

Gaming Vendor License - RENEWAL

SANTA ROSA RANCHERIA GAMING COMMISSION (SRRGC)

Notice to Vendor Applicant - (Gaming Vendor License Renewal Application)

As required by the California Tribal-State Gaming Compact and the Tribal Gaming Ordinance of the SRR Tachi-Yokut Tribe, your company holds a current vendor license through the Santa Rosa Rancheria Gaming Commission to conduct business with the Tachi Palace Hotel and Casino. The company's vendor license will soon expire and all individuals will expire at the same time regardless of the date they were approved. Individuals are not issued a "personal" license but are approved to represent the company under its vendor license.

Your action is required to renew your company's suitability and continue your business relationship with the Tachi Palace Hotel and Casino. To determine the company's continued suitability, updated information must be submitted and any changes within the last TWO years must be disclosed. 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.

The following documentation is part of your renewal application and must be submitted to this office:

- a. Review, confirm and return the Current List of Applicants on File
- b. Company's organizational chart, down to director level
- c. Updated financial statements (Annual Profit & Loss Statement and Balance Sheet and Federal Income Tax Return)
- d. Copy of current business license
- e. Business card for contact person
- f. License Renewal Fee - *Payable to: Santa Rosa Rancheria Gaming Commission.*
- g. Supporting documentation (to all questions with a "yes" answer)

The following requirements must be met when completing this renewal 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 Page 8 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. 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.
4. **Mark N/A** on all questions that do not apply – This insures a question was not simply overlooked.
5. Application must be executed by a duly authorized Principal of the company with knowledge and authority to provide the information and to act on behalf of the business entity
6. Application must be **NOTARIZED**.
7. Once the Vendor License Renewal Application has been submitted, it may not be withdrawn without the permission of the Tribal Gaming Agency.

IMPORTANT

All requested and required renewal documents and information **MUST BE SUBMITTED BY THE REQUESTED DATE**. Failure to submit *all* the renewal requirements by the requested date could cause an insufficient time frame for your company's investigation to be completed and its current vendor license to expire. Please be aware that Vendors are not permitted to conduct business without a valid vendor license in place. Therefore, in the event its current vendor license expires, your company would be out of compliance and suspended from doing business with the Tachi Palace Hotel & Casino until such time as its investigation is complete and its renewed vendor license is approved by the Santa Rosa Rancheria Gaming Commissioners.

NOTE:

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.

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

Santa Rosa Rancheria Gaming Commission

Gaming Vendor License RENEWAL Application

For Businesses providing goods or services to the Tachi Palace Hotel and Casino

Vendor's Name: _____

Doing Business As: (Name): _____

Date: _____

**Background Investigation Department
P.O. Box 549; 17225 Jersey Ave., Lemoore CA 93245**



SANTA ROSA RANCHERIA GAMING COMMISSION GAMING VENDOR LICENSE RENEWAL APPLICATION

The undersigned hereby makes application for a Tribal Gaming Agency Business License:

GENERAL INFORMATION

COMPANY NAME: _____

DOING BUSINESS AS (DBA): _____

PHYSICAL ADDRESS: _____
STREET NAME CITY COUNTY STATE ZIP

MAILING ADDRESS: _____
STREET NAME CITY COUNTY STATE ZIP

BUSINESS TELEPHONE: (_____) _____-_____
BUSINESS FAX (_____) _____-_____

CONTACT PERSON FOR LICENSING PURPOSES: _____
(Name) (Title)

CONTACT'S DIRECT TELEPHONE: (_____) _____-_____
EMAIL ADDRESS: _____

BUSINESS ORGANIZATION: Corporation LLC LLP Partnership Sole-Proprietorship Other _____

FEDERAL IDENTIFICATION NUMBER (FIN): _____

- Please describe the method that this company will do business with the Tachi Palace Hotel & Casino: **Attach Contract / Agreement**
 Written Contract or Agreement Expires: ____/____/____ or Open ended Per Sale - Bid Process
 Verbal Agreement made between _____ and _____ on ____/____/____
 Other (please explain) _____

- Type of service provided; please indicate all that apply: GAMING NON-GAMING
 Gaming Supplies Gaming Devices /Manufacturer Gaming Devices /Distributor Software Food /Restaurant
 Cleaning Supplies/Janitorial Office Equipment/Supplies Consulting/Training Marketing/Entertainment/Advertising
 Transportation Other _____

