

**SNOQUALMIE GAMING COMMISSION****CLASS II and CLASS III INDIAN GAMING EMPLOYEE****LICENSE APPLICATION****PERSONAL / CRIMINAL HISTORY STATEMENT****CONFIDENTIAL**

PLEASE TYPE OR PRINT IN DARK INK.

PERSONAL STATEMENT											
Name: Last		First		Middle	Maiden	Other Names Used			All Languages Used:		
Home Address: Street or Route				City		County		State	Zip		
Social Security Number - -		Birthdate			Place of Birth: City	County	State	Zip			
		Month	Day	Year							
Other Social Security Numbers Used			Sex	Race	Height		Weight		Eye Color		
Driver's License Number				State		Home Phone ( ) -		Work Phone ( ) -			
Military Service: Branch & Dates of Services					Do you live in Washington? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how long have you lived in Washington? _____						
Are you a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No		If No, Give Alien Registration Number			Port of Entry			Date of Entry			
								Month	Day	Year	
Spouse's Name: Last		First		Middle	Maiden	Date of Marriage / /		Place of Marriage City	County	State	Country

IF MORE SPACE IS NEEDED, ATTACH ADDITIONAL SHEETS IN SAME FORMAT.

BUSINESS & EMPLOYMENT HISTORY										
List business ownership, employment, self-employment, military service, and unemployment and school attendance for the last 5 years. List any existing or previous business relationships with Indian tribes or the gaming industry.										
Dates From:		To:		Title:			Supervisor:			
Business / Employer / Military Service / Unemployment							Phone: ( ) -			
Address: Street or Route				City		County	State of Country	Zip Code		
Dates From:		To:		Title:			Supervisor:			
Business / Employer / Military Service / Unemployment							Phone: ( ) -			
Address: Street or Route				City		County	State of Country	Zip Code		
Dates From:		To:		Title:			Supervisor:			
Business / Employer / Military Service / Unemployment							Phone: ( ) -			
Address: Street or Route				City		County	State of Country	Zip Code		

Lightstone Solutions, LLC  
CONFIDENTIAL7702 East Doubletree Ranch Road  
Suite 300  
Scottsdale, AZ 85258

**IF MORE SPACE IS NEEDED, ATTACH ADDITIONAL SHEETS IN SAME FORMAT.**

<b>RESIDENCE INFORMATION</b>		List all places of residence for the last 5 years. List current residence first.			
Dates From:	Street Address:				
To:	City:	County:	State or Country	Zip Code	
Dates From:	Street Address:				
To:	City:	County:	State or Country	Zip Code	
Dates From:	Street Address:				
To:	City:	County:	State or Country	Zip Code	

<b>REFERENCE INFORMATION</b>		List 3 personal references, including one from each place of residence for the last 5 years.			
Phone:	Name:	Relationship:			
Dates From:	Street Address:				
To:	City:	County:	State or Country	Zip Code	
Phone:	Name:	Relationship:			
Dates From:	Street Address:				
To:	City:	County:	State or Country	Zip Code	
Phone:	Name:	Relationship:			
Dates From:	Street Address:				
To:	City:	County:	State or Country	Zip Code	

# CONFIDENTIAL

List any business or professional licenses that you have **ever held**, currently applied for, or have been denied / revoked / terminated / suspended in Washington or any other state:

Type	License Numbers	Business Name	State	Last Year Held
Gambling				
Liquor				
Lottery				
Other				

