# **Squaxin Island Gaming Commission Tribal Gaming Agency**

# **Gaming Vendor Employee Application**

To be completed for each Corporate Officer, Owner, Partner, Principal, on-site representative (Vendor Employee) and holder of 10% or more shares identified on the Vendor Application, Sections III & IV.

Please type or print in blue or black ink. Complete all information and requirements. Failure to do so will cause delays in your application. If needed, attach additional sheets for documentation.

Company Name:	D.B	.A.	
Entity Name:	Contact Person:		E-Mail:
Entity Name.	Contact I ci son.		E-Man.
SECTION II. INDIVIDUAL INI	FORMATION		
First Name: (Legal Name)	Middle Name:	2 Comb (15, C)	Last Name:
		1. 10	
All Alias: (nicknames, maider	n name, names changes,	legal or othe	erwise):
1/2/20		To la	15 54 11 (63)
Gender:	Date of Birth:(Month	/Day/Year)	SSN:
	100	No.	19/12
Driver's License #:	State Issued:		Position with entity:
1/600	1653	50	
Address: (Street, City, State,	Zip)		
03 8			
Phone:	E-N	Iail:	
100000			
000			
If applicable, WSGC License #:		<b>Expiration Date:</b>	

#### DISCLOSURE AND CONSENT

The undersigned potential vendor of Little Creek Casino Resort, a Squaxin Island Tribe Casino hereby authorizes the Squaxin Island Gaming Commission to obtain consumer credit report on the individual for which the application is being submitted, for eligibility and suitability determination purposes in the granting of a Vendor License both at the present time and at any time during the licensee's relationship with the Casino. The provisions of the Fair Credit Reporting Act will be applicable if a consumer report on the licensee is obtained and considered.

I have received a copy of "A Summary of Your Rights Under the Fair Credit Reporting Act."

Signature:	Date:

#### APPLICABLE LAW

I agree to submit to tribal Licensing to the extent necessary to determine qualifications to hold any and all necessary licenses, including all administrative procedures, hearings and appeals pursuant to the Squaxin Island Tribal-State Compact, the Squaxin Island Gaming Ordinances, and SIGC Regulations. I further waive any immunity, defense, or other objection that I might have allowing the Squaxin Island Gaming Commission to exercise their authority in regards to all licensing matters.

Signature	Date:

#### PRIVACY 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 and by the National Indian Gaming Commission (NIGC) members and staff who have need for the information in the performance of their official duties. The information may be disclosed by the Tribe or the NIGC 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 or the NIGC in connection with the issuance, denial, or revocation of a gaming 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 license you for a primary management official or key employee position.

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

#### Notice regarding false statements

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).

Print Name:	Signature:	Date:

#### CONSENT TO ELECTRONIC SIGNATURES

I agree that this Application and any other documents to be delivered in connection herewith may be transmitted, signed, and recorded and that any electronic signatures appearing in connection with this Application or such other documents are the same as handwritten signatures for the purposes of validity, enforceability, and admissibility. I further agree that any disclosures made in connection with this Application, including "A Summary of Your Rights Under the Fair Credit Reporting Act" may be provided electronically, and that I could, at my option, receive and complete this application in physical form at the Tribal Agency location.

Print Name:	Signature:	Date:

### SECTION IV. ADDITIONAL INFORMATION

Submit a copy of two (2) forms of identification:

(E.g. Valid driver's license, Tribal-issued photo ID, State ID, Court documents for legal name change, permanent resident card, birth certificate, passport, marriage certificate and/or a divorce decree)

Submit a copy of individual WSGC Gaming Certification (if applicable)



Below is the fee schedule which is based on the total dollar amount of business your company conducts with Little Creek Casino Resort. Please, choose applicable fee.

Gaming Vendor Individual New	Gaming Vendor Individual Renewal
<\$25,000/Year	<\$25,000/Year
\$50.00	\$50.00
Gaming Vendor Individual New	Gaming Vendor Individual Renewal
\$25,000.01-\$50,000/Year	\$25,000.01-\$50,000/Year
\$50.00	\$50.00
Gaming Vendor Individual New	Gaming Vendor Individual Renewal
\$50,000.01-\$100,000.00/Year	\$50,000.01-\$100,000.00/Year
\$100.00	\$50.00
Gaming Vendor Individual New	Gaming Vendor Individual Renewal
\$100,000.01-\$200,000.00/Year	\$100,000.01-\$200,000.00/Year
\$150.00	\$100.00
Gaming Vendor Individual New	Gaming Vendor Individual Renewal
>\$200,000.01-\$300,000/Year	>\$200,000.01-\$300,000/Year
\$150.00	\$100.00
Gaming Vendor Individual New	Gaming Vendor Individual Renewal
>\$300,000.01-\$500 <mark>,000</mark> /Year	>\$300,000.01-\$500,000/Year
\$200.00	\$100.00
Gaming Vendor Individual New	Gaming Vendor Individual Renewal
>\$500,000.01/Year	>\$500,000.01/Year
\$200.00	\$100.00

Please keep this page for your records.

Para informacion en espanol, visite <u>www.ftc.gov/credit</u> o escribe a la FTC Consumer Response Center, Room 130-A 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.

