

Santa Rosa Rancheria Gaming Commission
Backgrounds Department
Tachi Palace Hotel & Casino Vendor Registration Application

In accordance with the Santa Rosa Rancheria Gaming Commission (SRRGC) Backgrounds Department Policies and Procedures, vendors that are not required to obtain a vendor license must still register with the SRRGC Backgrounds Department as a non-licensed vendor **prior** to conducting business with the Tachi Palace Hotel & Casino (TPHC).

As part of the vendor registration process, your company and its Principals *may* be subject to a background investigation. In addition, if at any time it is determined that your company meets the requirements of a Gaming Vendor License, you will be notified and the proper documentation will be forwarded to you.

In order for your vendor registration to be completed, you must submit all requested documents and information by the requested date. Please read and complete all information carefully. Incomplete application or documents will cause your registration to be delayed or denied, potentially suspending your company access to or ability to conduct business with TPHC.

The following requirements must be met when completing this application:

1. Responses to all questions must be **legibly printed directly on the application**. If additional space is needed, please complete the supplemental page(s). Copy/attach as needed.
2. Application must be executed by a **duly authorized representative** of the company.
3. All questions must be answered truthfully and in a complete manner.
4. **Mark N/A** on all questions that do not apply – This ensures a question was not simply overlooked.

Please Note: Once your vendor registration is complete, it is **your company's responsibility**, to:

- Update SRRGC on any changes in name, address, phone numbers, management, or authorized representatives.
- Provide updated documentation for renewal of registration in a timely manner.
- Notify SRRGC if no longer doing business with TPHC to terminate company's file.

Important Information for updating the Authorized Onsite Representatives Form:

- Only **one Authorized Onsite Representative (AOR) form** is valid at any time. Newly submitted AORs will **supersede and VOID** all previously submitted AORs. Ensure **all** authorized representatives are listed on your most recently submitted AOR as old AORs will be removed from your file and shredded.
- **TO REMOVE A REPRESENTATIVE** using your existing AOR, line through the representative(s) who are no longer authorized and date and initial in the right column for each change.
- **TO ADD A REPRESENTATIVE** using your existing AOR, add the new representative's information in the next available row. Be sure to submit all required documentation for the new individual. Date and initial in the right column for each new individual.

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

Please submit your completed application and documents to our office, information listed below. You may also submit via fax, email to your agent or vendors@santarosagc.net

Santa Rosa Rancheria Gaming Commission Backgrounds Department

P.O. Box 549, 17225 Jersey Ave., Lemoore CA 93245

Phone: 559 924-6948

Fax: 559 924-6978

IF YOU HAVE ANY QUESTIONS ON ANY SECTION OF THIS APPLICATION PLEASE CALL OUR OFFICE
MONDAY – FRIDAY FROM 8:00AM-12:00PM AND 1:00-5:00PM

TPHC Vendor Registration Application

Backgrounds Department

Responses to all questions must be legibly printed or typed directly on the Vendor Registration Application

<u>Company Name</u>			
<u>Doing Business As</u>			
<u>Mailing Address</u>		<u>City</u>	<u>State</u>
<u>Physical Address</u>		<u>City</u>	<u>State</u>
<u>Business Phone</u>	<u>Business Fax</u>	<u>Federal Identification Number</u>	
<u>Contact Person for Registration Purposes</u>	<u>Title</u>	<u>Phone Number / Ext</u>	<u>Email</u>
PLEASE LIST THE FULL NAME OF THE TACHI PALACE AND CASINO REPRESENTATIVE WITH WHOM YOU ARE PRIMARILY COMMUNICATING OR CONDUCTING BUSINESS			
<u>TACHI REPRESENTATIVE NAME:</u>		<u>THEIR TITLE:</u>	
<u>COMMUNICATION VIA:</u> <input type="checkbox"/> PHONE <input type="checkbox"/> EMAIL <input type="checkbox"/> OTHER:		<u>DATE OF LAST COMMUNICATION:</u>	

Type of Business: *Check one*

<input type="checkbox"/> Corporation <i>(if corporation submit a copy of the articles of incorporation with your application and complete the following):</i>		
State of Incorporation	Date Incorporated	Corporate ID #
Date qualified to do business in the state of California	Are the shares publicly traded? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> LLC <input type="checkbox"/> LLP <input type="checkbox"/> Partnership		
<i>(if LLC, LLP, or General Partnership please attach a copy of the agreement and complete the following):</i>		
State where registered or qualified to do business:	Registration or License #:	
Date qualified to do business in California:	California Registration or License #:	
<input type="checkbox"/> Sole-Proprietorship		Social Security Number:

Type of Business *continued...*

Other *briefly explain:*

1. Describe the method that this company will do business with the Tachi Palace Hotel & Casino (TPHC):
 Written Contract/Agreement (*MUST attach a copy*) Per Sale – Bid Process Other (*explain*):

2. Will your company be utilizing subcontractors, manufacturers, or distributors? YES NO
If yes, please list all companies that will be providing any types of services on behalf of your company on the Subcontracted Authorized Onsite Representatives (SUB-AOR) form (page 5).

3. Will your company be sending any representatives to conduct business onsite at the Tachi Palace Hotel & Casino? YES NO
If yes, please complete the Authorized Onsite Representatives (AOR) on page 4 of this application. Please list all employees and authorized representative who will be working in and/or servicing the TPHC including, but not limited to, account executives, sales personnel, installation, service, repair, maintenance technicians, consultants, trainers, delivery drivers, laborers, etc.

4. Amount of gross business with TPH&C in the last twelve months (if applicable): \$ _____
 Estimated amount of gross business with TPH&C in the next twelve months: \$ _____

5. Check all TPH&C Departments you are currently or have contracted with in the past twelve months:
 Administration Bingo Facilities Finance/Accounting Food and Beverage Hotel
 Human Resources Information Systems Marketing Security Slots Table Games

6. Check all applicable types of services your company provides, or will be providing to the TPH&C:
 Gaming Supplies Gaming Devices/Manufacturer Gaming Devices/Distributor Software
 Food/Restaurant Consulting/Training Transportation Janitorial
 Office Equipment/Supplies Marketing/Advertising Performance/Entertainment
 Other (Describe below)

7. Describe in detail the types of products and/or services that your company will be providing to the TPH&C:

8. List company's Business License in its home county and in Kings County. Provide a copy of each license

<u>Issuing Agency</u>			<u>License #</u>	
<u>City</u>	<u>County</u>	<u>State</u>	<u>Date Issued</u>	<u>Date Expires</u>
<u>Issuing Agency</u>			<u>License #</u>	
<u>City</u>	<u>County</u> KINGS	<u>State</u> CALIFORNIA	<u>Date Issued</u>	<u>Date Expires</u>

9. Excluding the licenses listed on question 8, has the company EVER applied for or held any GAMING, regulatory, occupational, or professional license? YES NO

Type of License, Permit or Certificate	License Number	Granted	Dates Held:
<input type="checkbox"/> Gaming <input type="checkbox"/> Other: <i>specify below</i> (Contractor, Architect, etc.):		<input type="checkbox"/> YES <input type="checkbox"/> NO	FROM: TO:
<u>Issuing Agency</u>	<u>If Gaming, Casino:</u>		
<u>Address</u>	<u>City</u>	<u>State</u>	
<u>Contact Person</u>	<u>Contact Phone Number:</u>		
<u>Contact Email</u>	<u>Contact Fax Number:</u>		
Type of License, Permit or Certificate	License Number	Granted	Dates Held:
<input type="checkbox"/> Gaming <input type="checkbox"/> Other: <i>specify below</i> (Contractor, Architect, etc.):		<input type="checkbox"/> YES <input type="checkbox"/> NO	FROM: TO:
<u>Issuing Agency</u>	<u>If Gaming, Casino:</u>		
<u>Address</u>	<u>City</u>	<u>State</u>	
<u>Contact Person</u>	<u>Contact Phone Number:</u>		
<u>Contact Email</u>	<u>Contact Fax Number:</u>		

See Attachment for Additional Licensing

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

See attachment for additional subcontracted representatives

SUB-AOR page ___ of ___

Print Name (Management Agent Authorized by Company)

Signature

Date

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 suspension of any current/future business endeavors. 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.

*Signature

This space intentionally left blank

Santa Rosa Rancheria Gaming Commission – 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 vendor registration. In consideration of the assurance by the Tribal Gaming Agency that no action on this application will be taken until all required documents are received, 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 registration 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)

Applicant’s Request to Release Information

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. I have filed an application for business registration with the Santa Rosa Rancheria Gaming Commission. 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.
4. 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.
5. 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.
6. 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
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 Seal)

Notary Public in and for the State of _____

My Commission expires: _____

