



APPLICATION FOR AN OSAGE NATION GAMING/GAMING-RELATED VENDOR ENTITY LICENSE

All vendors that conduct business with any Osage Nation gaming facility are required by Section 3.01 of the Osage Nation Gaming Statute to be licensed through the Osage Nation Gaming Commission (ONGC). In accordance with the law, all gaming/gaming related vendors must submit an application for licensure and are required to undergo a background investigation in accordance with the Rules and Regulations of the ONGC and the Tribal-State Gaming Compact between the Osage Nation and the State of Oklahoma. A gaming/gaming related vendor must be issued a license prior to commencing business relations with the Osage Casinos or the Osage Nation Gaming Enterprise.

The ONGC has the authority to deny or revoke the license of any vendor or their agent whose prior activities, criminal record, reputation, habits or associations create or enhance the dangers of unsuitable, unfair, or illegal practices, methods or activities in the operation of gaming or the carrying on of the business and financial arrangements incidental thereto.

If the ONGC determines that a vendor is suitable for licensure, it will issue a license to the vendor, which will be valid for a period of two (2) years. Please note that possession of an Osage Nation gaming license is a privilege, not a right and it is the responsibility of the vendor to maintain their license in good standing and to seek renewal 90 days prior to the date of expiration. Failure to timely renew a gaming/gaming related vendor license may disrupt any ongoing business relationship with the Osage Casinos. This may include the submission of payments for service on behalf of the Osage Casinos or the Osage Nation Gaming Enterprise, as no unlicensed vendor may continue to conduct business with any Osage Nation gaming facility once their license has expired.

In addition, any vendor employees or agents that require access to the gaming floor or any restricted area of any Osage Nation gaming facility must apply for and receive an On-Site Service Provider/Technician License issued by the ONGC. No employee or agent of a vendor may access the gaming floor or restricted areas without a duly issued license. A badge will be issued by the ONGC to represent licensure and must be worn in plain sight to access any Osage Nation gaming facility.

A non-refundable application processing fee will be charged to each gaming/gaming related vendor for the initial application and each subsequent renewal, due upon the submission of their vendor license packet. The fee is used to offset the costs of the investigation. The licensing fee for gaming/gaming related vendors is assessed per the ONGC Fee Schedule.

Please read each question carefully and respond to each question fully and truthfully. If a question does not apply to your company, 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. At any time, you may be required to submit additional information not initially requested in this application. **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 the application be rejected, you may not re-apply for a period of six (6) months. 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 vendor ineligible to conduct business with any Osage Nation gaming facility.**

SECTION I – BUSINESS ENTITY

Business Name		Date Business Started	Date of Application	
Physical Address		City	County, State	Zip
Mailing Address (if different than above)		City	County, State	Zip
Main Office Address (if different from above)		City	County, State	Zip
Name of Authorized Contact	Business Phone	Business Fax	Email Address	
Federal Tax ID Number		Social Security Number (if Sole Proprietorship)		

Type of Business:

- | | |
|--|--|
| <input type="checkbox"/> Partnership | <input type="checkbox"/> Corporation |
| <input type="checkbox"/> Sole Proprietorship | <input type="checkbox"/> Limited Liability Company |
| <input type="checkbox"/> Publicly Traded | <input type="checkbox"/> Other Specify: _____ |

Trade Name(s) used or other Business Name(s) used:

Is this business a subsidiary of any other company or have a parent company? If so, please provide the name of that company: _____

Please provide a general description of the services provided by this business:

SECTION II – CORPORATIONS & LLC

Complete the following if the applicant business is a Corporation or LLC. *(You will be required to supply copies of the business' Articles of Incorporation)*

☐ This section does not apply; the business is not a Corporation or LLC.

