FORT SILL APACHE GAMING COMMISSION

VENDOR INDIVIDUAL APPLICATION

POSITION (Job Title, Title, Company if applicable)	NEW ☐ RENEWAL ☐
NAME (Last, First, and Middle)	

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.
3. The application may also be printed off and mailed in with original signatures.
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 questions should be left blank)
5. The Authorization for Release of Information form, on the third page will need to be signed in front of a notary.
6. A current photograph should be submitted with application.
7. All Vendor Individual Application applicants must submit a fingerprint card.
8. All vendor technicians, Principals, Board of Directors, any person who has a 5% or greater ownership of any type of stock or other right(s) of ownership and remote access technicians must include a $200 annual application fee.
9. All requested documents must be included with the application at the time of submission.
10. Any information omitted on the application could lead to your application being denied.
11. We recommend that you keep a copy of your completed application for your records.
12. If the application is not legible it will not be accepted. Any corrections, changes or other alterations must have a single line drawn through it along with the initials of the Applicant.

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

Individual Application (cont.)

13. 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 or the background process will not be started.**
14. A current state issued driver's license or identification card issued by a federal, state or local government agency that has a photograph and identifying information (a copy to be attached to this application) or passport can be submitted.
15. A social security card (a copy to be attached to this application).
16. All supporting paperwork for any criminal offense, if any, dispositions, proof of payments, community service, etc…(a copy to be attached to this application).

PRIVACY NOTICE
NOTICE TO APPLICANT

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 license. The information will be used by the Tribal gaming regulatory authorities and by the 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 issuance, denial, or revocation of a license, or investigations of activities while associated with a tribe or a gaming operation. Failure to consent to the disclosures indicated in this notice will result in a tribe's being unable to license you for a primary management official or key employee position. 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

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 license application and I understand that any omitted information could lead to being denied a license by the FSAGC.

_____ _____

Applicant's Signature Date

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) _____

On this _____day of _____, 20_____

Signature: _____

Subscribed and sworn to before me

On this _____day of _____,20_____

_____

Notary Public

FORT SILL APACHE TRIBAL LICENSE APPLICATION

SECTION ONE GENERAL INFORMATION

Please review all questions carefully before preparing your application.

POSITION (Job Title, Title, Company if applicable)	DATE OF BIRTH/PLACE OF BIRTH
NAME (Last, First, and Middle Initial)	SOCIAL SECURITY NUMBER (optional)
MAILING ADDRESS (Include apartment number, if any)	DRIVERS LICENSE NUMBER's FOR THE PAST 5 YEARS
CITY COUNTY	STATE/ZIP
E-MAIL ADDRESS	TELEPHONE
GENDER : ☐ MALE ☐ FEMALE	WORK (or Message)TELEPHONE
U.S. CITIZEN: ☐ YES ☐ NO IF "NO," attach details and indicate Alien Registration Number below. (Also attach a copy of the card)	HAVE YOU EVER BEEN IN THE MILITARY? ☐ YES ☐ NO If yes provide a PHS1867 or DD214 Discharge date when you were in military.
NICKNAMES, ALIAS, MAIDEN, ETC. USED (full name and year used/changed)	LIST ALL LANGUAGES SPOKEN

SECTION TWO RESIDENTIAL HISTORY

Complete the chart below with all of your residences during the past five (5) years. Beginning with the most recent and working backwards. If you need more space, copy this blank form or attach additional sheets.

Street Address	City/State/Zip	From: (month/year)	To: (month/year)

SECTION THREE EMPLOYMENT HISTORY

A resume' though helpful is not acceptable for application purposes. Complete the chart below with all of your employment history for the past five (5) years. Start with your present or last position, and then work backward. If there are any time frames in which you were unemployed, attending school, or doing volunteer work please list these in order as well. If you need more space, copy this blank form or attach additional sheets.

