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: ____________________________ ____________________________
                     Street Address    City        State        Zip

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: ____________________________ ____________________________
                   Street Address    City        State        Zip

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. ____________________________ ____________________________
                   Street Address    City        State        Zip

From __________ to __________  Reference: _______________________________________
                   Full Name

                     (_____)__________________________ Full Address
                            Phone Number
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:_____________________________
   ___________________________________________________    _________________________ _
   City and State       Final Disposition Date
   Outcome (Dismissal, conviction, expungedment, delayed sentence, noli prosequi, etc.) _____________________________

2. Charge:______________________________  Court Name:_____________________________
   ___________________________________________________    _________________________ _
   City and State       Final Disposition Date
   Outcome (Dismissal, conviction, expungedment, delayed sentence, noli prosequi, 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:_____________________________
   ___________________________________________________    _________________________ _
   City and State       Final Disposition Date
   Outcome (Dismissal, conviction, expungedment, delayed sentence, noli prosequi, etc.) _____________________________

Revised: 5/6/2014
2. Charge: ______________________________ Court Name: ________________________________

City and State ______________________________ Final Disposition Date __________________________

Outcome (Dismissal, conviction, expungement, delayed sentence, noli prosequie, 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: ______________________________

_____________________________________________________________________________________________.

_____________________________________________________________________________________________.

_____________________________________________________________________________________________.

_____________________________________________________________________________________________.

Revised: 5/6/2014
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