Jurisdiction of Incorporation or Filing of Articles of Organization	
Date of Incorporation or Filing	Date of qualification to do business in OK, if applicable
Charter Number	DUNS Number

SECTION III – SOLE PROPIETORSHIPS & PARTNERSHIPS

Complete the following if the applicant business is a Sole Proprietorship, Partnership, or other form of business organization or association *(You will be required to supply copies of all business licenses or registrations)*

☐ This section does not apply; the business is not a Sole Proprietorship or Partnership

Jurisdiction(s) where registered or qualified to do business	Date of Registration	License Number

SECTION IV – BUSINESS PRINCIPALS

All owners, partners, officers and directors with decision making capabilities or stockholders with 5% or more shares in the business are required to be listed below. The ONGC is required to conduct a background investigation of all persons with a 5% or more ownership in the business. All background investigations must be conducted in accordance with the Rules and Regulations of the ONGC and the Tribal-State Gaming Compact between the Osage Nation and the State of Oklahoma. The purpose of the background investigation is to determine suitability for licensure of this entity. Failure to disclose any individual and/or the requested information of anyone with 5% or more shares may be considered cause to deny the licensure of this business entity. *Any affirmative answers regarding criminal matters will require a written explanation of the event(s) and if applicable, copies of the disposition of the court matter(s) to be submitted with the application packet.*

Please Note: All Principals must complete a Disclosure and Authorization Form, an Authorization to Release Information Form, a Licensing Standard Statement, a Privacy Notice, and a Criminal History Checklist. Additionally, a Principal with signature authority on behalf of the company must sign a Disclosure and Authorization Form, an Authorization to Release Information Form, and the Certification for the company.

First Name		Middle Name		Last Name	
Date of Birth	Place of Birth		Social Security Number		
Physical Address		City	State	Zip	
Years at Address	Telephone Number		Email Address		
Business Title	% of Ownership	Years with Company	On-Site Access Required?		
			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Description of duties					

Has this individual ever been charged, convicted of, or have an ongoing prosecution for any criminal matter, no matter the outcome of the case?

☐ Yes ☐ No

Has this individual 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

First Name		Middle Name		Last Name	
Date of Birth	Place of Birth		Social Security Number		
Physical Address		City	State	Zip	
Years at Address	Telephone Number		Email Address		
Business Title	% of Ownership	Years with Company	On-Site Access Required?		
			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Description of duties					

Has this individual ever been charged, convicted of, or have an ongoing prosecution for any criminal matter, no matter the outcome of the case?

☐ Yes ☐ No

Has this individual 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

First Name		Middle Name		Last Name	
Date of Birth	Place of Birth		Social Security Number		
Physical Address		City	State	Zip	
Years at Address	Telephone Number		Email Address		
Business Title	% of Ownership	Years with Company	On-Site Access Required?		
			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Description of duties					

Has this individual ever been charged, convicted of, or have an ongoing prosecution for any criminal matter, no matter the outcome of the case?

☐ Yes ☐ No

Has this individual 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

First Name		Middle Name		Last Name	
Date of Birth	Place of Birth		Social Security Number		
Physical Address			City	State	Zip
Years at Address		Telephone Number		Email Address	
Business Title	% of Ownership	Years with Company	On-Site Access Required?		
			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Description of duties					

Has this individual ever been charged, convicted of, or have an ongoing prosecution for any criminal matter, no matter the outcome of the case?

☐ Yes ☐ No

Has this individual 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

First Name		Middle Name		Last Name	
Date of Birth	Place of Birth		Social Security Number		
Physical Address			City	State	Zip
Years at Address		Telephone Number		Email Address	
Business Title	% of Ownership	Years with Company	On-Site Access Required?		
			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Description of duties					

Has this individual ever been charged, convicted of, or have an ongoing prosecution for any criminal matter, no matter the outcome of the case?

☐ Yes ☐ No

Has this individual 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

SECTION V – BUSINESS EMPLOYEES

Please list each person who shall be delivering goods or services or otherwise accessing the Osage Casinos to work on-site.

Name	Position	Years with Company	Telephone Number

Are all employees or representatives named above bonded by the applicant business?

☐ Yes ☐ No

Explanation: _____

Has the applicant business conducted background checks for all employees or representatives named above?

☐ Yes ☐ No

If yes, please provide details regarding type of background check conducted, how frequently follow-up investigations are conducted, etc.:

Please have each above named individual complete an On-Site Service Provider/Technician Application packet and submit to the ONGC for licensure.

SECTION VI – FINANCIAL HISTORY

List the company's *primary* funding and financial sources:

List the company's *primary* financial liabilities of \$50,000 or more:

Has the applicant business or any of its principal officers, directors, or management officials ever filed or have been filed against in a proceeding for bankruptcy? ☐ Yes ☐ No

If yes, please provide details and amount:

In the past 10 years has the applicant business been delinquent in the filing or payment of taxes, interest or penalties due to any taxing agency? ☐ Yes ☐ No

If yes, please explain and provide the name of the taxing agency and status of delinquency:

In the past 10 years has the applicant business been delinquent in the filing or payment of any judgments due to any bank, governmental agency or other entity? ☐ Yes ☐ No

If yes, please explain and provide name of the agency/entity and status of delinquency:

Has the applicant business ever invested in or loaned money for any gaming operation in any jurisdiction? (State or Tribal) ☐ Yes ☐ No

Name of Gaming Operation	Jurisdiction of Operation	Amount of Investment

Please describe the source of funds for the above investment and the status of the investment:

Will the applicant business invest in or loan money to the Osage Casinos or Osage Nation Gaming Enterprise? ☐ Yes ☐ No

If yes, please state the amount of investment: _____

If yes, please explain the nature/purpose of the investment and describe the source of funds for the investment: _____

SECTION VII - GAMING INDUSTRY/INDIAN COUNTRY BUSINESS RELATIONSHIPS

Describe below any current or previous business relationship(s) with the gaming industry (tribal or non-tribal).

☐ This question does not apply as I have not had any business relationship(s) with any gaming business.

Name of Business	Address (city/state)	Nature of Relationship	Dates to and from

Describe below any current or previous business relationship(s) with any Indian Tribe that was not gaming related.

☐ This question does not apply as I have not had any business relationship(s) with any Indian Tribe.

Name of Tribe	Address (city/state)	Nature of Relationship	Dates to and from

Has the applicant business ever applied to any licensing or regulatory agency for a license, permit or authorization relating to gaming regardless of whether or not such a license, permit or authorization was granted?

☐ Yes ☐ No

If yes, please complete the following for each license, permit or authorization:

Name of Agency	Jurisdiction of Agency	Agency Address	
Contact Number	Date of Application	Type of Application	Granted?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
License Number	Status of License	Revoked or Suspended	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Name of Agency	Jurisdiction of Agency	Agency Address	
Contact Number	Date of Application	Type of Application	Granted?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
License Number	Status of License	Revoked or Suspended	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Name of Agency	Jurisdiction of Agency	Agency Address	
Contact Number	Date of Application	Type of Application	Granted?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
License Number	Status of License	Revoked or Suspended	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Name of Agency	Jurisdiction of Agency	Agency Address	
Contact Number	Date of Application	Type of Application	Granted?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
License Number	Status of License	Revoked or Suspended	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Describe any disciplinary actions, suspensions, revocations or denials:

Do any of the principals of the applicant business have any relatives who are or have been associated with, employed by or plan to become employed by any Osage Casino?

☐ Yes ☐ No

If yes, please explain: _____

SECTION VIII – BUSINESS REFERENCES

Please provide the names, addresses and telephone numbers of three (3) business references with whom this applicant business has regularly conducted business.

Name of Business	Name of Business Contact	Address
Telephone Number	Fax Number	Email Address

Name of Business	Name of Business Contact	Address
Telephone Number	Fax Number	Email Address

Name of Business	Name of Business Contact	Address
Telephone Number	Fax Number	Email Address

Please provide the name, address and telephone number of one (1) bank reference with whom this applicant business conducts regular business with.

Name of Bank	Name of Contact Person	Address
Telephone Number	Alternate Number	Fax Number

SECTION IX – CRIMINAL HISTORY

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 on the following sheet, 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 IX – 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.

**PRIVACY NOTICE
NOTICE TO APPLICANT**

In accordance with 25 C.F.R., Part 556.2, (a) A tribe shall place the following notice on the application form for a key employee or a primary management official before that form is filled out by an applicant:

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.

(b) A tribe shall notify in writing existing key employees and primary management officials that they shall either:

- (1) Complete a new application form that contains a Privacy Act notice; or
- (2) Sign a statement that contains the Privacy Act notice and consent to the routine uses described in that notice.