# A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. For more information, including information about additional rights, go to <a href="https://www.ftc.gov/credit">www.ftc.gov/credit</a> or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.

- You must be told if information in your file has been used against you. Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment or to take another adverse action against you must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- You have the right to know what is in your file. You may request and obtain all the information about you in the files of a consumer reporting agency (your "file disclosure"). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
  - o a person has taken adverse action against you because of information in your credit report;
  - o you are the victim of identity theft and place a fraud alert in your file;
  - o your file contains inaccurate information as a result of fraud;
  - o you are on public assistance;
  - o you are unemployed but expect to apply for employment within 60 days. In addition, by September 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See <a href="https://www.ftc.gov/credit">www.ftc.gov/credit</a> for additional information.
- You have the right to ask for a credit score. Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- You have the right to dispute incomplete or inaccurate information. If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See
- \*\*\* APPLICANT TO KEEP FOR RECORDS DO NOT SUBMIT WITH APPLICATION \*\*\* www.ftc.gov/credit for an explanation of dispute procedures.
- Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information. Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- Consumer reporting agencies may not report outdated negative information. In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.

- Access to your file is limited. A consumer reporting agency may provide information about you only to people with a valid need -- usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- You must give your consent for reports to be provided to employers. A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to <a href="https://www.ftc.gov/credit">www.ftc.gov/credit</a>.
- You may limit "prescreened" offers of credit and insurance you get based on information in your credit report. Unsolicited "prescreened" offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).
- You may seek damages from violators. If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- Identity theft victims and active duty military personnel have additional rights. For more information, visit <a href="https://www.ftc.gov/credit">www.ftc.gov/credit</a>.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. Federal enforcers are:

TYPE OF BUSINESS:	CONTACT:
Consumer reporting agencies, creditors and others not listed below	Federal Trade Commission: Consumer Response Center - FCRA Washington, DC 20580 1-877-382-4357
National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 800-613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Consumer Help (FRCH) P O Box 1200 Minneapolis, MN 55480 Telephone: 888-851-1920 Website Address: <a href="www.federalreserveconsumerhelp.gov">www.federalreserveconsumerhelp.gov</a> Email Address: ConsumerHelp@FederalReserve.gov
Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)	Office of Thrift Supervision Consumer Complaints Washington, DC 20552 800-842-6929
Federal credit <mark>unions (words "Federal Credit Union"</mark> appear in institution's name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-519-4600
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Consumer Response Center, 2345 Grand Avenue, Suite 100 Kansas City, Missouri 64108-2638 1-877-275-3342
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation , Office of Financial Management Washington, DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of Deputy Administrator – GIPSA Washington, DC 20250 202-720-7051

<sup>\*\*\*</sup> APPLICANT TO KEEP FOR RECORDS – DO NOT SUBMIT WITH APPLICATION \*\*\*

## RELEASE OF INFORMATION AUTHORIZATION

REDERISE OF THE ORIGINATION THORIZATION		
investigator, special agent, or other representative of the U of investigation, or any tribal, state or local law enforces suitability for involvement in Indian gaming, to obtain any employment, schools, criminal justice agencies, financia businesses, regulatory agencies, property interests (real obut is not limited to, my academic, residential, performance	r type applicant's FULL and LEGAL name) authorize any nited States Department of the Interior, the Federal Bureau ment or investigatory agencies, in order to determine my information requested related to my activities including all or lending institutions, residential management agents, or personal), and other sources. This information includes, e, disciplinary, financial, employment, and criminal history be protected from disclosure by any constitutional statutory	
	ormation to release such information, including permitting s or correspondence pertaining to me, upon request of the any previous agreement to the contrary.	
person to whom this request is presented and his agents a of action, suits, debts, judgments, executions, claims, and	assigns, hereby release, remise, and forever discharge any and employees from any and all manner of actions, causes demands whatsoever, known or unknown, in law or equity, ave against such person or his agents or employees arising	
I agree to accept any risk of adverse public notice, embarra of information that is obtained in connection with a backgr	assment, criticism or financial loss that may result from use round investigation for the purpose listed in this document.	
	hom this request is lawfully presented and his agents and and expenses, including reasonable attorney's fees, arising	
	stodians and other sources of information is for required ion for employment, management, or providing goods or	
I, the Applicant, have read this release and understand all of of its significance.  A reproduction of this authorization is the same as the original of the original of t	of its terms. I execute it voluntarily and with full knowledge ginal.	
Signature:	Date:	

#### **AUTHORIZATION TO RELEASE INFORMATION**

Ι,	(Print or type applicant's FULL and LEGAL name)
hereby authorize SIGC to release to the National Ind	lian Gaming Commission (NIGC) and/or Little Creek Casino
Resort as applicable, any information in order to deter	mine 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 by a constitutional, statutory or common law privilege.

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.

I authorize release of any information that is obtained in connection with a background investigation for the purpose listed in the first paragraph of this document.

I authorize release of any information related to my activities including: schools, property interest (real and personal), employment, criminal justice agencies, regulatory agencies, business, financial institutions, and lending institutions.

I authorize review and copying of all documents.

I relinquish any right 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 of action arises out of a response to a request for information pursuant to the Indian Gaming Regulatory Act of 1988 (25 U.S.C. & 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:	Date: