## SANTA ROSA RANCHERIA GAMING COMMISSION GAMING VENDOR RENEWAL APPLICATION

	TACHI-YOKUT TRIBE				
COMPANY NAME:	(Principal)				
NAME:	ST MIDDLE				
ADDRESS:	CITY STATE	ZIP			
HOME PHONE: ()	CELL ()				
SOCIAL SECURITY NUMBER:	DOB://				
DRIVER'S LICENSE/STATE IDENTIFICATION #:	STATE ISSUED: (Pleas	e Attach a	Copy)		
HAVE YOU HAD ANY NAME CHANGES WITHIN T IF SO, PLEASE LIST:		YES 🗆	NO□		
	gaming license or any other type of regulatory license(s)? License Type: ESS	YES 🗆	NO□		
Agency:ADDREADDRE	License Type:				
BACKGROUND HISTORY WITHIN THE LAST TWO YEARS					
INCLUDE ALL ARRESTS WHETHER OR NOT YOU WERE CONVICTED OF A CRIME. <u>PLEASE PROVIDE DETAILS AND ATTACH SUPPORTING DOCUMENTS</u> .					
1. Within the last year, have you been arrested, If yes, please provide County, date, and di	-	YES □	NO□		
2. Within the last year, have you been arrested, any Misdemeanor? If yes, please provide (		YES 🗆	NO□		
3. Do you have any relatives employed within a <b>If yes, please list name of company, name of</b>		YES 🗆	 NO□		
	or bankruptcy, been a party to any civil litigation, civil action, ns court, or have been found to be in default of any	YES □	NO□		

financial matter? If yes, please list County, date, and disposition:

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### CERTIFICATION

I certify, that all statements made by me and records and documents provided by me in respect to this application are true, complete, and correct to the best of my knowledge and belief. I am aware that the purpose of this background investigation is to determine my suitability for a gaming license. I understand that in determining my suitability for licensing, the tribal and/or state gaming agency may request my consumer credit report. My signature below authorizes these agencies to request my credit report for such purposes.

I also understand that the granting of a tribal gaming license imposes on me the responsibility to comply with all applicable gaming laws and regulations. I further understand that the failure to comply with those laws and regulations may result in denial, suspension, or revocation of a license, or other sanctions or fines.

Name:Last Name	First Name	Middle Name
Signature:	Date:	//
Subscribed and sworn to before me this	day of	,,,
	(Print Name) Notary Public in and for	r the State of
	Residing at My Commission expires	

# SANTA ROSA RANCHERIA GAMING COMMISSION GAMING VENDOR RENEWAL APPLICATION

Santa Rosa Rancheria Gaming Commission Authorization for Release of Information

Presented to:

I,

Print Name

Hereby authorize release to the Santa Rosa Rancheria Gaming Commission (SRRGC) any information requested in order for the SRRGC to determine my suitability for involvement in Indian Gaming.

This document authorizes release of requested information whether or not such information would otherwise be protected from disclosure.

I agree to accept any risk of adverse public notice, embarrassment, criticism, or financial loss that may result from use of information that is obtained in connection with a background investigation for the purpose listed in the first paragraph of this document. It is understood that the Santa Rosa Rancheria Gaming Commission shall keep any information obtained through the use of this release strictly confidential and not disclosed to any person or entity except as required by law.

I authorize release of any information related to my activities including: education, property interests (real and personal), employment, law enforcement and criminal justice agencies, regulatory agencies, business, financial institutions, lending institutions, credit records, drug testing, any and all military records, and any civil court records.

#### I authorize review and copying of all documents.

I relinquish any rights that I may otherwise have to pursue a cause of action against any person (or his or her agent) to whom this request is presented when such cause or actions arises out of a response to a request for information pursuant to the Indian Gaming Regulatory Act of 1988 (25 U.S.C. sec. 2701 et. seq.)

I further agree to indemnify and hold harmless any person to whom this request is lawfully presented. Such indemnification and holding harmless includes all claims, damages, losses and expenses, including reasonable attorney's fees.

A reproduction of this authorization is the same as the original.

Signature:	
State of	County of
On	before me, (Name/Title of Officer- i.e. "Jane Doe, Notary Public")
(Date)	(Name/Title of Officer- i.e. "Jane Doe, Notary Public")
( ) Personally know	vn to me -OR-() proved to me on the basis of the satisfactory evidence to be the person whose Name is subscribed to the with instrument and acknowledged to me that he/she/they 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.
(Seal)	(Signature of Notary)
Presented by Santa	Rosa Rancheria Gaming Commission
Signature:	Date:
Name:	Title: