

# FORT SILL APACHE GAMING COMMISSION



## VENDOR GAMING 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). (no question should be left blank)
5. 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.
6. All requested documents must be included with the application at the time of submission.
7. Any information omitted on the application could lead to your application being denied/revoked.
8. We recommend that you keep a copy of your completed application for your records.
9. 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.



P.O. Box 1377, Lawton, OK 73502 • p (580) 351-1443 • f (580) 354-1500

**The following supporting documents MUST BE submitted with the completed application form or the background process will not be started.**

10. Certified copies of articles of incorporation or Partnership agreements.
11. Copies of all supporting paperwork for any criminal offense, if any, dispositions, proof of payments etc...(for renewals only submit paperwork not previously submitted)
12. Completed Individual Application or Individual Renewal Application and \$150 annual application fee for each Principal, Officer, Board of Director or person who has a five (5) percent or greater ownership of any type of stock or other right(s) of ownership in this business.

**VENDOR GAMING 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

# VENDOR GAMING LICENSE APPLICATION

## SECTION ONE

Type of License applying for: Distributor ( ) Manufacturer ( ) other ( )  
New Applicant ( ) Renewal ( )

**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 : Corporation ( ) Subchapters Corporation ( )  
Public Traded Corporation ( ) Closed Corporation ( )

List date of Incorporation \_\_\_\_\_ Partnership ( ) Sole Partnership ( )  
If a partnership, attach a copy of the Partnership Agreement.

A. Name of Business: \_\_\_\_\_

B. Business Address: \_\_\_\_\_

C. Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

D. Contact Phone #: ( ) \_\_\_\_\_ Fax #: ( ) \_\_\_\_\_

E. List all states incorporated in, past and present: \_\_\_\_\_  
\_\_\_\_\_

**NOTE: ALL ARTICLES OF INCORPORATION AND/OR LICENSE/S ISSUED MUST BE INCLUDED WITH THIS APPLICATION. ALL ITEMS SUBMITTED MUST BE CERTIFIED COPIES.**

## SECTION THREE

1. During the past five (5) years, has this business been licensed by any Governmental Agency or Tribal Gaming authority for the purpose of gaming? Yes ( ) No ( )

If yes, please provide the following information:

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

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

Telephone #: ( ) \_\_\_\_\_ Type of License: \_\_\_\_\_

**SECTION THREE (cont.)**

License #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

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

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

Telephone #: ( ) \_\_\_\_\_ Type of License: \_\_\_\_\_

License #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

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

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

Telephone #: ( ) \_\_\_\_\_ Type of License: \_\_\_\_\_

License #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

2. List any/all previous or existing business relationships with Indian Tribes or the Gaming Industry, including ownership interest in those businesses:

A. Name of Tribe or Gaming Industry: \_\_\_\_\_

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

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Phone #: ( ) \_\_\_\_\_ From/To: \_\_\_\_\_

B. Name of Tribe or Gaming Industry: \_\_\_\_\_

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

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Phone #: ( ) \_\_\_\_\_ From/To: \_\_\_\_\_

C. Name of Tribe or Gaming Industry: \_\_\_\_\_

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

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Phone #: ( ) \_\_\_\_\_ From/To: \_\_\_\_\_

D. Name of Tribe or Gaming Industry: \_\_\_\_\_

**SECTION THREE (cont.)**

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

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Phone #: ( ) \_\_\_\_\_ From/To: \_\_\_\_\_

3. Has this business ever had a Gaming License suspended, revoked, denied or been the subject of any type of Investigation for any purpose other than 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: \_\_\_\_\_

4. 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.

5. During the past five (5) years have this business been involved in or been the subject of any type of complaint/investigation alleging any violation of any law(s) relating to unfair labor practices, discrimination, or illegal gaming? Yes ( ) No ( )

If yes, Please provide detailed information on the following page:

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

Nature of Investigation: \_\_\_\_\_

**SECTION THREE (cont.)**

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

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

Nature of Investigation: \_\_\_\_\_  
\_\_\_\_\_

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

6. During the past five (5) years has this business commenced any type of administrative or judicial compliant/ action against any governmental agency or Regulator of Gaming? Yes ( ) No ( )

If yes, please explain in detail:

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

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

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

7. 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: \_\_\_\_\_  
\_\_\_\_\_

8. During the past five (5) years has this business been a party to any civil proceeding(s) involving any type of unfair or anti-competitive business practice or misleading advertising, or violation(s) of any security regulation(s)? Yes ( ) No ( )

If yes, provide details: \_\_\_\_\_

**SECTION THREE (cont.)**

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9. Has this business ever been delinquent or failed to file a Tax Report or remit any Tax imposed by any government? Yes ( ) No ( )

If yes, provide details:

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10. What is your Federal Employer ID #:

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11. Does this business use or maintain any other names? Yes ( ) No ( )

If yes, please list below:

Name of Business: \_\_\_\_\_

Federal Employer ID #: \_\_\_\_\_

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

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**SECTION FOUR**

1. List the Financial Institution in which this business maintains operating and investment accounts:

A. Name of Institution: \_\_\_\_\_

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

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Type of Account: \_\_\_\_\_ Account #: \_\_\_\_\_

B. Name of Institution: \_\_\_\_\_

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

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Type of Account: \_\_\_\_\_ Account #: \_\_\_\_\_

2. List the sources and amounts of all outstanding business loans or financing:

A. Creditor Name: \_\_\_\_\_

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

Account #: \_\_\_\_\_ Loan Amount: \_\_\_\_\_

Date of Loan: \_\_\_\_\_ Balance: \_\_\_\_\_

B. Creditor Name: \_\_\_\_\_

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

Account #: \_\_\_\_\_ Loan Amount: \_\_\_\_\_

Date of Loan: \_\_\_\_\_ Balance: \_\_\_\_\_

C. Creditor Name: \_\_\_\_\_

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

Account #: \_\_\_\_\_ Loan Amount: \_\_\_\_\_

Date of Loan: \_\_\_\_\_ Balance: \_\_\_\_\_

3. Please list the name/s and address(s) of any holding corporation, subsidiary or affiliate of the business:

A. Name: \_\_\_\_\_ Federal Employer ID #: \_\_\_\_\_

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

Relationship to this business: \_\_\_\_\_

B. Name: \_\_\_\_\_ Federal Employer ID #: \_\_\_\_\_

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

Relationship to this business: \_\_\_\_\_

4. Please provide the full name, residence address, percentage of interest and title in business for each Principal, Board of Director or 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?



**SECTION FOUR (cont.)**

A. Name: \_\_\_\_\_

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

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

B. Name: \_\_\_\_\_

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

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

C. Name: \_\_\_\_\_

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

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

D. Name: \_\_\_\_\_

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

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

5. Where are the financial books and records for this business kept?

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

\_\_\_\_\_

6. Who maintains these records?

Name: \_\_\_\_\_ Title: \_\_\_\_\_

DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

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

7. Who prepares the Tax Returns, Government forms and other legal documents?

Name: \_\_\_\_\_ Title: \_\_\_\_\_

DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

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

**SECTION FOUR (cont.)**

IRS or Tax Prepare #: \_\_\_\_\_

8. If an outside, independent auditing firm is used by this business, please list below:

Name of Firm: \_\_\_\_\_

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

Contact Person: \_\_\_\_\_ Phone # \_\_\_\_\_

**SECTION FIVE**

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

1. Articles of Incorporation for any/all states incorporated.
2. Name Articles of Incorporation for any/all states incorporated.
- 3. List of all Officers and Board of Directors or all Partners for the last five years.**
4. List of Stockholders and their percentage of ownership.
5. Copy of the Business Financial Statement.
6. Partnership Agreement.

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

7. Completed Individual Application (or Individual Renewal Application) and \$150 annual application fee for each person listed in Section Four, question #4.
8. Copies of any documents for any yes answers to Section Three #'s 2, 3, 4, 5, 6, 7, and 8.

**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, the State of Oklahoma, 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 FOR NOTARY**

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