

**TRIBAL GAMING LICENSE APPLICATION  
VENDOR COMPANY**

Thank you for your interest in becoming a Vendor for the Tachi Palace Hotel & Casino. Our ability to protect the integrity of Indian Gaming now and in the future and to comply with Federal, State, and Tribal licensing and other regulatory requirements depends largely upon the cooperation and compliance of reputable companies such as yours.

In order to determine your suitability for a Gaming Vendor License, we require the following to be completed and submitted to this office:

Please remember responses to all questions must be legibly printed *directly on the application* and *additional pages may only be attached if there is not adequate space on the application*. All required documents and fees must be submitted within 30 days of receipt of your application.

A **New Gaming Vendor** will not be permitted to conduct business with the Tachi Palace Hotel and Casino until a Determination of Suitability and licensing status have been determined by the SRRTGC.

A **Vendor Currently Doing Business with the Tachi Palace Hotel and Casino** who fails to submit *all* the requested information by the date stated will be OUT OF COMPLIANCE and Company could be suspended from doing business with the Tachi Palace Hotel & Casino.

Final issuance of a license in this jurisdiction shall not be in conflict with any findings of unsuitability by the **California Department of Justice, Division of Gambling Control**. To inquire about state suitability requirements contact the Department of Justice, Division of Gambling Control, and P.O. BOX 168024, SACRAMENTO, CA 95816-8024. The Division of Gambling Control can also be reached by calling (916) 227-3584

Upon completion of a thorough background investigation, a 2 year **Gaming Vendor License** will either be issued or denied. If approved, a Gaming Vendor License fee will apply.

Should you have any questions regarding the licensing process, please contact a Vendor Agent at [vendors@santarosagc.net](mailto:vendors@santarosagc.net) or the Backgrounds Department at (559) 924-6948 or contact your assigned Vendor Agent directly.

Thank you for your anticipated cooperation

**Santa Rosa Rancheria Tribal Gaming Commission**

P.O. Box 549 / 17225 Jersey Ave

Lemoore CA 93245

PH: (559) 924-6948

FX: (559) 924-6978

[vendors@santarosagc.net](mailto:vendors@santarosagc.net)



## NOTICE TO APPLICANTS

### **AUTHORITY:**

Indian Gaming Regulatory Act 25 U.S.C. 2701 et. seq., California Tribal State Compact, Tribal Gaming Ordinance of the Santa Rosa Rancheria and Tribal Gaming Regulations of the Santa Rosa Rancheria Gaming Commission.

### **PURPOSE:**

To protect the Tribe, employees, patrons, and public by ensuring that gaming activities are free from criminal activities and corruptive elements. The required information is used to determine the suitability of the applicant to be associated with the gaming activities.

### **BURDEN OF PROOF:**

An applicant is seeking the granting of a privilege. The burden of proving the applicant's qualifications is at all times on the applicant.

### **LICENSE FEES**

The level of fees for issuance of a gaming license and the payment of such fees shall be in accordance with Tribal Regulations.

### **The following requirements must be met when completing this application:**

1. Responses to all questions must be **legibly printed DIRECTLY on the Application**. Additional pages may only be attached if adequate space is not available on the application and the additional space on Supplemental Page has been fully utilized.
2. All required / requested documentation and information must be submitted; failure to do so could result in your application being **DENIED**.
3. Application must be executed by a **duly authorized Principal** of the company with knowledge to provide the information and **AUTHORITY TO ACT ON BEHALF OF THE BUSINESS ENTITY**
4. All questions must be answered truthfully and in a complete manner. Do not misstate or omit any material fact(s) as each statement made herein is subject to verification.
5. **Mark N/A** on all questions that do not apply – This insures a question was not simply overlooked.
6. All pages, including additional pages, must be initialed at the bottom left corner of the page, by the qualified Principal. *Initials attest to the accuracy and completeness of the information contained on that page.*
7. Application must be **NOTARIZED**.
8. **All requested and required documents and information must be submitted by the requested date!**
9. Once the Vendor License Application has been submitted, it may not be withdrawn without the permission of the Tribal Gaming Agency.

In addition, the following documentation is part of your application and must be submitted and/or disclosed to this office.

- Company's organizational chart, down to department head level
- Company's current financial statements
  - Annual Profit & Loss Statement and Balance Sheet
  - Federal Income Tax Return
- Copy of current city/state business license(s)
- Copy of any applicable regulatory, occupational or professional licenses, permits or certificates
- Business card for contact person in regards to this licensing process
- Any additional supporting documentation as applicable
- Application/Licensing fee as specified on the enclosed Invoice
  - Make check payable to: Santa Rosa Rancheria Gaming Commission.*
- CORPORATIONS:** A Complete list of all stockholders of the corporation showing the number of shares held by each
  - Please note that for publicly traded multi-tiered corporations, we intend at this time to only investigate and license the local distributorship and its principals. We do not intend to background and license all corporate tiers and principals up to the national level although we retain the right to do so, if deemed necessary in the future.

## BACKGROUNDS DEPARTMENT



# Gaming License Application

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## Vendor Business

### **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 who have need for the information in the performance of their official duties. The information may be disclosed by the Tribe 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 in connection with the issuance, denial, or revocation of a vendor 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 include you under a vendor's license.

The disclosure of your Social Security Number (SSN) is voluntary. However, failure to supply a SSN may result in errors in processing your application.

### **False Statement**

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)

**You are advised that this Gaming License Application is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for denial or revocation.**

**GENERAL INFORMATION**

<u>Company Name:</u>			
<u>Doing Business As (DBA):</u>			
<u>Physical Address:</u>		<u>City</u>	<u>State</u>
<u>Mailing Address:</u>		<u>City</u>	<u>State</u>
<u>Business Phone:</u>	<u>Business Fax:</u>	<u>Federal Identification Number (FIN):</u>	
<u>Contact Person for Licensing Purposes:</u>		<u>Contact's Direct Phone:</u>	<u>Contact's Email:</u>
<u>Business Organization:</u> <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> LLP <input type="checkbox"/> Partnership <input type="checkbox"/> Sole-Proprietorship <input type="checkbox"/> Other <i>please explain below</i>			
<u>Amount of gross business with Tachi Palace Hotel &amp; Casino in the last twelve months:</u>			
<u>Estimated amount of gross business with Tachi Palace Hotel &amp; Casino in the next twelve months:</u>			

1. Is applicant to replace a licensed vendor/business it has merged with or purchased?       YES    NO

<input type="checkbox"/> FIN remains the same <input type="checkbox"/> FIN has changed to:
<input type="checkbox"/> DBA remains the same <input type="checkbox"/> DBA has changed, former DBA:

2. Please describe the method that this company will do business with the Tachi Palace Hotel & Casino:

<input type="checkbox"/> Written Contract or Agreement	<u>Expires:</u>	<input type="checkbox"/> Open Ended	<input type="checkbox"/> Per Sale – Bid Process
<input type="checkbox"/> Verbal Agreement made between:	<u>and</u>	<u>on</u>	
<input type="checkbox"/> Other (please explain):			

3. Type of service provided; please indicate all that apply:

- Gaming Supplies    Gaming Devices /Manufacturer    Gaming Devices /Distributor    Software
- Food /Restaurant    Cleaning Supplies/Janitorial    Office Equipment/Supplies    Consulting/Training
- Marketing/Entertainment/Advertising    Transportation

Other (please explain):

4. Give a detailed description of all types of products and/or services to be provided by the company to the Tachi Palace Hotel and Casino:

5. Complete the following if the applicant business is a CORPORATION and **Attach a copy of the Articles of Incorporation**    N/A

<u>State of Incorporation:</u>	<u>Date Incorporated:</u>	<u>Corporate ID:</u>
<u>Date qualified to do business in the State of California:</u>		Are the shares publicly traded? <input type="checkbox"/> Yes <input type="checkbox"/> No

6. Complete the following if the applicant business is a LLC, LLP, or GENERAL PARTNERSHIP: **Attach copy of the Agreement**    N/A

<u>State where registered or qualified to do business:</u>	<u>Registration or License Number</u>
<u>Date qualified to do business in California</u>	<u>California business registration or license number</u>

7. List any parent or holding company as well as all subsidiaries, "sister" companies:

Name	Address, City, State, Zip Code	Relationship

Additional Companies listed on Supplemental Page

See Attachment for Additional Companies

8. Provide names, addresses, and telephone numbers of three (3) business references with whom you have regularly done business within the last five (5) years, plus at least one bank reference.

