to do business with Indian Gaming outside Oklahoma?
- YES ( ) NO ( ) If YES, Please provide Tribal Entity
- A. \_\_\_\_\_
- B. \_\_\_\_\_
- C. \_\_\_\_\_

**SECTION FOUR (cont.)**

14. Has this Business ever had a Gaming License suspended, revoked, denied, or been the subject of any type of investigation for any purpose other the issuance of a license?

YES ( ) NO ( ) If YES, please provide the following information:

A. Licensing Agency: \_\_\_\_\_ Date of Action: \_\_\_\_\_

Nature of Investigation/Action: \_\_\_\_\_

Final Disposition and Date: \_\_\_\_\_

B. Licensing Agency: \_\_\_\_\_ Date of Action: \_\_\_\_\_

Nature of Investigation/Action: \_\_\_\_\_

Final Disposition and Date: \_\_\_\_\_

C. Licensing Agency: \_\_\_\_\_ Date of Action: \_\_\_\_\_

Nature of Investigation/Action: \_\_\_\_\_

Final Disposition and Date: \_\_\_\_\_

D. Licensing Agency: \_\_\_\_\_ Date of Action: \_\_\_\_\_

Nature of Investigation/Action: \_\_\_\_\_

Final Disposition and Date: \_\_\_\_\_

15. During the past five (5) years had this business filed for bankruptcy protection? Yes ( ) No ( )

If yes, explain in detail on attached pages. Include date of court decree, type, and date of release. Please attach a certified copy of any documents.

16. Has this business ever been subject of any type of investigation by any Governmental Law Enforcement agency for any type of criminal or civil violation? Yes ( ) No ( )

If yes, provide details below:

Agency involved: \_\_\_\_\_ Date of Compliant: \_\_\_\_\_

Nature of Compliant/Action: \_\_\_\_\_

Final Disposition and Date: \_\_\_\_\_

**SECTION FIVE**

**ATTACH THE FOLLOWING DOCUMENTS TO THIS FORM IF APPLICABLE.**

- 1. Articles of Incorporation for any/all states incorporated.
- 2. Partnership Agreement(s).

**THE ABOVE DOCUMENTS MUST BE CERTIFIED COPIES:**

- 3. Completed Individual Application (or Individual Renewal Application) and \$150 annual application fee for each person listed in Section Three.
- 4. Copies of any documents for any yes answers to Section Four, question # 16.

**SECTION SIX**

**CERTIFICATION STATEMENT:**

“I \_\_\_\_\_ certify that all information provided by me in this document is true, complete and correct to the best of my knowledge and belief, and are made in good faith. I authorize and grant my consent to permit any Law Enforcement Agency, and any other person, Business or Gaming Regulatory Agency deemed necessary to release any information to any identified representative of the Fort Sill Apache Gaming Commission or the National Indian Gaming Commission.”

Signature: \_\_\_\_\_

Name of Company: \_\_\_\_\_

Title: \_\_\_\_\_ Date Signed: \_\_\_\_\_

Subscribed and Sworn before me this \_\_\_\_\_ day of \_\_\_\_\_

Notary: \_\_\_\_\_

**NOTARY STAMP:**

**THIS SECTION HAS BEEN INTENTIONALLY LEFT BLANK**

**SECTION SEVEN**

**FORT SILL APACHE GAMING COMMISSION  
AUTHORIZATION FOR RELEASE OF INFORMATION**

**PRESENTED TO:** FORT SILL APACHE GAMING COMMISSION

I, \_\_\_\_\_,  
(Print/type applicant's name)

Hereby authorize release to the Fort Sill Apache Gaming Commission (FSAGC) any information requested in order for the FSAGC to determine my suitability for involvement in Indian gaming.

This document authorizes release of requested information whether or not such information would otherwise be protected from disclosure by any constitutional, statutory or common law privilege.

I agree to accept any risk of adverse public notice, embarrassment, criticism or financial loss that may result from use of information that is obtained in connection with a background investigation for the purpose listed in the first paragraph of this document.

I authorize release of any information related to my activities including: schools, property interests (real and personal), employment, criminal justice agencies, regulatory agencies, businesses, financial institutions and lending institutions.

I authorize review and copying of all documents.

I relinquish any right that I may otherwise have to pursue a cause of action against any person (or his or her agent) to whom this request is presented when such cause of action arises out of a response to a request for information pursuant to the Indian Gaming Regulatory Act of 1988 (25 U.S.C. 2701 et seq.)

I agree that FSAGC may request a consumer credit report on myself and or my company and I agree that a consumer credit report may be obtained and I agree to provide any information necessary to expedite or facilitate said consumer credit report.

I further agree to indemnify and hold harmless any person to whom this request is lawfully presented. Such indemnification and holding harmless includes all claims, damages, losses and expenses, including reasonable attorneys' fees.

A reproduction of this authorization is the same as the original.

Executed at (city) \_\_\_\_\_, (state) \_\_\_\_\_

Subscribed and sworn to before me

On this \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_

On this \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_

Signature: \_\_\_\_\_

\_\_\_\_\_

Notary Public



## ***Fort Sill Apache (Vendor/Contractor) Fiduciary Responsibility Agreement***

All vendor employees and contractors hold a position of trust. They make decisions that affect the future of an organization. Large amounts of money can be involved with various appointments or contracts, making it vital for everyone to act and make decisions that do not benefit, support or promote their own agendas, but are made in good faith and with the primary duty being to the tribe and its businesses. The community, tribal leadership, and tribal employees should be confident that vendor employees and contractors will act in good faith and always in accordance with the law.

They should also:

- not take advantage of their position to further their own needs;
- be honest and industrious;
- never misuse information gained through their privileged position
- provide adequate information to authorized persons or members when requested and not mislead them in any way;
- disclose any potential conflict of interest;
- act with care and diligence;
- maintain confidentiality of information that is only made available to the decision makers;
- never knowingly place the organization in a potentially litigious position; and
- ensure all decisions made are to the advantage of the organization or tribe
- ensure they act according to the constitution and ordinance of the Fort Sill Apache Tribe.

The public gaming operations license/ work permit is a revocable privilege, no holder thereof shall be deemed to have an interest in any vested rights therein or thereunder. The burden of proving qualifications to hold any license/ work permit rests with the vendor employee or contractor. The Gaming Commission is charged by law with the duty of continually observing the conduct of all vendor employees or contractors to the end that licenses/ work permits shall not be held by unqualified or disqualified persons or unsuitable person or persons whose operations are conducted in an unsuitable manner.

Acceptance of a license/ work permit or renewal thereof or condition imposed thereon by a vendor employee or contractor constitutes agreement on their part to be bound by all the regulations and/or conditions of the Gaming Commission and by the provisions of the Gaming Ordinance as the same are now or may hereafter be amended or promulgated. It is the responsibility of the licensee to keep themselves informed of the contents of all such regulations, provisions and conditions, and ignorance thereof will not excuse the violations.

**Signature:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

**Title and Company:** \_\_\_\_\_

**Date of Acknowledgement:** \_\_\_\_\_