

**TRIBAL GAMING LICENSE APPLICATION  
VENDOR PRINCIPALS**

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

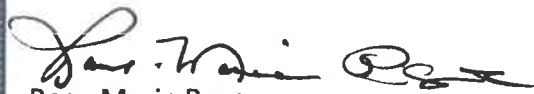
Upon completion of a thorough background investigation, a 2 year **Gaming Vendor License** will either be issued or denied. If approved, a Gaming Vendor License fee will apply.

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.

Sincerely,



Larry Sisco,  
Tribal Gaming Commission Chairman



Rose Marie Baga,  
Tribal Gaming Commissioner



David Miller,  
Tribal Gaming Commissioner

## **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.

### **WHO SHOULD COMPLETE AN APPLICATION**

Principal Management Employees (Includes: Chief Executive Officer, Chief Financial Officer, Chief Operation Officer, and General Manager), Owners/Partners, Shareholders who own more than 10% of the shares.

### **All questions must be answered truthfully and in a complete manner.**

1. All information requested by the Santa Rosa Rancheria Gaming Commission on the Gaming License Application must be completed.
2. Mark N/A or cross out all sections that do not pertain to you. **DO NOT LEAVE BLANK.**
3. All listed references **must** have a complete mailing address and phone number.
4. You will need to provide **COLOR COPIES** of the following:
  - a. **Valid Driver's License or State Identification**
  - b. **Birth Certificate**
  - c. **Social Security Card**
  - d. **Valid Passport or Alien Registration Card if you are a registered alien**
  - e. **Two (2) Passport quality photographs taken within the past year.**
5. *Authorization for Release of Information* (page 3) **MUST be NOTARIZED** before submitting your Gaming License Application.
6. Do not misstate or omit any material fact(s) as each statement made herein is subject to verification. Any corrections, changes, or other alterations must be initialed and dated by the applicant.
7. Each page, including additional pages, must be initialed in the lower right hand corner. By placing your initials on each page, you are attesting to the accuracy and completeness of the information contained on that page.

## BACKGROUNDS DEPARTMENT



# Gaming License Application

## Vendor Applicants

### 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)

## **NOTICE AND RELEASE OF LIABILITY**

**(Please Read Carefully Before Signing)**

- \_\_\_\_\_ I hereby give permission to the Tribal Commission, State Gaming Agency and NIGC or its designee's access to my background, including my criminal record.
- \_\_\_\_\_ I understand that if a license applied for is issued, I will submit to the jurisdiction of the Tribe and the Tribal Court.
- \_\_\_\_\_ 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, fines, or prosecution.
- \_\_\_\_\_ The information contained in my application is true and correct to the best of my knowledge.
- \_\_\_\_\_ I understand that the Santa Rosa Rancheria is relying upon all of the representations, both written and oral, which I have made, or do make, during the entire process of applying for licensing with the Santa Rosa Rancheria.
- \_\_\_\_\_ I acknowledge that the Santa Rosa Rancheria has the right to investigate any other information that the Santa Rosa Rancheria believes is relevant including, but not limited to, employment history, and arrest and conviction records.
- \_\_\_\_\_ I hereby release and agree to hold the Santa Rosa Rancheria, its officers, and agents harmless from any and all liability resulting in any way from such investigation and from any and all attorney fees resulting from any legal action I may institute for actions which are in the scope of this waiver.
- \_\_\_\_\_ I also authorize my former employers, schools, and personal references to provide any information they may have regarding me, whether or not it is in their records.
- \_\_\_\_\_ I hereby release them and their company from all liability for divulging same.
- \_\_\_\_\_ I am aware that the purpose of this background investigation is to determine my suitability for a gaming license.
- \_\_\_\_\_ I also understand that the granting of a tribal gaming license imposes on me the responsibility to comply with all applicable tribal, federal, gaming laws, regulations and policies.
- \_\_\_\_\_ I understand that I must reimburse the Santa Rosa Rancheria Gaming Commission for any licensing fees associated with the granting of a gaming license.

**Print Name:**

\_\_\_\_\_

Last name

\_\_\_\_\_

First Name

\_\_\_\_\_

Full middle

**Signature:**

\_\_\_\_\_

**Date:**

\_\_\_\_\_

**Reviewed by:**

\_\_\_\_\_

**Date:**

\_\_\_\_\_

**Background Agent**

## 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 causes or actions arise 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 California

County of Kings

On \_\_\_\_\_ before me, \_\_\_\_\_  
(Date) (Name/Title of Officer – i.e. "Jane Doe, Notary Public")

personally appeared \_\_\_\_\_, proved to me on the basis of the 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.

(Seal)

\_\_\_\_\_  
(Signature of Notary)

**Presented by Santa Rosa Rancheria Gaming Commission**

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

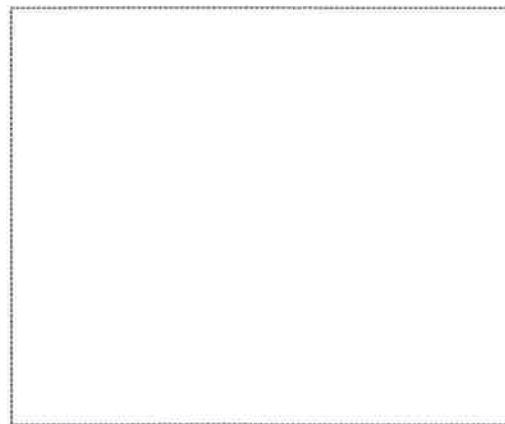
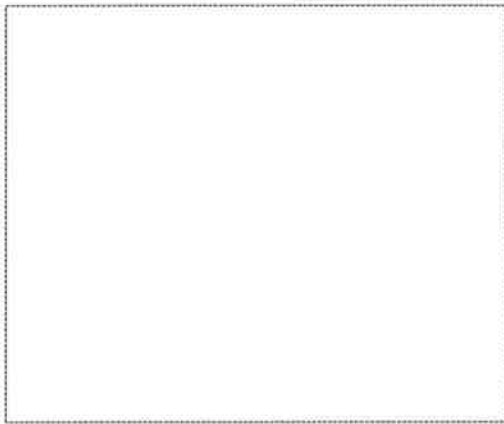
Name: \_\_\_\_\_ Title: \_\_\_\_\_

**GAMING LICENSE APPLICATION  
VENDOR APPLICANTS**

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.

<b>Company Name</b>	
<b>Your position in Company</b>	
<b>Your Full Name</b>	
<b>TRIBAL GAMING AGENCY:</b>	<b>Santa Rosa Rancheria Tribal Gaming Commission (SRRTGC)</b> <b>Backgrounds Department</b> <b>P.O. BOX 549 – LEMOORE CA 93245</b> <b>(559) 924-6948</b>

**AFFIX HERE (2) PASSPORT QUALITY PHOTOGRAPHS TAKEN WITHIN THE LAST YEAR**



**BACKGROUNDS DEPARTMENT USE ONLY**

<b>ASSIGNED AGENT:</b>			
<b>APPLICATION:</b>	<input type="checkbox"/> EMAILED to: _____ ON: _____ <input type="checkbox"/> CERTIFIED MAILED _____ ON: _____		
<b>APPLICATION RECEIVED:</b>		<b>DEPARTMENT:</b>	
<b>REQUIRED DOCUMENTS RECEIVED:</b>		<b>CASINO #:</b>	
<b>GAMING LICENSE #:</b>		<b>MAIN CONTACT:</b>	

## Section I. Personal Information

Please use MM/DD/YYYY for ALL Dates

<u>Last Name</u>		<u>First Name</u>		<u>Middle Name - (If none, indicate "NMN")</u>	
<u>Aliases, nicknames, maiden names, or other names used and dates used:</u>					
<u>CURRENT PHYSICAL ADDRESS</u>		<u>City</u>	<u>Zip Code</u>	<u>State</u>	<u>County</u>
<u>If lived at the above address for less than two years please list previous address:</u>		<u>City</u>	<u>Zip Code</u>	<u>State</u>	<u>County</u>
<u>Cell Phone</u>		<u>Home Phone</u>		<u>Social Security # / Business Identification #</u>	
<u>Date of Birth</u>	<u>Country of Birth</u>	<u>City of Birth</u>	<u>State</u>	<u>Zip Code</u>	<u>County of Birth</u>
<u>Age</u>	<u>Gender</u> <input type="checkbox"/> Male <input type="checkbox"/> Female	<u>Country of Citizenship</u>		<u>List all languages you know how to write or speak</u>	

## Section II. Family Information

Please use MM/DD/YYYY for ALL Dates

1. Please check that which applies: ☐ Married   ☐ Single   ☐ Separated   ☐ Divorced   ☐ WidowedList information for Current spouse

<u>Name</u>	<u>First</u>	<u>Middle</u>	<u>Last</u>	<u>(Maiden)</u>	<u>Address</u>	<u>Street</u>	<u>City</u>	<u>State</u>	<u>Zip Code</u>
<u>Occupation</u>					<u>Employer Address</u>				

2. Does your spouse have any past or current financial interest in any gaming related enterprise anywhere?

If yes please describe below:

☐ YES   ☐ NO


INITIALS

Section II. Family Information *continued*

Please use MM/DD/YYYY for ALL Dates

For **THE FOLLOWING** family entries:

- List female maiden names
- If family member is deceased state "deceased" and list most recent address
- if the address is the same as applicant, please indicate "same as applicant"

3. **Parents** – Provide Information for each of your parents or legal guardians.

Name <i>First, Middle, Last (Maiden)</i>	Address <i>Street, City, State, Zip Code</i>	Relationship

4. **Children / Dependents** – Provide information for each of your children. Include step, adopted, or foster children, and dependents.

Name <i>First, Middle, Last (Maiden)</i>	Address <i>Street, City, State, Zip Code</i>	Relationship

5. **Siblings** – Provide information for each of your brothers and sisters. Include step-siblings, and half-siblings.

Name <i>First, Middle, Last (Maiden)</i>	Address <i>Street, City, State, Zip Code</i>	Relationship

INITIALS



## Section III. References

Please use MM/DD/YYYY for ALL Dates

List a **MINIMUM** of **THREE** personal references, not related to you. Include at least one reference that was acquainted with you during a period of residence.

<u>REFERENCE #1 – Full Name</u>		<u>Phone #</u>	<u>Home Address</u>	
<u>Years Known From/To</u>	<u>Relationship</u>	<u>Email</u>	<u>Best Time to Contact</u>	
<u>REFERENCE #2 – Full Name</u>		<u>Phone #</u>	<u>Home Address</u>	
<u>Years Known From/To</u>	<u>Relationship</u>	<u>Email</u>	<u>Best Time to Contact</u>	
<u>REFERENCE #3 – Full Name</u>		<u>Phone #</u>	<u>Home Address</u>	<u>Email</u>
<u>Years Known From/To</u>	<u>Relationship</u>	<u>Employer</u>	<u>Employer Address</u>	<u>Best Time to Contact</u>

## Section IV. Professional Information

Please use MM/DD/YYYY for ALL Dates

1. **Professional Licensing** (medical, legal, real estate, cosmetology, etc.) – Have you ever held or applied for a privileged or professional license with any regulatory agency? ☐ YES ☐ NO

If yes provide the following information:

<u>Name Used</u>		<u>Status</u>	<u>License/Permit/Certificate Number</u>	<u>City</u>	<u>County</u>	<u>State</u>
<u>Date Held From</u>	<u>Date Held To</u>	<u>Issuing Agency</u>		<u>Expiration Date</u>	<u>Type</u>	
<u>Name Used</u>		<u>Status</u>	<u>License/Permit/Certificate Number</u>	<u>City</u>	<u>County</u>	<u>State</u>
<u>Date Held From</u>	<u>Date Held To</u>	<u>Issuing Agency</u>		<u>Expiration Date</u>	<u>Type</u>	

INITIALS \_\_\_\_\_

Section IV. Professional Information *continued*

Please use MM/DD/YYYY for ALL Dates

**2. Gaming Licenses** – List all gaming licenses (Tribe, State, or Local) applied for, whether or not they were granted

<u>Name Used</u>			<u>License/Permit/Certificate Number</u>	<u>City</u>	<u>County</u>	<u>State</u>
<u>Date Held From</u>	<u>Date Held To</u>	<u>Issuing Agency</u>		<u>Expiration Date</u>	<u>TRIBE if applicable</u>	
<u>Name Used</u>			<u>License/Permit/Certificate Number</u>	<u>City</u>	<u>County</u>	<u>State</u>
<u>Date Held From</u>	<u>Date Held To</u>	<u>Issuing Agency</u>		<u>Expiration Date</u>	<u>TRIBE if applicable</u>	
<u>Name Used</u>			<u>License/Permit/Certificate Number</u>	<u>City</u>	<u>County</u>	<u>State</u>
<u>Date Held From</u>	<u>Date Held To</u>	<u>Issuing Agency</u>		<u>Expiration Date</u>	<u>TRIBE if applicable</u>	
<u>Name Used</u>			<u>License/Permit/Certificate Number</u>	<u>City</u>	<u>County</u>	<u>State</u>
<u>Date Held From</u>	<u>Date Held To</u>	<u>Issuing Agency</u>		<u>Expiration Date</u>	<u>TRIBE if applicable</u>	
<u>Name Used</u>			<u>License/Permit/Certificate Number</u>	<u>City</u>	<u>County</u>	<u>State</u>
<u>Date Held From</u>	<u>Date Held To</u>	<u>Issuing Agency</u>		<u>Expiration Date</u>	<u>TRIBE if applicable</u>	
<u>Name Used</u>			<u>License/Permit/Certificate Number</u>	<u>City</u>	<u>County</u>	<u>State</u>
<u>Date Held From</u>	<u>Date Held To</u>	<u>Issuing Agency</u>		<u>Expiration Date</u>	<u>TRIBE if applicable</u>	

INITIALS \_\_\_\_\_

Section IV. Professional Information *continued*

Please use MM/DD/YYYY for ALL Dates

3. List your employment history for the **last 5 years** beginning with your current/last position.

- i. Include any military service
- ii. If professional history is limited, list any activities you were paid for such as babysitting and/or volunteer work.

Company Name	Dates Employed From / To		Work Performed	
Address	Hourly Rate / Salary		Reason for Leaving	
	Starting	Final		
Supervisor	Title		Phone Number	Email

Explain any gaps in employment:

Company Name	Dates Employed From / To		Work Performed	
Address	Hourly Rate / Salary		Reason for Leaving	
	Starting	Final		
Supervisor	Title		Phone Number	Email

Explain any gaps in employment:

Company Name	Dates Employed From / To		Work Performed	
Address	Hourly Rate / Salary		Reason for Leaving	
	Starting	Final		
Supervisor	Title		Phone Number	Email

Explain any gaps in employment:INITIALS

## Section V. Criminal Information

Please use MM/DD/YYYY for ALL Dates

1. **Felony History** – Have you ever been *arrested for, charged with, acquitted, or exonerated of*, or are you currently being *prosecuted for a felony* within **any jurisdiction**? ☐ YES ☐ NO

If YES, please provide details below supporting documents.

<u>Date</u>	<u>Arresting Agency</u>	<u>Court</u>	<u>Address</u>	<u>City</u>	<u>County</u>	<u>State</u>
<u>Original Charge</u>		<u>Disposition</u>		<u>Final Charge</u>		
<u>Date</u>	<u>Arresting Agency</u>	<u>Court</u>	<u>Address</u>	<u>City</u>	<u>County</u>	<u>State</u>
<u>Original Charge</u>		<u>Disposition</u>		<u>Final Charge</u>		

2. **Misdemeanor History** – WITHIN THE LAST 10 YEARS – Have you been *arrested for, charged with, acquitted, or exonerated of*, or are you currently being *prosecuted for a misdemeanor* within **any jurisdiction**? ☐ YES ☐ NO

If YES, please provide details below and supporting documents.

<u>Date</u>	<u>Arresting Agency</u>	<u>Court</u>	<u>Address</u>	<u>City</u>	<u>County</u>	<u>State</u>
<u>Original Charge</u>		<u>Disposition</u>		<u>Final Charge</u>		
<u>Date</u>	<u>Arresting Agency</u>	<u>Court</u>	<u>Address</u>	<u>City</u>	<u>County</u>	<u>State</u>
<u>Original Charge</u>		<u>Disposition</u>		<u>Final Charge</u>		

## Section VI. Financial Information

Please use MM/DD/YYYY for ALL Dates

1. Do you or any member of your immediate family have a past or current financial interest in any Gaming Related (Tribal or Non-Tribal) enterprise **anywhere**? If yes, please describe below: ☐ YES ☐ NO


INITIALS

Section VI. Financial Information *continued*

Please use MM/DD/YYYY for ALL Dates

2. Do you have a past or current contractual relationship with an Indian Tribe?

☐ YES ☐ NO

If yes, please describe below:


3. List all businesses, corporations, and partnerships with which you are or have been associated as an owner, officer, director, active shareholder, partner or other related capacity.

<u>Dates of Involvement</u> <u>From / To</u>	<u>Name of Business / DBA</u>	<u>Mailing Address</u>		<u>Telephone Number</u>
<u>Capacity / Title</u>	<u>Primary Purpose</u>	<u>Amount of Investment</u>	<u>% Ownership / # Shares Owned</u>	<u>Gaming Related?</u> <input type="checkbox"/> Yes <input type="checkbox"/> No
<u>Dates of Involvement</u> <u>From / To</u>	<u>Name of Business / DBA</u>	<u>Mailing Address</u>		<u>Telephone Number</u>
<u>Capacity / Title</u>	<u>Primary Purpose</u>	<u>Amount of Investment</u>	<u>% Ownership / # Shares Owned</u>	<u>Gaming Related?</u> <input type="checkbox"/> Yes <input type="checkbox"/> No
<u>Dates of Involvement</u> <u>From / To</u>	<u>Name of Business / DBA</u>	<u>Mailing Address</u>		<u>Telephone Number</u>
<u>Capacity / Title</u>	<u>Primary Purpose</u>	<u>Amount of Investment</u>	<u>% Ownership / # Shares Owned</u>	<u>Gaming Related?</u> <input type="checkbox"/> Yes <input type="checkbox"/> No
<u>Dates of Involvement</u> <u>From / To</u>	<u>Name of Business / DBA</u>	<u>Mailing Address</u>		<u>Telephone Number</u>
<u>Capacity / Title</u>	<u>Primary Purpose</u>	<u>Amount of Investment</u>	<u>% Ownership / # Shares Owned</u>	<u>Gaming Related?</u> <input type="checkbox"/> Yes <input type="checkbox"/> No

INITIALS \_\_\_\_\_

Section VI. Financial Information *continued*

Please use MM/DD/YYYY for ALL Dates

4. Have you ever been a **plaintiff** in a civil law suit? If yes, please describe below:☐ YES ☐ NO

Date	Court	City	County	State
Details:				

5. Have you ever been a **defendant** in a civil law suit or had a judgement or lien rendered against you? ☐ YES ☐ NO  
 If YES, please describe below:

Date	Court	City	County	State
Details:				

INITIALS \_\_\_\_\_

**FOR ANY QUESTIONS ON THIS APPLICATION PLEASE CALL YOUR VENDOR AGENT AT (559) 924-6948**  
**MONDAY – FRIDAY 8:00 AM TO 5:00PM**

**CALIFORNIA, MINNESOTA, and OKLAHOMA applicants:**

You have the right to receive a copy of your consumer credit report at no cost to you. Please check the applicable box to specify if you would like to receive a copy of your Investigative Consumer Report or Consumer Credit Report at no charge:

☐ NO, I do not wish to receive a copy.☐ YES, I would like to receive a copy. Please forward via:☐ Email: \_\_\_\_\_ @ \_\_\_\_\_ (print legible)☐ Fax: (\_\_\_\_) \_\_\_\_\_☐ United States Postal Service mail

to: \_\_\_\_\_

☐ **Certified / Restricted Delivery\*** (you must personally sign for your report/\*IF SENT TO BUSINESS ADDRESS, ANYONE CAN SIGN)☐ **Certified** (anyone at address may receive/sign for your report)

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Additional Information: Please indicate which Section/Question is referenced on this page.

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Additional Information: Please indicate which Section/Question is referenced on this page.

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.