Name	Address, City, State, Zip Code	Telephone
(Bank)		

**OWNERSHIP AND MANAGEMENT (Principals)**

9. Provide the following information for each (Principal) owner, partner, officer, director, or stockholder (with ten percent (10%) or more shares), the ten (10) largest stockholders, and any person(s) that will be responsible for on-site supervision or management.

FULL NAME	TITLE	PERCENT OF OWNERSHIP / SHARES

Additional Ownership and Management (Principals) on Supplemental Page  See Attachment for Additional Principals

**CRIMINAL HISTORY**

10. Have any criminal charges EVER been filed against the company in ANY jurisdiction?  Yes  No

If yes, please provide information for EACH charge and **provide documentation / final disposition**

DATE FILED	CHARGE, include Code Section and if a Felony, Misdemeanor or Infraction	JURISDICTION: U.S. District or Superior Court LOCATION: City, County, State	DISPOSITION DATE	FINAL DISPOSITION DETAILS

Additional Criminal History revealed on Supplemental Page

See Attachment for Additional Criminal History

**CIVIL LITIGATION**

11. In the LAST TEN (10) YEARS, has the business, or any of its CURRENT officers,  Yes  No

directors, partners, investors, managers, or principals, ever been a DEFENDANT, ON BEHALF OF THE COMPANY, in a civil litigation? If yes, please list and **provide documentation / final disposition**

DATE FILED	Name of Action or Individual	JURISDICTION: U.S. District or Superior Court LOCATION: City, County, State	DISPOSITION DATE	FINAL DISPOSITION DETAILS

Additional Civil Litigation revealed on Supplemental Page

See Attachment for Additional Civil Litigation

**This space intentionally left blank**

12. Has the company EVER been involved in a legal dispute with ANY Native American Tribe?  Yes  No  
 If yes, provide the following information for each case:

<b>Name of Tribe</b>	<b>Address of Tribe</b>
<b>Nature of Dispute</b>	<b>Means for Resolution</b>
<b>Final Disposition</b>	

Additional Legal Disputes revealed on Supplemental Page

See Attachment for Additional Legal Disputes

**FINANCIAL INFORMATION**

13. Will the business be investing in or loaning money to this gaming operation?  Yes  No

<b>If yes, amount of cash or other investment:</b>	
<b>Please describe the source of funds for this investment:</b>	
<b>Please provide details as to the purpose, proposal, or role for investment:</b>	

14. Has the company EVER provided financing to or invested in ANY Native American gaming operation? If yes, please complete the information below:  Yes  No

<b>Name of Tribe</b>	<b>Name of Gaming Operation</b>		
<b>Business Address of Tribe</b>	<b>Phone Number:</b>		
	<b>Management Contract?</b>		
	<b>Financing / Investment Amount</b>		
	<b>Percentage of Ownership</b>		
<b>Date of Financing / Investment/ Management Contract</b>			
<b>Date Management Contract Expires</b>			

Additional Investments revealed on Supplemental Page

See Attachment for Additional Investments

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15. Based upon the most current financial data available at the time of application, provide the following business information:

<b>Gross Annual Sales/Revenue</b>		<b>For fiscal or calendar year ending</b>	
<b>Net Profit (Loss)</b>		<b>Current Assets</b>	
<b>Current Liabilities</b>		<b>Net Worth</b>	

16. List your company's major funding and financial sources; all funding of \$50,000 or more to be disclosed

<b>Date</b>	<b>Source of Funding (Name and Address)</b>	<b>Type of Account</b>	<b>Amount of Funding</b>
			\$
			\$
			\$
			\$
			\$

Additional Sources of Funding revealed on Supplemental Page       See Attachment for Additional Sources of Funding

17. List your company's major financial liabilities; all outstanding liabilities of \$50,000 or more to be disclosed

<b>Lenders (Name and Address)</b>	<b>Type of Account</b>	<b>Date of Loan</b>	<b>Original Amount</b>	<b>Current Balance</b>	<input type="checkbox"/> Secured <input type="checkbox"/> Unsecured
			\$	\$	<input type="checkbox"/> Secured <input type="checkbox"/> Unsecured
			\$	\$	<input type="checkbox"/> Secured <input type="checkbox"/> Unsecured
			\$	\$	<input type="checkbox"/> Secured <input type="checkbox"/> Unsecured
			\$	\$	<input type="checkbox"/> Secured <input type="checkbox"/> Unsecured
			\$	\$	<input type="checkbox"/> Secured <input type="checkbox"/> Unsecured

Additional liabilities revealed on Supplemental Page       See Attachment for Additional Liabilities

18. Has the company **EVER** filed a petition to liquidate or reorganize under the bankruptcy laws of ANY jurisdiction?  Yes  No

If yes, please complete below and provide **Copies of the Petition and Discharge Orders required if within last 10 years**

Filing Date:	File #	Liabilities Reported	Discharge Date

19. Has the company **EVER** had any federal or state income tax return audited or adjusted?  Yes  No  
 If yes, **complete below and provide documentation**

Fiscal Year	Reason	Amount in Dispute	Final Disposition and Date

20. Within the **PAST 10 YEARS**, has the company defaulted on any financial obligations?  Yes  No

Name/Address of Creditor	Default Amount	Date of Default	Nature of Default
	\$		<input type="checkbox"/> Collection <input type="checkbox"/> Charge-off/Bad Debt <input type="checkbox"/> Breach of Contract <input type="checkbox"/> Delinquent Payments <input type="checkbox"/> Other _____
	\$		<input type="checkbox"/> Collection <input type="checkbox"/> Charge-off/Bad Debt <input type="checkbox"/> Breach of Contract <input type="checkbox"/> Delinquent Payments <input type="checkbox"/> Other _____
	\$		<input type="checkbox"/> Collection <input type="checkbox"/> Charge-off/Bad Debt <input type="checkbox"/> Breach of Contract <input type="checkbox"/> Delinquent Payments <input type="checkbox"/> Other _____

Additional Defaulted Obligations revealed on Supplemental Page     See Attachment for Additional Defaulted Obligations

21. Describe below any **CURRENT OR PREVIOUS OWNERSHIP** interest within the gaming industry.

Business Name	Phone Number Address	Nature of Relationship	Percent of Ownership	Dates of Relationship

**LICENSING: REGULATORY, OCCUPATIONAL / PROFESSIONAL / BUSINESS**

22. List company's Business License in its home and in **Kings County** **Provide a copy of License / Documentation**

<b>Issuing Agency</b>			<b>Address:</b>		
<b>City</b>		<b>County</b>		<b>State</b>	
<b>Date Issued</b>		<b>Date Expires</b>		<b>License Number</b>	
<b>Issuing Agency</b>			<b>Address:</b>		
<b>City</b>		<b>County</b>	<b>KINGS COUNTY</b>	<b>State</b>	<b>CALIFORNIA</b>
<b>Date Issued</b>		<b>Date Expires</b>		<b>License Number</b>	

23. Has the company **EVER** applied for or held any regulatory, occupational or professional license?  Yes  No

If yes, please provide the following information and **provide a copy of said License / documentation**

<b>Type of License, Permit or Certificate (Contractor, Architect, etc.)</b>	<b>*License Number</b>	<b>Granted</b>	<b>Issued:</b>
			<b>Expiration:</b>
<b>Issuing Agency (Name, Address)</b>	<b>Name License is Held Under</b>		
	<b>Agency Contact's Name</b>		
	<b>Contact's Direct Phone Number</b>		
<p><b><u>In the PAST 10 YEARS, has any disciplinary, administrative, or adverse action been taken by the regulating agency?</u></b> <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></p> <p>If yes, provide documentation and check which applicable: <input type="checkbox"/> Denied <input type="checkbox"/> Fined <input type="checkbox"/> Suspended <input type="checkbox"/> Revoked <input type="checkbox"/> Other</p> <p>Give dates and reason for each action:</p>			

**Additional Professional Licenses listed on Supplemental Page**       **See Attachment for Additional Professional Licenses**

**This space intentionally left blank**

24. Has the company, in the last 10 years, applied for or held any license to conduct business with a GAMING facility?  Yes  No

If yes, list ALL gaming-related licenses or permits held or applied for by the company, regardless of whether or not the license was granted. Include pending and withdrawn applications. Complete the information for each entry:

Casino Name	*License Number	Granted	Issued: <hr/> Expiration:
Issuing Agency (Name, Address)	Contact Name		
	Contact's Direct Phone Number		
	Contact's Email Address		

In the PAST 10 YEARS, has any disciplinary, administrative, or adverse action been taken by the regulating agency?  Yes  No

If yes, provide documentation and check which applicable:  Denied  Fined  Suspended  Revoked  Other

Give dates and reason for each action:

Casino Name	*License Number	Granted	Issued: <hr/> Expiration:
Issuing Agency (Name, Address)	Contact Name		
	Contact's Direct Phone Number		
	Contact's Email Address		

In the PAST 10 YEARS, has any disciplinary, administrative, or adverse action been taken by the regulating agency?  Yes  No

If yes, provide documentation and check which applicable:  Denied  Fined  Suspended  Revoked  Other

Give dates and reason for each action:

See Attachment for Additional Licenses

**GAMBLING CONTROL COMMISSION SUITABILITY**

25. **GAMING** VENDORS must meet the Suitability Requirements of the State of California Gambling Control Commission (CGCC). Has your company been found and/or maintained its suitability and good standing with the CGCC? Supporting documentation must be attached  Yes  No

**ONSITE COMPANY EMPLOYEES AND REPRESENTATIVES**

26. Does this company BOND its Principals?  Yes  No

27. Does this company BOND its Employees?  Yes  No

28. Does this company conduct a background investigation on its PRINCIPALS?  Yes  No  
 If yes, to what extent?  Criminal  Civil  Credit  Dept. of Motor Vehicle  
 Other \_\_\_\_\_ How often \_\_\_\_\_

29. Does this company conduct a background investigation on its EMPLOYEES?  Yes  No  
 If yes, to what extent?  Criminal  Civil  Credit  Dept. of Motor Vehicle  
 Other \_\_\_\_\_ How often \_\_\_\_\_

30. Will your company be sending any representatives to conduct business onsite or provide services remotely?  Yes  No

**If yes, please complete the Authorized Onsite Representatives (AOR) from on page 12.**

31. Will your company utilize SUB-CONTRACTED companies and/or individuals at the Tachi Palace Hotel & Casino?  Yes  No

**If yes, please complete the Subcontracted Authorized Individuals (SUB-AOR) form on page 13.**

32. Does this company conduct background investigations on Sub-contracted Companies it uses?  Yes  No

If yes, to what extent?

As to the COMPANY

Criminal  Civil Litigation  Credit  Dept. of Motor Vehicle

Other \_\_\_\_\_ How often \_\_\_\_\_

As to the INDIVIDUALS

Criminal  Civil Litigation  Credit  Dept. of Motor Vehicle

Other \_\_\_\_\_ How often \_\_\_\_\_

This space intentionally left blank

**Authorized Onsite Representatives (AOR)** **SRRGC ONLY**: vc # \_\_\_\_\_ Date Received: \_\_\_\_\_

Company Name: \_\_\_\_\_  CHECK HERE if this is an update

DBA: \_\_\_\_\_ to a previously submitted AOR

Only ONE AOR is valid at any time. Newly submitted AORs will **supersede and VOID** all previously submitted AORs.  
**TO ADD REPS** add information in next available row, date & initial at side and submit required documents. **TO REMOVE REPS** submit  
a copy of your **current** AOR with the unauthorized reps information lined through, date & initial at side. **ATTACH A CLEAR COLOR  
COPY OF EACH DL/ID AND A 2x2 PASSPORT QUALITY PHOTOGRAPH FOR EACH REPRESENTATIVE LISTED. Individuals not listed on  
this AOR will be turned away and not allowed access to TPHC.**

Alcohol is served on the gaming floor, therefore **no individuals under 21** are allowed on the gaming floor **at any time.**

CHECK HERE if your company utilizes drivers, technicians, or employees at random and cannot provide a verifiable list of  
representatives. Please understand that if this option is checked, **ALL** representatives who present a valid company ID will be  
allowed to conduct business under the liability of your company unless you specifically state in writing that an individual is not  
authorized.

FULL LEGAL NAME Last, First, Middle	Job Title	State of DL/ID	DL/ID NUMBER	Date & Initial ALL changes

See attachment for additional onsite representatives

AOR page \_\_\_ of \_\_\_

**By signing below you acknowledge that it is your company’s responsibility for all actions of your company  
and individuals listed on AOR, including sub-contracted companies and their individuals.**

\_\_\_\_\_  
Print Name (Management Agent Authorized by Company)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Subcontracted Authorized Onsite Representatives (SUB-AOR)**

**CHECK HERE** if this section does not apply and sign at the bottom

**Company Name:** \_\_\_\_\_

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

**CHECK HERE** if this is an update to a previously submitted SUB-AOR

Please list all subcontractors, distributors, or manufacturers that will come onsite to represent or conduct business on behalf of your company. **REMINDER: Only ONE SUB-AOR is valid at any time. Updates will supersede and VOID all previously submitted SUB-AOR/Updates.** Companies not listed on this SUB-AOR will not be granted access to TPHC as a *subcontractor for your company*. Each company will be contacted for a list of their representatives. To remove companies as your subcontractor a written request to our department is required. To add companies please complete and submit a new SUB-AOR with all authorized companies.

<u>Company Name</u>	<u>City</u>	<u>State</u>	<b>Dates of Service</b>	
			From:	To:
<u>Contact Person Name</u>	<u>Direct Phone Number</u>		<u>Email</u>	
<b>Description of Services:</b>				
<u>Company Name</u>	<u>City</u>	<u>State</u>	<b>Dates of Service</b>	
			From:	To:
<u>Contact Person Name</u>	<u>Direct Phone Number</u>		<u>Email</u>	
<b>Description of Services:</b>				
<u>Company Name</u>	<u>City</u>	<u>State</u>	<b>Dates of Service</b>	
			From:	To:
<u>Contact Person Name</u>	<u>Direct Phone Number</u>		<u>Email</u>	
<b>Description of Services:</b>				
<u>Company Name</u>	<u>City</u>	<u>State</u>	<b>Dates of Service</b>	
			From:	To:
<u>Contact Person Name</u>	<u>Direct Phone Number</u>		<u>Email</u>	
<b>Description of Services:</b>				

See attachment for additional subcontracted representatives

SUB-AOR page \_\_\_ of \_\_\_

\_\_\_\_\_  
Print Name (Management Agent Authorized by Company)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**ON BEHALF OF APPLICANT, I AGREE TO THE FOLLOWING:**

