EMPLOYEE GAMING LICENSE RENEWAL FORM
Submit to:
Bay Mills Gaming Commission Compliance Department
Ellen Marshall Building, LL Floor
Phone (906) 248-3241 Fax (906) 248-3876
Extensions 8530, 8531, or 8532

I. PERSONAL INFORMATION

Last Name: ___________________________ First Name: ___________________________

Full Middle Name: ________________ Maiden/other names used: ___________________________

SSN: ___________________________ Driver’s License: ___________________________

D.O.B: ________________ Sex: _____ Phone # (______) ___________________________

Native American Yes / No If yes please list Tribal Affiliation: ___________________________

Mailing address: ___________________________, ___________________________

II. MARITAL INFORMATION

If you have been married or divorced in the past 12 months fill out the following information. If not, write “Does Not Apply” and go to section III.

Spouses full name (including maiden): ___________________________

Marriage/Divorce Date: _________ Court: ___________________________ City: ___________________________

Residence: ___________________________, ___________________________

Telephone # (_____) ______________________ SSN: ___________________________ Birth Date: ___________

III. RESIDENCES

If you have moved in the past year, list your new address below and list a reference that was acquainted with you while at each residence. If you have not moved, write “Does Not Apply” and go to section IV.

1. ___________________________, ___________________________

From _________ to _________ Reference: ___________________________

Full Name ___________________________

Phone Number ___________________________ Full Address ___________________________

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IV. FAMILY INFORMATION
A. If there have been any other changes in family information (due to marriage, birth, etc.) list below, also include:
Step, half, and in-laws. If there have been no changes write Does Not Apply and go to section V.

1. ____________________________________________  ____________________________________________
   Full Name and Maiden  Relationship

   ____________________________________________  ____________________________________________
   Street Address  City  State  Zip

2. ____________________________________________  ____________________________________________
   Full Name and Maiden  Relationship

   ____________________________________________  ____________________________________________
   Street Address  City  State  Zip

B. Please list any other individuals residing in your household. Please specify if they are involved in Gaming either through employment, contract or otherwise (casino, restaurant, hotel.)

1. ____________________________________________

2. ____________________________________________

V. ARRESTS, CONVICTIONS, OR CIVIL ACTION *If you are unsure about your answers to any of the questions in this section please contact the Compliance Department for assistance. Your license may be revoked for a false or misleading answers.*

A. In the past year, have you ever been arrested, detained, charged, indicted, or summoned to answer questions for any felony gambling related offense, fraud, misrepresentation or theft crime for any reason whatsoever, regardless of the disposition of the event? _____YES _____NO (Only disclose juvenile records if you were prosecuted as an adult.)

1. Charge:__________________________________________ Court Name:_____________________

   ____________________________________________  Outcome(considered, dismissed, noli prosequ, etc.)  Final Disposition Date
   City and State
   Outcome (Dismissal, conviction, expunged, delayed sentence, noli proseque, etc.) ______________________________

2. Charge:__________________________________________ Court Name:_____________________

   ____________________________________________  Final Disposition Date
   City and State
   Outcome (Dismissal, conviction, expunged, delayed sentence, noli proseque, etc.) ______________________________

B. In the past year, have you ever been arrested, detained, charged, indicted, or summoned to answer questions for any offense? _____YES _____NO (If yes, provide the following information)

1. Charge:__________________________________________ Court Name:_____________________

   ____________________________________________  Final Disposition Date
   City and State
   Outcome (Dismissal, conviction, expunged, delayed sentence, noli proseque, etc.) ______________________________

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2. Charge: ______________________________ Court Name: ____________________________

City and State ______________________________ Final Disposition Date __________________

Outcome (Dismissal, conviction, expungement, delayed sentence, nol prosequi, etc.) ____________________________

C. In the past year, have you been involved in any civil litigation? _____YES _____NO (If yes, provide the following)

1. Case Name: ______________________________ Case Number: ____________________________

Outcome: ______________________________ Date: ____________________________

Court Name: ______________________________ City and State ____________________________

D. Do you have any pending or anticipated civil/criminal action against you? _____YES _____NO (If yes, provide the following.)

1. Action: ______________________________ Date of Action: ____________________________

Court Name: ______________________________ City and State ____________________________

Police Dept. Name: ______________________________ City and State ____________________________

E. In the past year, has there been any negative activity on your credit report? _____YES _____NO (If yes, state why.)

__________________________________________

F. In the past year, have you filed for bankruptcy? _____YES _____NO (If yes, answer questions below.)

Chapter: ______________________________ Year: ______________________________ Why: ______________________________

G. Have you lived in Canada in the past year? _____Yes _____No If yes, please attach a C-PIC.

H. Have you ever had a non-employee business relationship with an Indian Tribe? _____YES _____NO (If yes, provide business name.) ______________________________

For additional information please list the section number and the information in the space provided below. If more space is needed, attach additional sheets to the renewal form.

Section: ______________________________ Additional Information: ______________________________

__________________________________________

Section: ______________________________ Additional Information: ______________________________

__________________________________________

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RELEASE OF INFORMATION

I understand that the information I supplied in my Renewal Application for an Employee Gaming License will be used by the Bay Mills Gaming Commission to request any documents or other information required to completely investigate my background, including but not limited to, my criminal record, civil and criminal judgements, credit history, education, employment history, personal references, or any other information the Bay Mills Gaming Commission or their agents deems necessary. I authorize any information to be released to the Bay Mills Gaming Commission and agents thereof.

_________________________________________  _______________________________________
Signature                                  Date

_________________________________________  _______________________________________
Witness                                   Date
NOTICE & AGREEMENT

1. I have read, and I understand the following false statement notice:
   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).

2. I have read, and I understand the following Privacy Act 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 granted a gaming 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 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 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.

3. I hereby swear that I will abide by all applicable laws, regulations and policies of the Bay Mills
   Indian Community and the United States.

4. I understand that my employee gaming license will expire on an annual basis, and I
   understand it is my responsibility to submit a gaming license renewal application two weeks
   prior to my gaming license expiration date.

5. I understand and agree that failure to report any changes regarding my Personal History
   Disclosure Form and/or my Renewal Application for an Employee Gaming License may result in
   the suspension or termination of my employee gaming license.

6. I understand that termination of key employee/primary management official status by my
   employer, or by my resignation, will terminate my employee gaming license. Subsequently, if
   I apply for a new gaming license a $10.00 will be charged.

7. I understand that there will be a $10.00 fee to replace a lost or stolen gaming license.

8. I understand that the employee gaming license is at all times the property of the Bay Mills
   Gaming Commission and there will be a $10.00 fee if I don’t return my employee license at the
   termination of my employment as a key employee/primary management official.

9. I hereby swear that all of the information contained herein is true and correct to the best of
   my knowledge, information and belief and that I have withheld nothing.

__________________________________________  __________________________________________
Signature                                           Date

__________________________________________  __________________________________________
Witness                                              Date

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