



## OSAGE NATION GAMING COMMISSION NON-GAMING VENDOR REGISTRATION

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Please ensure this form is completed in legible handwriting with BLACK INK.

Any person or entity providing to the Osage Nation Casinos, or Gaming Enterprise, goods, supplies or services that constitute neither gaming nor gaming-related goods or services are required to be registered with the Osage Nation Gaming Commission prior to the completion of any transaction. The purpose of the requested information is to determine the eligibility of the applicant business to be registered.

Please complete the following for all business Principals, Executive Staff and On-Site Service Providers. No individual shall be granted access to the Osage Casinos gaming facilities without an ONGC Registration Badge.

**All Principals, Executive Staff members and employees seeking registration are required to sign a Disclosure and Authorization Form and complete Section IV of this application.**

All company registration fees are non-refundable and include one (1) principal. All fees are for a two (2) year period.

Vendor Registrations:	\$150.00
Additional Principal/On-Site Service Providers:	\$50.00

Failure to register with the Osage Nation Gaming Commission shall prevent a person or entity from conducting business with Osage Casinos or the Osage Nation Gaming Enterprise. Without a duly issued registration no business may ***receive payments for outstanding invoices.***

## Section I. Business Entity

Business Name		Date Business Started		Date of Application	
Physical Address		City	State	Zip	
Mailing Address (if different than above)		City	State	Zip	
Name of Authorized Contact	Business Phone	Business Fax	Email Address		
Federal Tax ID Number/SSN		Type of Business			

Please provide a general description of the goods or services provided below:

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## Section II. Principals/Executive Staff

First Name		Middle Name		Last Name	
Date of Birth	Social Security Number		Company Position		
Physical Address		City	State	Zip	
Contact Number	Email Address	Driver's License Number		On-Site Access Required?	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	

First Name		Middle Name		Last Name	
Date of Birth	Social Security Number		Company Position		
Physical Address		City	State	Zip	
Contact Number	Email Address	Driver's License Number		On-Site Access Required?	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	

First Name		Middle Name		Last Name	
Date of Birth	Social Security Number		Company Position		
Physical Address		City	State	Zip	
Contact Number	Email Address	Driver's License Number		On-Site Access Required?	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	

\*If you need additional space please make a copy of this page or continue on a separate sheet of paper in the same format.

### Section III. On-Site Service Providers

First Name		Middle Name		Last Name	
Date of Birth	Social Security Number		Company Position		
Physical Address		City		State	Zip
Contact Number		Email Address		Driver's License Number	

First Name		Middle Name		Last Name	
Date of Birth	Social Security Number		Company Position		
Physical Address		City		State	Zip
Contact Number		Email Address		Driver's License Number	

First Name		Middle Name		Last Name	
Date of Birth	Social Security Number		Company Position		
Physical Address		City		State	Zip
Contact Number		Email Address		Driver's License Number	

*\*If you need additional space please make a copy of this page or continue on a separate sheet of paper in the same format.*

## Section IV. Criminal History

First Name	Middle Name	Last Name

**A.** The following questions regarding criminal records must be answered by all individuals seeking a gaming license. You must relinquish all information, regardless of the jurisdiction (i.e. federal, state, county, city, or tribal court), or the advice from a probation officer, attorney or court. Failure to provide such information may result in the rejection of your application.

**B. Felony Record(s):** Are you now or have you ever been prosecuted for or convicted of any felony offense, no matter the outcome of the case? ☐ Yes ☐ No

If **YES**, complete the following:

Date of Charge	Offense Charged	Court – County/City
Sentence		If Incarcerated, Where?
Disposition		Presently on Probation?
		<input type="checkbox"/> Yes <input type="checkbox"/> No

**C. Misdemeanor Record(s):** Are you now or have you ever been prosecuted for or convicted of any misdemeanor offense, no matter the outcome of the case? ☐ Yes ☐ No

If **YES**, complete the following:

Date of Charge	Offense Charged	Court – County/City
Sentence		If Incarcerated, Where?
Disposition		Presently on Probation?
		<input type="checkbox"/> Yes <input type="checkbox"/> No

**D. Other Criminal Record(s):** Are you now or have you ever been charged with or arrested for a crime that did not result in a conviction or formal charges being brought against you that is not otherwise listed above? ☐ Yes ☐ No

If **YES**, complete the following:

Date	Offense	Disposition	Location – County/City

If you wish to describe or explain any unique circumstances or to provide any additional information that you believe may be relevant to the ONGC in considering this application in relation to your criminal history, please attach a separate sheet of paper.