1. To maintain a ledger in the principal office of the corporation which shall at all times reflect the ownership of every class of security issued by the corporation and be available for inspection by the Tribal Gaming Agency and their authorized agents at all reasonable times with or without notice.
2. To provide any further financial data or other information that may be deemed necessary or appropriate.
3. Upon request, to submit balance sheets and profit and loss statements, audited by independent certified public accountants for the three (3) preceding fiscal years.
4. Upon request, to provide to the Tribal Gaming Agency an annual profit and loss statement and balance sheet and a copy of applicant's annual Federal Income Tax return.
5. To provide to the Tribal Gaming Agency, at least annually a complete list of all stockholders of the corporation showing the number of shares held by each.
6. To report to the Tribal Gaming Agency any change in applicant's officers, directors, partners, investors, principals, or others who would be required to provide information under Question 10 of this application, when requested, to execute and file an application with the Tribal Gaming Agency.
7. To provide an organizational chart of the business down to department head level.
8. To require all those persons required to provide information under Questions 10 and 33 of this application, when requested, to execute and file an application with the Tribal Gaming Agency.
9. To pay the fees or costs for investigation of the applicant, including those persons required to provide information under Questions 10 and 33 of this application, as required by the Tribal Gaming Agency.

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 Signature
**CERTIFICATION**

I certify that I am a duly authorized officer of the applicant with knowledge and authority to provide the above information and to act on behalf of this business entity, and that to the best of my knowledge and belief the foregoing information is true, accurate, and complete as of the date of this application. I understand that untruthful or misleading answers are cause for denial of the application and/or revocation of any gaming license granted. I further understand that this business has a continuing duty to provide all materials, assistance, or information required by the Tribal Gaming Agency, including any information that may be requested from business owners, shareholders, directors, officers, or other key personnel; and to fully cooperate in any investigation conducted by or on their behalf. If any information provided on this application changes or otherwise becomes inaccurate, or new information becomes available, I agree to promptly notify the Tribal Gaming Agency with or without a formal request for such information.

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 Signature
**USE OF INFORMATION PROVIDED**

The purpose of the requested information is to determine if the company meets suitability requirements to obtain/maintain a vendor license to conduct business with the Tachi Palace Hotel and Casino. The information will be used by the Tribal Gaming Agency and staff who have need for the information in the performance of their official duties. The information may be disclosed to the appropriate federal, tribal, state, local, or foreign law enforcement and regulatory agencies when relevant to civil, criminal, or regulatory investigation or prosecutions, or when pursuant to a requirement by the Tribe in connection with the issuance or revocation of a vendor license, or investigation of activities while associated with the Tribe or the tribal gaming operation. Failure to consent to the disclosures indicated in this notice may result in the Tribe's being unable to license this business.

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 Signature



**CONSUMER CREDIT REPORT**

I understand that in determining the suitability for licensing of the business, the tribal and/or state gaming agency may request its consumer credit report. My signature below authorizes these agencies to request the business credit report for such purposes.

**CALIFORNIA, MINNESOTA and OKLAHOMA Applicants** you have the right to receive a copy of the Consumer Report or Consumer Credit Report, at no cost to you.

Please check the box(s) to specify if you would like to receive a copy of the business Investigative Consumer Report or Consumer Credit Report

- No, I do not wish to receive a copy.
- Yes, I would like to receive a copy.

Please forward via:

- Email \_\_\_\_\_
- Fax ( \_\_\_\_\_ ) \_\_\_\_\_
- US Postal Service - Certified (**Note Post Office may allow anyone at address to receive and or sign for Report**)

Mail to: \_\_\_\_\_  
                     Attention to                      Street or P.O. Box                      City                      State                      Zip

My signature below acknowledges I have been advised and understand that should a Consumer Report or Consumer Credit Report be obtained, I have the right to receive a copy, at no charge.

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

**TRIBAL GAMING AGENCY - RELEASE OF ALL CLAIMS - (BUSINESS)**

I, the undersigned, as the authorized representative acting on behalf of the business listed below ("Applicant"), am filing with the Tribal Gaming Agency this application for a vendor license. In consideration of the assurance by the Tribal Gaming Agency that no action on this application will be taken except after a complete investigation, I hereby for myself, the business entity, and its successors and assigns, release, remise, and discharge the Tribe, the Tribal Gaming Agency, and their respective members, agents, and employees, from any and all causes of action, suits, debts, judgments, executions, claims, and demands, known or unknown, in law or equity, which this business had, now has, or may claim to have against the Tribe, the Tribal Gaming Agency, or their agents or employees, arising out of or by reason of the processing or investigation of or other action relating to this gaming license application.

I, as an authorized representative acting on behalf of Applicant, have read this release and understand all of its terms and execute it voluntarily and with full knowledge of its significance.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name (Print)                      Title of Office                      Company Name

State of \_\_\_\_\_ County of \_\_\_\_\_ on \_\_\_\_\_ before me \_\_\_\_\_ personally appeared \_\_\_\_\_ (Print Name) who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her authorized capacity, and that by his/her signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.  
 WITNESS my hand and official seal.

\_\_\_\_\_  
Signature of Notary Public  
 Notary Public in and for the State of \_\_\_\_\_  
 My Commission expires: \_\_\_\_\_

(Notary Public Seal)

**APPLICANT'S REQUEST TO RELEASE INFORMATION**

To: \_\_\_\_\_  
(Leave Blank)

From: \_\_\_\_\_  
(Print Name)

1. I hereby authorize and request all persons to whom this request is presented having information relating to or concerning (insert company's name) \_\_\_\_\_ to furnish such information to a duly appointed agent of the Santa Rosa Rancheria Gaming Commission office, whether or not such information would otherwise be protected from disclosure by any constitutional, statutory or common law privilege.
2. I hereby authorize and request all persons to whom this request is presented to permit a duly appointed agent of the Santa Rosa Rancheria Gaming Commission office to review and copy any and all documents, whether or not such documents would otherwise be protected from disclosure by any constitutional, statutory, or common law privilege.
3. If the person to whom this request is presented is a Credit Bureau, insurance company, governmental taxing authority, brokerage firm, bank, savings and loan, or other financial institution or an officer of same, I hereby authorize and request that a duly appointed agent of Santa Rosa Rancheria Gaming Commission office be permitted to review and/or obtain copies of any and/or all documents, records or correspondence pertaining to (insert company's name) \_\_\_\_\_, including but not limited to past loan information, notes cosigned on behalf of the company, checking account records, safe deposit records, safe deposit box record, passbook records, and general ledger folio sheets, criminal or civil records and licensing records.
4. I have filed an application for business licensing with the Santa Rosa Rancheria Gaming Commission. I understand that I am seeking the granting of a privilege and acknowledge that the burden of proving the company's qualifications for a favorable determination is at all times on me. I accept any risk if adverse public notice, embarrassment, criticism, other action of financial loss that may result from action with respect to this application.
5. I do for myself, my heirs, executors, administrators, successors and assigns, corporate officers, principals and shareholders I represent, hereby release, remise, and forever discharge the person to whom this request is presented, their agents, and employees from all manner of actions, cause of actions, suits, debts, judgments, executions, claims, and demands whatsoever, known or unknown, in law or equity, which I ever had, now have, may have against the person to whom this request is presented or his agents or employees arising out of or by reason of complying with this request.
6. I agree to indemnify and hold harmless the person to whom this request is presented and his agents and employees from and against all claims, damages, losses, and expense, including reasonable attorney's fees arising out of or by reason of complying with this request.
7. A reproduction of this request by photocopy or similar process shall be for all intents and purposes as valid as the original.

\_\_\_\_\_  
 Signature Title Company

State of \_\_\_\_\_ County of \_\_\_\_\_ on \_\_\_\_\_ before me \_\_\_\_\_  
 personally appeared \_\_\_\_\_ (Print Name) who proved to me on the basis of  
 satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that he/she executed the  
 same in his/her authorized capacity, and that by his/her signature on the instrument the person, or the entity upon behalf of which the person  
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I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.  
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\_\_\_\_\_  
 Signature of Notary Public  
 Notary Public in and for the State of \_\_\_\_\_  
 My Commission expires: \_\_\_\_\_

(Notary Public Seal)

**ADDITIONAL OR SUPPLEMENTAL INFORMATION PAGE**

You may utilize this page for any additional responses to our questions or you may copy the page the question is reference on, complete and attach.

Page Number	Item Number	Details