- List any **NEW** parent or holding companies, as well as all subsidiaries, "sister" companies obtained or merged since this company's last application: None

| Name | Address, City, State, Zip Code | Relationship |
|------|--------------------------------|--------------|
| | | |
| | | |
| | | |

Additional Companies listed on Page 8

See Attachment for Additional Companies

OWNERSHIP AND MANAGEMENT (Principals)

4. Provide the following information for each (Principal) owner / ownership amounts, partner, officer, director, stockholder (with 10% or more shares), the ten (10) largest stockholders, and any person(s) that will be responsible for on-site supervision or management at the Tachi palace Hotel and Casino.
Check the box at far left if the information reflects any change since the company's last application.

| CHECK IF CHANGE | FULL NAME | TITLE | PERCENT OF OWNERSHIP / SHARES |
|-----------------|-----------|-------|-------------------------------|
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€Additional Ownership and Management (Principals) on Page 8 € See Attachment for Additional Principals

CRIMINAL HISTORY

5. Since your last application, have any criminal charges been filed against this 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 Page 8 € See Attachment for Additional Criminal History

CIVIL LITIGATION

6. Since your last application, has the company or any of its CURRENT officers, directors, partners, investors, managers, or principals been named as a DEFENDANT, ON BEHALF OF THE COMPANY, in a civil litigation? € Yes € No
 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 Page 8

€ See Attachment for Additional Civil Litigation

7. Since your last application, has the company been involved in a legal dispute with ANY Native American Tribe? € Yes € No
 If yes, provide the following information for each case:

Name of Tribe: _____
 Address of Tribe: _____
 Nature of dispute: _____
 Means for resolution: _____ Final disposition: _____

€ Additional Legal Disputes revealed on Page 8

€ See Attachment for Additional Legal Disputes

FINANCIAL INFORMATION

8. Based upon the most current financial data available at the time of application, provide the following business information:
 Gross Annual Sales/Revenue: \$ _____ for fiscal or calendar year ending: _____ Net Profit (Loss) \$ _____
 Current Assets \$ _____ Current Liabilities \$ _____ Net Worth \$ _____
9. List the company's funding and financial sources obtained **since its last application; \$50,000 or more must be disclosed** □ None

| Date | Source of Funding (Name and Address) | Type of Account | Amount of Funding |
|------|--------------------------------------|-----------------|-------------------|
| | | | \$ |
| | | | \$ |

€ Additional Sources of Funding revealed on Page 8

€ See Attachment for Additional Sources of Funding

10. List company's financial liabilities obtained **since its last application; all liabilities of \$50,000 or more must be disclosed**

None

| Lenders (Name and Address) | Type of Account | Date of Loan | Original Amount | Current Balance | €Secured €Unsecured |
|----------------------------|-----------------|--------------|-----------------|-----------------|------------------------|
| | | | \$ | \$ | €Secured €Unsecured |
| | | | \$ | \$ | €Secured €Unsecured |
| | | | \$ | \$ | €Secured €Unsecured |
| | | | \$ | \$ | €Secured €Unsecured |
| | | | \$ | \$ | €Secured €Unsecured |
| | | | \$ | \$ | €Secured €Unsecured |
| | | | \$ | \$ | €Secured €Unsecured |

€Additional liabilities revealed on Page 8

€ See Attachment for Additional Liabilities

11. Since your last application has the company defaulted on any financial obligations?

€Yes €No

| Name of Creditor | Default Amount | Date of Default | Nature of Default |
|------------------|----------------|-----------------|---|
| | \$ | | €Collection €Charge-off/Bad Debt €Breach of Contract €Delinquent Payments €Other _____ |
| | \$ | | €Collection €Charge-off/Bad Debt €Breach of Contract €Delinquent Payments €Other _____ |
| | \$ | | €Collection €Charge-off/Bad Debt €Breach of Contract €Delinquent Payments €Other _____ |
| | \$ | | €Collection €Charge-off/Bad Debt €Breach of Contract €Delinquent Payments €Other _____ |

€Additional Defaulted Obligations revealed on Page 8

€ See Attachment for Additional Defaulted Obligations

LICENSING: REGULATORY, OCCUPATIONAL / PROFESSIONAL / BUSINESS

12. List company's Business License in its home county **provide a copy of said License / documentation**

Issuing Agency: _____ License Number: _____

City _____ County _____ State _____ Date Issued _____ Date Expires _____

13. Since your last application has the company applied for and/or obtained any NEW REGULATORY, OCCUPATIONAL or PROFESSIONAL LICENSES, even if denied? **YES** **NO**
If yes, please complete.

| | | | |
|---|-------------------------------|-----------------------|---------------------|
| Type of License, Permit or Certificate (Contractor, Architect, etc.) | *License Number | Granted € Yes € No | Dates Held: From-To |
| Issuing Agency (Name, Address) | Name License is Held Under | | |
| | Contact's Name | | |
| | Contact's Direct Phone Number | | |
| Is the License CURRENTLY or at ANY TIME, has it been: € Denied € Fined € Suspended € Revoked € Revocation Investigation Pending € Other Give dates and Explanations: | | | |

| | | | |
|---|-------------------------------|-----------------------|---------------------|
| Type of License, Permit or Certificate (Contractor, Architect, etc.) | *License Number | Granted € Yes € No | Dates Held: From-To |
| Issuing Agency (Name, Address) | Name License is Held Under | | |
| | Contact's Direct Phone Number | | |
| | Contact's Email Address | | |
| Is the License CURRENTLY or at ANY TIME, has it been: € Denied € Fined € Suspended € Revoked € Revocation Investigation Pending € Other Give dates and Explanations: | | | |

€ Additional Professional Licenses listed on Page 8

€ See Attachment for Additional Professional Licenses

14. Since your last application, have any disciplinary, administrative or regulatory actions been taken against any of the COMPANY'S business, regulatory, occupational or professional licenses? € Yes € No
 Are any adverse licensing actions currently pending? € Yes € No

| Date of Action | Action taken against: Company, Name of individual(s) | Agency taking Action | Reason for Action | Action taken / pending (Suspension, revocation, probation, fine, etc) | Current Status |
|----------------|--|----------------------|-------------------|---|----------------|
| | | | | | |

LICENSING: GAMING or CASINO VENDOR

15. **GAMING** VENDORS must meet the Suitability Requirements of the State of California Gambling Control Commission (CGCC).
 Has your company maintained its suitability and good standing with the CGCC? € Yes € No
 In No, please provide details: _____

Supporting documentation must be attached

16. Since your last application, has the company applied for a **NEW** license, certificate, or permit to conduct business with a GAMING FACILITY it was not previously licensed with? €Yes €No
 If yes, please list ALL NEW gaming-related licenses held or applied for by the business, 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 €Yes €No | Dates Held: From-To |
| Issuing Agency (Name, Address) | Contact Name | | |
| | Contact's Direct Phone Number | | |
| | Contact's Email Address | | |
| Is the License CURRENTLY or at ANY TIME, has it been: €Denied €Fined €Suspended €Revoked €Revocation Investigation Pending €Other Give dates and Explanations | | | |
| Casino Name | *License Number | Granted €Yes €No | Dates Held: From-To |
| Issuing Agency (Name, Address) | Contact Name | | |
| | Contact's Direct Phone Number | | |
| | Contact's Email Address | | |
| Is the License CURRENTLY or at ANY TIME, has it been: €Denied €Fined €Suspended €Revoked €Revocation Investigation Pending €Other Give dates and Explanations: | | | |
| Casino Name | *License Number | Granted €Yes €No | Dates Held: From-To |
| Issuing Agency (Name, Address) | Contact Name | | |
| | Contact's Direct Phone Number | | |
| | Contact's Email Address | | |
| Is the License CURRENTLY or at ANY TIME, has it been: €Denied €Fined €Suspended €Revoked €Revocation Investigation Pending €Other Give dates and Explanations | | | |

€See Attachment for Additional Licenses (only the SRRGC Attachment form will be accepted.)