Present or Last Employer	Employer's Address	Employer's Phone Number	
Your Title	From: (month/year) To: (month/year)	Avg Hrs Per Wk	Last Salary
Immediate Supervisor's Name	Reason for Leaving	No. of Employees Supervised	
Ownership interest in this business?			
Specific Duties:			

Present or Last Employer	Employer's Address	Employer's Phone Number	
Your Title	From: (month/year) To: (month/year)	Avg Hrs Per Wk	Last Salary
Immediate Supervisor's Name	Reason for Leaving	No. of Employees Supervised	
Ownership interest in this business?			
Specific Duties:			

Present or Last Employer	Employer's Address	Employer's Phone Number	
Your Title	From: (month/year) To: (month/year)	Avg Hrs Per Wk	Last Salary
Immediate Supervisor's Name	Reason for Leaving	No. of Employees Supervised	
Ownership interest in this business?			
Specific Duties:			

SECTION THREE EMPLOYMENT HISTORY (cont.)

Present or Last Employer	Employer's Address	Employer's Phone Number	
Your Title	From: (month/year) To: (month/year)	Avg Hrs Per Wk	Last Salary
Immediate Supervisor's Name	Reason for Leaving	No. of Employees Supervised	
Ownership interest in this business?			
Specific Duties:			

Present or Last Employer	Employer's Address	Employer's Phone Number	
Your Title	From: (month/year) To: (month/year)	Avg Hrs Per Wk	Last Salary
Immediate Supervisor's Name	Reason for Leaving	No. of Employees Supervised	
Ownership interest in this business?			
Specific Duties:			

SECTION FOUR REFERENCES

List five (5) references who have known you for five (5) or more years. Do not include relatives. These references should be able to give information on your character, work habits, and reputation. Please inform your references that they will be contacted and make sure that all addresses and phone numbers are current.

Name	Street Address/City/State/Zip	Home Phone	Work/Cell/Evening Phone

SECTION FIVE PROFESSIONAL RELATIONSHIPS

A. Professional Relationships with Indian Tribes

Describe any existing or previous business relationships with Indian Tribes including ownership or interest in those businesses. If you need more space, copy this blank form or attach additional sheets.

Name of Tribe	Street Address/City/State/Zip	Description of ownership or interest in the business

B. Professional Relationships within the Gaming Industry

Describe any existing or previous business relationships within the gaming industry including ownership or interest in those businesses. If you need more space, copy this blank form or attach additional sheets.

Name of Tribe	Street Address/City/State/Zip	Description of ownership or interest in the business

SECTION SIX LICENSES OR PERMITS

A. Gaming Industry

List any application for a license or permit related to gaming for which you have applied. If denied a license or had any disciplinary action taken against you please note that as well. If you need more space, copy this blank form or attach additional sheets.

Name of Licensing Agency	Street Address/City/State/Zip	Description of License or Permit	Disposition of License or Permit

SECTION SIX LICENSES OR PERMITS(cont.)

B. Occupational License

List any application for a license or permit not related to gaming for which you have applied. If denied a license or had any disciplinary action taken against you please note that as well. If you need more space, copy this blank form or attach additional sheets.

Name of Licensing Agency	Street Address/City/State/Zip	Description of License or Permit	Disposition of License or Permit

SECTION SEVEN CRIMINAL HISTORY

IMPORTANT NOTICE

Your fingerprints will be submitted to the FBI's National Crimes Information Center, a comprehensive law enforcement database containing federal and state criminal arrest and conviction records. A report will be returned to the National Indian Gaming Commission and the FSAGC containing any arrest and conviction information in the database associated with your fingerprints. The content of this report will be compared with the information contained in this application. If you have failed to disclose any arrest or convictions in this application, such omission(s) will be taken into account in assessing your character, honesty, integrity and suitability for licensure and will result in the denial of the license. Often Court matters expunged on the District Court level will be included in the FBI report. Not all matters that are expunged from your record will be deleted from the FBI database, which could give the impression that you failed to disclose the matter in your application. In the event that you do not disclose any charges that were expunged from your record and it does appear on the FBI report, you will be asked to supply an Order of the Court stating that the matter was expunged.

Prior to answering the questions contained in the next section, carefully review the following definitions and instructions. You may be asked to supply a disposition or Court document to any matter you disclose in your application. If you have any such document(s) in your possession, it is advised that you bring those documents with you to your appointment or that they are attached when mailed.

Definitions:

- Date of Charge(s): Refers to the date you were arrested, detained, held, taken into custody or the date that formal charges were brought against you for any unlawful conduct that you were alleged to have committed.
- Offense Charged: Refers to any information, complaint or indictment filed in any tribal, state, or federal Court alleging that you have committed any "offense". It can also refer to any complaint that may not have resulted in any formal indictment but did result in an arrest. Includes all felony and misdemeanor crimes regardless of the seriousness of the alleged conduct, including serious violations of any motor vehicle code or ordinance such as driving while intoxicated, driving under the influence of a controlled substance, restitution paid on any bogus check. However, this does not include minor traffic violations.
- Disposition: Refers to the outcome of the matter such as, any convictions, dismissals, deferred sentences or a matter that was expunged or dismissed.

- Sentence: Refers to any time you were ordered to serve in any penal institution, County jail, DUI School, probation or a diversionary program, deferred or suspended sentence.
- Incarcerated: Refers to any jail (city or county) or state correctional facility, in which you were held, detained or taken into custody.
- Probation: Will need to be marked "yes" if you are currently paying on any fines, restitution or are on a deferred sentence. If a case is closed but payments are still pending in any matter you will need to state that. If a matter is still pending but a sentence has not been ordered at this time you will need to disclose that information.
- Deferred: Refers to a plea excepted by a judge but does not find the defendant guilty. Instead the judge defers the sentencing for a period of time upon certain conditions that the defendant must satisfy. If the defendant complies with the terms of deferment the defendant will be allowed to withdraw his or her plea and any record of a plea will be expunged.

Instructions:
Answer **"YES"** and provide a full explanation of the facts and circumstances for each incident even if:

- You did not commit the offense charged.
- The charges were dismissed, deferred or downgraded to a lesser charge.
- You completed pretrial intervention or equivalent diversionary program.
- You were not convicted.
- You did not serve a prison or jail sentence.
- The charges or offenses occurred more than ten (10) year ago.
- You made or are currently making restitution payment to the District Attorney's Office.

Answer **"NO"** only if you have never been arrested or charged with any offense as defined above.

A. Felony History

If you have ever been convicted of, charged with or are currently being prosecuted for a felony in this or any other country, complete the chart below. If you need more space, copy this blank form or attach additional sheets.

Nature of Charge/Offense and Location where Incident Occurred	Date of Charge	Name and Address of Law Enforcement Agency or Court Involved	Disposition and Sentence

SECTION SEVEN CRIMINAL HISTORY (cont.)

B. Misdemeanor History

If you have ever been convicted of, charged with or are currently being prosecuted for a misdemeanor (excluding minor traffic violations) in this or any other country, complete the chart below. If you need more space, copy this blank form or attach additional sheets.

Nature of Charge/Offense and Location where Incident Occurred	Date of Charge	Name and Address of Law Enforcement Agency or Court Involved	Disposition and Sentence

C. Criminal Charge

If you have ever had a criminal charge (excluding minor traffic charges) whether or not there is a conviction, which is not otherwise listed under felonies and/or misdemeanors (above) in this or any other country complete the chart below. If you need more space, copy this blank form or attach additional sheets.

Nature of Charge/Offense and Location where Incident Occurred	Date of Charge	Name and Address of Law Enforcement Agency or Court Involved	Disposition and Sentence

SECTION EIGHT AFFIRMATION & CONSENT

I, _____, state under penalty of perjury that the entire Application Form, statements, attachments, and supporting schedules are true and correct to the best of my knowledge and belief, and that this statement is executed with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for the refusal to issue a license by the FSAGC. Further, I am aware that later discovery of an omission or misrepresentation made in the above statements may be grounds for the denial of a license or the revocation of the license. I am voluntarily submitting this application to the FSAGC under oath with full knowledge that I may be charged with perjury or other crimes for intentional omissions and misrepresentations pursuant to The Indian Gaming Regulatory Act.

I further consent to any background investigation necessary to determine my present and continuing suitability and that this consent continues as long as I hold a Fort Sill Apache License, and for 90 days following the expiration or surrender of such license. I also agree that the FSAGC, its agencies, officers and assigns, shall be entitled to collect from me all expenses incurred in recovery of any debt created by this license application, or in pursuing any other remedy provided by law, including but not limited to reasonable attorney fees and costs.

Printed Full Legal Name _____

Signature _____ Date _____

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: _____

Form **SSA-89** (12-2020)
Discontinue Prior Editions
Social Security Administration

OMB No.0960-0760

Authorization for the Social Security Administration (SSA) To Release Social Security Number (SSN) Verification

Printed Name: | Date of Birth: | Social Security Number:

Reason for authorizing consent: (Please select one)

- ☐ To apply for a mortgage
- ☐ To apply for a loan
- ☒ To meet a licensing requirement
- ☐ To open a bank account
- ☐ To open a retirement account
- ☐ Other
- ☐ To apply for a credit card
- ☐ To apply for a job

With the following company ("the Company"):

Company Name: AmericanChecked

Company Address: 15 West 6th Street Ste 2300, Tulsa, OK 74119

The name and address of the Company's Agent (if applicable):

Agent's Name: Accio Data

Agent's Address: P.O. Box 787, Dripping Springs, TX 78620

I authorize the Social Security Administration to verify my name and SSN to the Company and/or the Company's Agent, if applicable, for the purpose I identified. I am the individual to whom the Social Security number was issued or the parent or legal guardian of a minor, or the legal guardian of a legally incompetent adult. I declare and affirm under the penalty of perjury that the information contained herein is true and correct. I acknowledge that if I make any representation that I know is false to obtain information from Social Security records, I could be found guilty of a misdemeanor and fined up to $5,000.

This consent is valid only for one-time use. This consent is valid only for 90 days from the date signed, unless indicated otherwise by the individual named above. If you wish to change this timeframe, fill in the following:

This consent is valid for 90 **days from the date signed.** _____ **(Please initial.)**

Signature: | Date Signed:

Relationship (if not the individual to whom the SSN was issued):

Privacy Act Statement Collection and Use of Personal Information

Sections 205(a) and 1106 of the Social Security Act, as amended, allow us to collect this information. Furnishing us this information is voluntary. However, failing to provide all or part of the information may prevent us from releasing information to a designated company or company's agent. We will use the information to verify your name and Social Security number (SSN). In addition, we may share this information in accordance with the Privacy Act and other Federal laws. For example, where authorized, we may use and disclose this information in computer matching programs, in which our records are compared with other records to establish or verify a person's eligibility for Federal benefit programs and for repayment of incorrect or delinquent debts under these programs. A list of routine uses is available in our Privacy Act System of Records Notice (SORN) 60-0058, entitled Master Files of SSN Holders and SSN Applications. Additional information and a full listing of all our SORNs are available on our website at www.socialsecurity.gov/foia/bluebook.

Paperwork Reduction Act Statement - This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 3 minutes to complete the form. You may send comments on our time estimate above to: SSA, 6401 Security Blvd., Baltimore, MD 21235-6401. ***Send to this address only comments relating to our time estimate, not the completed form.***

----------TEAR OFF----------

NOTICE TO NUMBER HOLDER

The Company and/or its Agent have entered into an agreement with SSA that, among other things, includes restrictions on the further use and disclosure of SSA's verification of your SSN. To view a copy of the entire model agreement, visit http://www.ssa.gov/cbsv/docs/SampleUserAgreement.pdf.