



## RENEWAL APPLICATION FOR AN OSAGE NATION GAMING/GAMING-RELATED ON-SITE SERVICE PROVIDER/TECHNICIAN LICENSE

|                         |                     |
|-------------------------|---------------------|
| Name of Applicant       | Name of Employer    |
|                         |                     |
| Position Held/Job Title | Date of Application |
|                         |                     |

### **NOTICE:**

Pursuant to the Osage Nation, Federal law and the Oklahoma State-Tribal Gaming Compact, all persons employed by a gaming/gaming-related vendor seeking to access and perform work on behalf of a licensed vendor must apply to the Osage Nation Gaming Commission (ONGC) for an on-site service provider/technician license. The Commission serves as the gaming regulatory and licensing agency of the Osage Nation and is empowered to deny, suspend or revoke the gaming license of any person who fails to meet or maintain compliance with the licensing standards contained in the Osage Nation Gaming Ordinance. **No person is allowed access to any Osage Gaming Facility on behalf of a gaming/gaming-related vendor without a valid gaming license issued by the ONGC.**

Prior to issuing a gaming/gaming-related license to an applicant, the ONGC will obtain fingerprint cards from each applicant, conduct a full background investigation, including but not limited to, a criminal history records check through the FBI's National Crimes Information Center, in order to determine if the applicant is of suitable character and reputation for licensure.

If the ONGC determines that an applicant is suitable for licensure, it will issue a license to the applicant, which will be valid for a period of two years. *Please note* that possession of an Osage Nation gaming license is a privilege, not a *right* and it is the responsibility of the applicant to maintain his or her license in good standing and to seek renewal 90 days prior to the date of expiration. Therefore, it is suggested that you make a copy of this application to assist you in the renewal process. **Section 3.07 of the Osage Nation Gaming Law imposes a continuing duty on each licensee to inform the ONGC of any changes in the information contained in this application, including reporting any arrests or criminal charges that may be filed after the issuance of a gaming license. Licensees who fail to timely renew their license or who fail to maintain the suitability standards contained in the Osage Nation Gaming Law during the period of licensure, risk suspension or revocation of their gaming license.**

### **INSTRUCTIONS:**

Please read each question carefully and respond to each question fully and truthfully. Print clearly a response to each question in **Black** ink or type. If a question does not apply to you, so indicate by inserting **N/A** in the space provided. If the space provided is insufficient, continue on a separate sheet of paper in the same format as the application. **An applicant's failure to fully complete the application or to provide all items needed to complete the application package will result in the rejection of the application for consideration by the ONGC.** Should your application be rejected, you may not re-apply for a period of six (6) months. **An applicant's failure to disclose all required information or the submission of false or misleading information may result in the denial of a gaming license, rendering the applicant ineligible for employment in an Osage Nation gaming facility.**

## RENEWAL APPLICATION SUBMISSION

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The ONGC reserves the right to request additional information and documentation throughout the course of the background investigation. An employee of a vendor who fails to fully comply with additional information requests may have their renewal application rejected or denied.

Employees of vendors will not be permitted to conduct business on behalf of a vendor in any Osage Casino Facility until an ONGC On-Site Service Provider/Technician License has been duly issued to the applicant.

All ONGC On-Site Service Provider/Technician Licenses are issued under the Vendor's Gaming/Gaming Related License. As such, all On-Site Service Provider/Technician Licenses become inactive in the event that the Vendor's license expires or is revoked.

In order to complete the processing of your gaming license application you are required to complete the following steps:

1. Submit renewal application packet.
2. Submit executed (signed and/or notarized) release forms. Originals of the Licensing Standard Statement, Privacy Notice, ONGC Authorization to Release Information and the AmericanChecked Disclosure and Authorization forms must be received prior to starting a background investigation.
3. Submit required documentation as follows:
  - ☐ Valid Driver's License or State ID Card;
  - ☐ Two color photographs
  - ☐ Tribal Card, if applicable
  - ☐ Passport, if applicable
  - ☐ DD214, if applicable
  - ☐ Occupational/Professional Licenses, if applicable
  - ☐ INS Documents, if applicable
  - ☐ Proof of Higher Education, if applicable

All application packets must be submitted to:

Osage Casinos Central Services  
Gaming Vendor License Applications  
ATTN: Ashlee Hartness  
1211 W. 36<sup>th</sup> St N.  
Tulsa, Ok 74127  
[Ashlee.hartness@osagecasinos.com](mailto:Ashlee.hartness@osagecasinos.com)  
918-699-7718