17. Since your last application, have any disciplinary, administrative or regulatory actions been taken against any of the COMPANY'S GAMING-RELATED licenses? €Yes €No
 Are any adverse licensing actions currently pending? €Yes €No

| Date of Action | Action taken against: Company, Name of individual(s) | Agency taking Action | Reason for Action | Action taken / pending (Suspension, revocation, probation, fine, etc) | Current Status |
|----------------|--|----------------------|-------------------|---|----------------|
| | | | | | |

ONSITE COMPANY EMPLOYEES AND REPRESENTATIVES

18. Does this company BOND its Principals? Yes No Does this company BOND its Employees? Yes No
19. 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 _____
20. 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 _____
21. Will your company utilize SUB-CONTRACTED companies and/or individuals at the Tachi Palace Hotel & Casino? Yes No
If yes, the Sub-contracted attachment form must be completed and submitted.
 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 _____

22. **List ALL employees and authorized representatives who will be working in and/or servicing the casino, including, but not limited to, Account Executives and other Sales personnel, Installation / Service, Repair / Maintenance Technicians, Consultants, Trainers, Delivery Drivers, Laborers, etc. A color copy of a Driver's License or State Identification Card must be submitted and a passport size photo for each individual listed. Check the box at far left if the information reflects any change since the company's last application or if an individual is not listed on the SRRGC' S CURRENT APPLICANT LIST.**

| Check if new | Name | Position | Date of Birth xx/xx/xxxx | Driver's License State and Number | Background Investigated Date: month/year | |
|--------------|---|----------|-----------------------------|--------------------------------------|---|---|
| | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No Date: | |
| | <p><u>Question 22.</u></p> <p>The area/chart provided to submit Company's list of authorized individuals has been replaced with SRRGC' Authorized Onsite Representatives (AOR) form. (Page 8)</p> <p><u>IMPORTANT: RETAIN A COPY FOR UPDATING</u> This AOR is to be utilized throughout your company's licensing period.</p> <p>Please add or remove authorized representatives directly on the AOR, per its directions, Remember to initial and date where indicated for revised individuals only. Individuals will be <u>DENIED ACCESS</u> unless authorization has been submitted to and confirmed by the SRRGC Background Department – PRIOR TO VISIT. ALL PRINCIPALS MUST ALSO COMPLETE A PERSONAL APPLICATION.</p> | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No Date: |
| | | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No Date: |
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| | | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No Date: |

Additional Onsite Employees and Representatives on Page 8

See Attachment for Additional Persons

22: **Authorized Onsite Representatives (AOR)**

€ UPDATE

Company Name: _____

Casino #: _____

PRIOR to an individual representing your company at the Tachi Palace Hotel & Casino, they must: 1. Be listed on the current Authorized Onsite Representative (AOR) form; **2.** Submit color copy of valid Driver’s License or State issued I.D. Card; **3.** Submit a 2x2 photo for company’s Photo-master Page. Photos must be full front facial only; taken within last 30 days. *Photos from driver licenses, I.D. cards, or passports photos will not be accepted.* **SUBMIT EMPLOYEE UPDATES ONE WEEK IN ADVANCE OF VISIT**

Only one AOR Valid at any timeUPDATES will SUPERSEDE and VOID all prior AORS / AOR-Updates
Individuals previously authorized MUST be on current AOR-Update to remain authorized

To add authorized Employee: Fill in their information, ✓ Update, date & initial at right of updated individual, submit ID documents
Principals: Same as above PLUS must submit their Initial Personal Application
To remove authorization: Submit AOR with the individual(s) name simply lined-through, date and initial at side of individual only

| <i>(Legal) Last Name, FIRST (Please print neatly)</i> | <i>Job Title</i> | <i>Birth Date xx/xx/xxxx</i> | <i>Direct Contact Phone number</i> | <i>Driver’s License or State ID number & State</i> | <i>Date DL/ID Expires</i> | <i>Initial & Date Individual when Added or Removed</i> |
|---|------------------|----------------------------------|--|--|-------------------------------|--|
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€ See Attachment for Additional Onsite Employees and Representatives Page ___ of ___

By signing below you acknowledge that it is your company’s responsibility for all actions of your company and/or individuals including sub-contracted companies and or their individuals.

Print Name and Title (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 4 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 pay the fees or costs for investigation of the applicant, including those persons required to provide information under Questions 4 of this application, as required by the Tribal Gaming Agency.

Print Name

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.

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.

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 _____ @ _____ (print legible)

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 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)