

SQUAXIN ISLAND GAMING COMMISSION

NON-GAMING VENDOR EMPLOYEE LICENSE APPLICATION

Complete all information and requirements. Failure to do so will cause delays in your application. If needed, attach additional sheets for documentation.

SECTION ONE

Entity information

Company Name		D.B.A
Company Phone	Contact Person	E-Mail

SECTION TWO

Individual information

Last	First	Middle
All Alias (nickname, maiden names, name changes, legal or otherwise)		
Address	City, State	Zip
Phone	E-mail	Date of Birth
SSN	Driver's License #	State issued
Position held with entity	WSGC License # (if applicable)	Expiration

I declare under penalty of perjury that all the answers and statements are true and complete. I understand that untruthful or misleading answers are cause for denial of this application or revocation of any license granted. I understand the Squaxin Island Gaming Commission will investigate the qualifications of the business to be licensed, and may deny a license if it is deemed to be in the best interest of the Tribe and the public. Based on information provided, additional background investigation may be required.

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

Submit a copy of valid identification (Ex. Valid driver's license, Tribal-issued photo ID, State ID, Court documents for legal name change, permanent resident card, birth certificate, and passport)

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.

Signature	Date

RELEASE OF INFORMATION AUTHORIZATION

I, _____ **(Print or type applicant's FULL and LEGAL name)** authorize any investigator, special agent, or other representative of the United States Department of the Interior, the Federal Bureau of investigation, or any tribal, state or local law enforcement or investigatory agencies, in order to determine my suitability for involvement in Indian gaming, to obtain any information requested related to my activities including criminal justice agencies, and regulatory agencies. This information includes, but is not limited to employment, and criminal history records, whether or not such information would otherwise be protected from disclosure by any constitutional statutory or common law privilege.

I authorize custodians of such records and sources of information to release such information, including permitting the review and copying of any and all documents, records or correspondence pertaining to me, upon request of the representative of the agencies listed above, regardless of any previous agreement to the contrary.

I do, for myself, my heirs, administrators, successors and assigns, hereby release, remise, and forever discharge any person to whom this request is presented and his agents and employees from any and all manner of actions, causes of action, suits, debts, judgments, executions, claims, and demands whatsoever, known or unknown, in law or equity, which I ever had, now have, may have, or may claim to have against such person or his agents or employees arising out of or by reason of complying with this request.

I agree to indemnify and hold harmless any person to whom this request is lawfully presented and his agents and employees from and against all claims, damages, losses, and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request.

I understand that the information released by records custodians and other sources of information is for required background investigations to process my license application for employment, management, or providing goods or services to the gaming operation.

I, the Applicant, have read this release and understand all of its terms. I execute it voluntarily and with full knowledge of its significance.

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

Signature	Date

AUTHORIZATION TO RELEASE INFORMATION

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

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: criminal justice agencies, regulatory agencies, and criminal history records.

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