**SECTION I - PERSONAL HISTORY**

|   |  |   |   |                         |
|---|--|---|---|-------------------------|
| <b>Last Name</b>  | <b>First Name</b>                      | <b>Middle Name</b>  | <b>Suffix, Other</b>                    |                         |
|   |  |   |   |                         |
| <b>Alias(s), (nicknames, maiden name, married names, etc.)</b>    |  | <b>Reason for name change (marriage, divorce, nickname)</b>   | <b>Dates Used (years to &amp; from)</b> |                         |
|   |  |   |   |                         |
|   |  |   |   |                         |
|   |  |   |   |                         |
|   |  |   |   |                         |
| <b>Physical Address/E911 Address (No PO Boxes or RFD allowed)</b> |  | <b>City</b>   | <b>County</b>                           | <b>State</b> <b>Zip</b> |
|   |  |   |   |                         |
| <b>Mailing Address</b>  |  | <b>City</b>   | <b>County</b>                           | <b>State</b> <b>Zip</b> |
|   |  |   |   |                         |
| <b>Telephone Number</b>   | <b>Cell Phone Number</b>               | <b>Message Phone</b>  | <b>Other</b>                            |                         |
|   |  |   |   |                         |
| <b>Date Of Birth</b>  | <b>Age</b>                             | <b>Sex</b>  | <b>Social Security Number</b>           |                         |
|   |  | <input type="checkbox"/> Male <input type="checkbox"/> Female |   |                         |
| <b>Place of Birth: City</b>                                       | <b>County</b>                          | <b>State</b>  | <b>Country</b>                          |                         |
|   |  |   |   |                         |
| <b>Driver's License/ID Card No.</b>                               | <b>State/Tribe Issued</b>              | <b>Date of Expiration</b>                                     |   |                         |
|   |  |   |   |                         |
| <b>Are you a U.S. Citizen?</b>                                    | <b>If No, Specify</b>                  |   |   |                         |
| <input type="checkbox"/> Yes <input type="checkbox"/> No          |  |   |   |                         |
| <b>Are you a Tribal Member?</b>                                   | <b>If Yes, List:</b>                   |   |   |                         |
| <input type="checkbox"/> Yes <input type="checkbox"/> No          |  |   |   |                         |
| <b>Enrollment No:</b>   | <b>Location of Tribal Headquarters</b> |   |   |                         |
|   |  |   |   |                         |
| <b>Have you ever served in the military?</b>                      | <b>If yes, Please list branch</b>      |   |   |                         |
| <input type="checkbox"/> Yes <input type="checkbox"/> No          |  |   |   |                         |

**SECTION II - FBI INFORMATION**

The following is requested information by the FBI when submitting fingerprints:

|                  |                   |               |               |             |
|------------------|-------------------|---------------|---------------|-------------|
| <b>Eye Color</b> | <b>Hair Color</b> | <b>Weight</b> | <b>Height</b> | <b>Race</b> |
|                  |                   |               |               |             |

|  |
|--|
| <b>Distinguishing Marks (scars, tattoos, etc.) Give descriptions, and please use an additional page if needed to list all.</b> |
|  |
|  |

### SECTION III - RESIDENTIAL HISTORY

Please provide the address for all residences you have occupied, regardless of whether or not your name was on the lease, since your ***date of licensure/previous renewal***. Please start with your current address even if there have been no other addresses. **Failure to complete this section will result in your application not being processed.**

|                    |                         |   |
|--------------------|-------------------------|---|
| From: (month/year) | Physical Address        | City  |
|                    |                         |   |
| To: (month/year)   | County, State, Zip Code | Rent/Own  |
|                    |                         | <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other |

|                    |                         |   |
|--------------------|-------------------------|---|
| From: (month/year) | Physical Address        | City  |
|                    |                         |   |
| To: (month/year)   | County, State, Zip Code | Rent/Own  |
|                    |                         | <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other |

|                    |                         |   |
|--------------------|-------------------------|---|
| From: (month/year) | Physical Address        | City  |
|                    |                         |   |
| To: (month/year)   | County, State, Zip Code | Rent/Own  |
|                    |                         | <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other |

|                    |                         |   |
|--------------------|-------------------------|---|
| From: (month/year) | Physical Address        | City  |
|                    |                         |   |
| To: (month/year)   | County, State, Zip Code | Rent/Own  |
|                    |                         | <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other |

|                    |                         |   |
|--------------------|-------------------------|---|
| From: (month/year) | Physical Address        | City  |
|                    |                         |   |
| To: (month/year)   | County, State, Zip Code | Rent/Own  |
|                    |                         | <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other |

|                    |                         |   |
|--------------------|-------------------------|---|
| From: (month/year) | Physical Address        | City  |
|                    |                         |   |
| To: (month/year)   | County, State, Zip Code | Rent/Own  |
|                    |                         | <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other |

#### SECTION IV - WORK HISTORY

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A. Please provide any employers, including part time employment, since your ***date of licensure/previous renewal***. You will need to list the month and year you started and quit each employer. **Failure to complete this section will result in your application not being processed.**

☐ This section does not apply because I have held no other employment.

|              |                       |             |  |
|--------------|-----------------------|-------------|--|
| From:        | To:                   | Employer    | Gaming Related   |
|              |                       |             | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Full Address |                       | City, State | Telephone Number   |
|              |                       |             |  |
| Title        | Description of Duties |             |  |
|              |                       |             |  |
| Supervisor   | Reason for Leaving    |             |  |
|              |                       |             |  |

|              |                       |             |  |
|--------------|-----------------------|-------------|--|
| From:        | To:                   | Employer    | Gaming Related   |
|              |                       |             | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Full Address |                       | City, State | Telephone Number   |
|              |                       |             |  |
| Title        | Description of Duties |             |  |
|              |                       |             |  |
| Supervisor   | Reason for Leaving    |             |  |
|              |                       |             |  |

|              |                       |             |  |
|--------------|-----------------------|-------------|--|
| From:        | To:                   | Employer    | Gaming Related   |
|              |                       |             | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Full Address |                       | City, State | Telephone Number   |
|              |                       |             |  |
| Title        | Description of Duties |             |  |
|              |                       |             |  |
| Supervisor   | Reason for Leaving    |             |  |
|              |                       |             |  |

|              |                       |             |  |
|--------------|-----------------------|-------------|--|
| From:        | To:                   | Employer    | Gaming Related   |
|              |                       |             | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Full Address |                       | City, State | Telephone Number   |
|              |                       |             |  |
| Title        | Description of Duties |             |  |
|              |                       |             |  |
| Supervisor   | Reason for Leaving    |             |  |
|              |                       |             |  |

**SECTION IV – WORK HISTORY CONTINUED**

**B. Have you ever been fired or terminated for cause by any employer or been allowed to resign under threat of termination?**

- ☐ Yes
- ☐ No

C. If you were fired or terminated for cause, did the basis for such action involve any allegation of theft, fraud, embezzlement, or any other misconduct involving truthfulness or honesty?

- ☐ Yes
- ☐ No

If yes to either of the above, please identify the employer and fully explain the circumstances in the space provided below:

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.

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☐ Yes      ☐ No

| Type of License | Name of Issuing Jurisdiction | Address           |  |
|-----------------|------------------------------|-------------------|--|
|                 |                              |                   |  |
| License Number  | Date of Issuance             | Status of License | Denied, Suspended or Revoked?                            |
|                 |                              |                   | <input type="checkbox"/> Yes <input type="checkbox"/> No |

[illegible]

☐ Yes      ☐ No

| Type of License | Name of Issuing Jurisdiction | Address           |  |
|-----------------|------------------------------|-------------------|--|
|                 |                              |                   |  |
| License Number  | Date of Issuance             | Status of License | Denied, Suspended or Revoked?                            |
|                 |                              |                   | <input type="checkbox"/> Yes <input type="checkbox"/> No |

|                        |                                     |                          |  |
|------------------------|-------------------------------------|--------------------------|--|
| <b>Type of License</b> | <b>Name of Issuing Jurisdiction</b> | <b>Address</b>           |  |
|                        |                                     |                          |  |
| <b>License Number</b>  | <b>Date of Issuance</b>             | <b>Status of License</b> | <b>Denied, Suspended or Revoked?</b>                     |
|                        |                                     |                          | <input type="checkbox"/> Yes <input type="checkbox"/> No |

|                 |                              |                   |  |
|-----------------|------------------------------|-------------------|--|
| Type of License | Name of Issuing Jurisdiction | Address           |  |
|                 |                              |                   |  |
| License Number  | Date of Issuance             | Status of License | Denied, Suspended or Revoked?                            |
|                 |                              |                   | <input type="checkbox"/> Yes <input type="checkbox"/> No |

[illegible]



## SECTION VII – CRIMINAL HISTORY

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Prior to answering the questions contained in this section, carefully review the following definitions and instructions. You may be asked to supply a disposition or court document to any matter you disclose in your application. If you have any such document(s) in your possession, it is advised that you bring submit those documents with your application.

### Definitions:

- **Date of Charge(s):** Refers to the date you were arrested, detained, held, taken into custody or the date that formal charges were brought against you for any unlawful conduct that you were alleged to have committed.
- **Offense Charged:** Refers to any information, complaint or indictment filed in any tribal, state or federal Court alleging that you have committed any "offense". It can also refer to any complaint that may not have resulted in any formal indictment but did result in an arrest. Includes all felony and misdemeanor crimes regardless of the seriousness of the alleged conduct, including serious violations of any motor vehicle code or ordinance such as driving while intoxicated or driving under the influence of a controlled substance. However, this does not include minor traffic violations.
- **Disposition:** Refers to the outcome of the matter such as, any convictions, dismissals, deferred sentences, suspended sentences, or a matter that was expunged or dismissed.
- **Sentence:** Refers to any time you were ordered to serve in any penal institution, County jail, DUI School, probation or a diversionary program, deferred or suspended sentence.
- **Incarcerated:** Refers to any jail (city or county) or state correctional facility, in which you were held, detained or taken into custody.
- **Probation:** Will need to be marked "yes" if you are currently paying on any fines, restitution or are on a deferred sentence. If a case is closed but payments are still pending in any matter you will need to state that. If a matter is still pending but a sentence has not been ordered at this time you will need to disclose that information.

**Instructions:** Answer "YES" and provide a full explanation of the facts and circumstances for each incident even if:

- You did not commit the offense charged.
- The charges were dismissed, deferred or downgraded to a lesser charge.
- You completed pretrial intervention or equivalent diversionary program.
- You were not convicted.
- You did not serve a prison or jail sentence.
- The charges or offenses occurred more than ten (10) years ago.

Answer "NO" only if you have never been arrested or charged with any offense as defined above.

### IMPORTANT NOTICE

Your fingerprints will be submitted to the FBI's National Crimes Information Center, a comprehensive law enforcement database containing federal and state criminal arrest and conviction records. A report will be returned to the Commission containing any arrest and conviction information in the database associated with your fingerprints. The content of this report will be compared with the information contained in this application. If you have failed to disclose any arrests or convictions in this application, such omission(s) will be taken into account in assessing your character, honesty, integrity and suitability for licensure and will result in the denial or rejection of the gaming application. Often Court matters expunged at the District Court level will be included in the FBI report. Not all matters that are expunged from your record will be deleted from the FBI database, which could give the impression that you failed to disclose the matter in your application. In the event that you do not disclose

any charge that was expunged from your record and it does appear on the FBI report, you may be asked to supply an Order of the Court stating that the matter was expunged.

## **SECTION VII – CRIMINAL HISTORY**

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**A.** The following questions regarding criminal records must be answered. Because this is 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 for a gaming license.

1. Have you ever been charged or convicted of, or do you have an ongoing prosecution for a felony?  
☐ Yes      ☐ No
2. Have you ever been charged or convicted of, or do you have an ongoing prosecution for a misdemeanor (excluding traffic violations)?      ☐ Yes      ☐ No
3. Have you ever had any criminal charges (excluding minor traffic charges) filed against you whether or not there was a conviction; including a DUI, DWI or DUS?      ☐ Yes      ☐ No
4. Have you ever been arrested?      ☐ Yes      ☐ No
5. Have you ever been fingerprinted by any authority for any reason other than a license?      ☐ Yes      ☐ No
6. Have you ever had a deferred sentence for a criminal charge filed against you?      ☐ Yes      ☐ No
7. Have you ever had a suspended sentence for a criminal charge filed against you?      ☐ Yes      ☐ No
8. Have you ever had any charges filed against you be dismissed?      ☐ Yes      ☐ No
9. Have you ever been arrested for an offense that you were not charged with?      ☐ Yes      ☐ No
10. Have you ever had any charges filed against you be expunged from your record?      ☐ Yes      ☐ No
11. Have you ever been arrested, detained, charged, indicted, or summoned to answer for any charges related to fraud, embezzlement, theft, shoplifting, or burglary for any reason whatsoever, regardless of the disposition of the event or even if charges were not filed?      ☐ Yes      ☐ No
12. Have you ever been arrested, detained, charged, indicted, or summoned to answer for any gambling related offense, fraud, or misrepresentation in any connection for any reason whatsoever, regardless of the disposition of the event?      ☐ Yes      ☐ No

**If you answered YES to any of the above questions, you must complete the information requested in the following three sheets, you may also be required to provide a certified copy of the court disposition showing the outcome of the case (i.e. dismissal, conviction, closure, or Judgment and Sentence) and a written statement in your own words as to what happened. Failure to do so may result in a rejection of your application for being incomplete.**

## SECTION VII – CRIMINAL HISTORY

**B. Felony Record(s):** Are you now or have you ever been arrested, charged, prosecuted 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 |  |

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

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

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

Explanation:

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|  |

## SECTION VII – CRIMINAL HISTORY

**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, provide the following information:

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

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

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

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

**Explanation:**

[illegible]

**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

| Date | Offense | Disposition | Location – County/City |
|------|---------|-------------|------------------------|
|      |         |             |                        |
|      |         |             |                        |
|      |         |             |                        |
|      |         |             |                        |

This image shows a full page of blank white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page, providing a template for writing or drawing. There are no margins, text, or other markings present.

**PRIVACY NOTICE  
NOTICE TO APPLICANT**

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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 Osage Nation Gaming Commission staff that has need for the information in the performance of their official duties. The information may be disclosed 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 ONGC 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 the ONGC being unable to license you to perform work at any Osage Gaming Facility.

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**

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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).

**FAILURE TO DISCLOSE**

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Failure to disclose any information requested in the Gaming License Application or failure to disclose any criminal matters will be cause for the rejection of your application for being incomplete. Should your application be rejected you may not re-apply for a period of six (6) months.

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Signature of Applicant/Licensee

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Date

## **Gaming Commission**

### **LICENSING STANDARDS STATEMENT**

#### **Section 3.13: Denial of Provisional License Application for Cause**

**The tribe shall deny a license to any applicant whenever the applicant or any person with a 5% or more ownership interest therein:**

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- A. Has withheld pertinent information or has made false statements on the gaming license application;
- B. Has attempted to bribe a Council Member, Tribal Gaming Commission member or any other person in an attempt to avoid or circumvent tribal law or any other applicable law;
- C. Has offered something of value, or a loan, financing or other thing of value to a Tribal Gaming Commission member, a subordinate employee or any person participation in any gaming activity;
- D. Has been knowingly promoted, played or participated in any gaming activity operated in violation of tribal law;
- E. Has been knowingly involved in the falsification of books or records which relate to transaction connected with the operation of gaming activity;
- F. Has been convicted of, or has entered a plea of nolo contendere to any crime involving gaming or embezzlement;
- G. Has been determined by the Tribal Gaming Commission or National Indian Gaming Commission to have present or prior activities, criminal record, if any, or reputation, habits and associations which pose a threat to the public interest or to the effective regulation of gaming, or create or enhance the dangers of unsuitable, unfair, or illegal practices in the conduct of gaming, provided, that any conviction more than five years before the commencement of employment of the Tribe shall not be considered under the Subsection.
- H. Has denied the Tribe access to any place at which gaming is required to be licensed, is being conducted or who has failed to produce for inspection or audit any book, record, document or other item required by any regulations promulgated pursuant to Section 3.13.
- I. Has failed to pay any tribal taxes and additions to taxes, including penalties and interest;
- J. Has been found guilty of any violation or attempt or conspiracy to violate any law, rule or regulation pertaining to gaming in any jurisdiction for which suspension or termination of employment or license might be imposed in such jurisdiction; or
- K. Has been suspended from operation or any gaming in another jurisdiction or who has had a license to conduct such gaming cancelled, revoked, suspended, or limited for any reason.
- L. Has knowingly withheld pertinent information pertaining to any criminal charges filed against said person. No matter the outcome of the charges.

I, \_\_\_\_\_ **DO MEET THE LICENSING STANDARDS OF SECTION 3.13 OF THE OSAGE NATION OF OKLAHOMA FOR TEMPORARY LICENSING. I FURTHER UNDERSTAND THAT ANY VIOLATION OF SUCH LICENSING STANDARDS DURING THE TERM OF MY EMPLOYMENT OR PENDING THE OUTCOME OF THE OSBI & FBI BACKGROUND RESULTS COULD BE CAUSE FOR DISMISSAL, AND OR LICENSE DENIAL.**

**SIGNED** \_\_\_\_\_ **DATE** \_\_\_\_\_

**OSAGE NATION GAMING COMMISSION  
AUTHORIZATION FOR RELEASE OF INFORMATION**

---

PRESENTED TO: \_\_\_\_\_  
(Please print or type your name here)

I hereby authorize release to both the Osage Nation Gaming Commission (ONGC) and the National Indian Gaming Commission (NIGC) any information requested in order for the ONGC and the NIGC 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 any 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 related to my activities including: schools, property interests (real and personal), employment, criminal justice agencies, regulatory agencies, business, financial institutions, lending institutions, medical institutions, hospitals, and health care professionals.

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 persons 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.

Executed at (city) \_\_\_\_\_, (State) \_\_\_\_\_.

On this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

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

Subscribed and sworn to before me on this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Notary Public

Commission #: \_\_\_\_\_  
Commission Expiration Date: \_\_\_\_\_  
[Seal]