<b>CRIMINAL HISTORY STATEMENT</b>	<p><b>HAVE YOU EVER</b> (as a <b>JUVENILE</b> or an <b>ADULT</b>):</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1. Forfeited bail or paid a fine over \$25?</p> <p>2. Been arrested or charged with a crime?</p> <p>3. Been convicted or jailed?</p> <p>4. Been placed on probation or community service?</p> </div> <div style="width: 35%;"> <p>5. Are you subject to any warrants failure to appear charges? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>6. Had a gambling license denied suspended or revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> </div> </div> <p><b>You must answer "YES" if any of the above has occurred</b>, even if charges were dismissed, deferred, or changed. Explain each charge fully below and attach additional sheets as needed. False or incomplete information may result in denial / revocation / administrative closure of your application. <b>The following traffic violations may be excluded from your explanation: speeding, signal, sign, seatbelt, and right-of-way.</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Date Charged</th> <th style="width: 30%;">Charge</th> <th style="width: 15%;">City</th> <th style="width: 15%;">County</th> <th style="width: 10%;">State</th> <th style="width: 15%;">Disposition and Date</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>					Date Charged	Charge	City	County	State	Disposition and Date																								
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## CERTIFICATION & CONSENT

I hereby certify under penalty of perjury that all answers and statements on this License Application and all attachments or other documentation provided to the Snoqualmie Gaming Commission, and its agent, Lightstone Solutions, LLC, are true, correct and complete in all material respects. I understand and agree that any false, untruthful or misleading answers to statements, and any falsification or nondisclosure of requested information herein, regardless of time of discovery, is grounds for and may cause or result in rejection of any application and / or revocation of any license or certification granted. I further understand that all information on this License Application is subject to verification and I hereby authorize the Snoqualmie Gaming Commission and its agent, Lightstone Solutions, LLC, to verify such information and conduct such investigation of my background, including criminal history, as necessary for Class II and Class III Indian Gaming Licensure.

I hereby give my irrevocable consent to the Snoqualmie Gaming Commission to share information obtained through investigations for licensure to the Snoqualmie Entertainment Authority.

I hereby agree to indemnify and hold harmless the Snoqualmie Gaming Commission from and against any and all claims, damages, losses, and expenses arising out of investigation information for licensure being shared with the Snoqualmie Entertainment Authority.

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

Place: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

Notice and Authorization For Investigation(s) and Procurement of Investigative Consumer Report(s)

Notice is hereby given to Applicant and his/her spouse that at any time, and from time to time, the Snoqualmie Gaming Commission, and its agent Lightstone Solutions, LLC will conduct, or will cause to be conducted on its behalf, one or more background investigations of Applicant, and one or more consumer reports or investigative consumer reports concerning the Applicant and possibly his/her spouse will be obtained to assess suitability or continued suitability of such persons. The Snoqualmie Gaming Commission exclusively contracts the services of Lightstone Solutions, LLC to perform such investigations. By your signature below, you confirm your irrevocable consent for one or more investigation(s), consumer report(s) and investigative consumer report(s) to be conducted or obtained as allowed by law. The investigation(s) may include, without limitation, credit reports and related information, educational history, employment history, public records, criminal records and convictions, civil records, and/or other sources of information as allowed by law. I (we) understand, consent and authorize the Snoqualmie Gaming Commission and its contractor, Lightstone Solutions, LLC, to conduct such investigation(s) at any time, and from time to time in the future, without further notice, in order to determine Applicant's continued suitability.

I further understand that if applicable law mandates it, upon request I will be provided with a written copy of any consumer report or investigative consumer report of any adverse action is taken in whole or in part based on such report.

I hereby irrevocably authorize that investigation(s) described above to be conducted by Lightstone Solutions, LLC on behalf of the Snoqualmie Gaming Commission:

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_



**I fully understand the above and give my authorization.**

In witness whereof, I have executed this request at \_\_\_\_\_, \_\_\_\_\_  
on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Signature of Applicant

Print Full Legal Name: \_\_\_\_\_  
First Middle Last

Other Names Used: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Driver's License Number  
And State: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

**DISCLAIMER**

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 employed in a gaming operation. The information will be used by 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 hiring or firing of an employee, the issuance 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 the tribe's being unable to hire you in 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.

A false statement on any part of your application may be grounds for not hiring you, or for firing you after you begin work. Also, you may be punished by fine or imprisonment (U.S. Code, Title 18, Section 1001).