(c) All license application forms used one-hundred eighty (180) days after February 25, 2013 shall comply with this section.

Signature of Applicant/Licensee

Date

NOTICE REGARDING FALSE STATEMENTS

In accordance with 25 C.F.R., Part 556.3 (a) A tribe shall place the following notice on the application form for a key employee or a primary management official before that form is filled out by an applicant:

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).

(b) A tribe shall notify in writing existing key employees and primary management officials that they shall either:

- (1) Complete a new application form that contains a notice regarding false statements; or
- (2) Sign a statement that contains the notice regarding false statements.

(c) All license application forms used 180 days after February 25, 2013 shall comply with this section.

Signature of Applicant/Licensee

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:

- 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]

CERTIFICATION

I, _____ (print name of agent), certify that I am a duly authorized officer/agent of the applicant business with knowledge and authority to provide the above information and to act on behalf of this business entity. To the best of my knowledge and belief the foregoing information is true, accurate and complete as of the date of this application. I further understand, as does each principal of the company listed in the foregoing instrument, that the purpose of the requested information in this application is to determine eligibility for licensure. That all information disclosed in the foregoing instrument will be used by the Osage Nation Gaming Commission to conduct a thorough background investigation on the business entity as well as each principal of the company listed within.

I have read, understand and indicate my acceptance of the terms above and certify that all information contained in the foregoing application is true and correct to the best of my knowledge.

Osage Casinos Central Services
Gaming Vendor License Applications
ATTN: Ashlee Hartness
1211 W. 36th St N.
Tulsa, OK 74127
Ashlee.hartness@osagecasinos.com
918-699-7718

Full Name of Authorized Agent

Agent's Title

Date of Submission

Telephone Number of Agent

Email address of agent

Executed at (city) _____, (State) _____

On this ____ day of _____, 20____.

Signature of Agent: _____

Subscribed and sworn to before me on this ____ day of _____, 20____

Notary Public

Commission #: _____

Commission Expiration Date: _____

[Seal]

BACKGROUND AUTHORIZATION FORM

In connection with your application and/or employment with Osage Nation Gaming Commission, this notice is provided to inform you that a "consumer report" and/or "investigative consumer report", as defined by the Fair Credit Reporting Act, may be obtained from a consumer reporting agency for employment purposes. These types of reports may include information as to your character, general reputation, personal characteristics and mode of living, whichever are applicable. The report may also contain information about you relating to criminal history, credit history, driving and/or motor vehicle records, social security verification, verification of your education or employment history and other background checks. They may involve interviews with sources such as your neighbors, friends or associates. You have the right, upon written request made within a reasonable amount time after the receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report to InstaHire Check.com, 2685 South Rainbow Blvd. #200, Las Vegas, NV 89146 [1-702-760-2110]. For information about instahirecheck.com's privacy practices, see www.instahirecheck.com. The scope of this notice and authorization is not limited to the present and, if hired, will continue and allow Employer to conduct future screenings for retention, promotion or reassignment, unless revoked by you in writing. Employer also reserves the right to share such reports with a third-party for whom you will be placed to work as a representative of Employer, if applicable.

Acknowledgement and Authorization

You hereby authorize, without reservation, the obtaining of a "consumer report" and/or "investigative consumer report" at any time after receipt of this authorization and during the course of your employment, to the extent permitted by law. You also confirm your understanding and provide consent for this report to be shared with a third-party for whom you may be placed to work as a representative of Employer, if applicable.

Minnesota & Oklahoma applicants or employees only: Under state law you have a right to receive a copy of your consumer report, free of charge, if one is requested by Employer. By checking "yes", a copy will be provided to you at the address you provide on this notice.

I would like to receive a copy of my consumer report: () Yes () No

New York applicants or employees only: Under state law you have the right to inspect and receive a copy of any investigative consumer report requested by Employer by contacting Crimcheck.com directly. You also acknowledge receipt of a copy of Article 23-A of the New York Correction Law by signing this notice.

Washington State applicants or employees only: Under state law you have a right to request a copy of the Washington Fair Credit Reporting Act's disclosures to consumers (RCW 19.182.070) by contacting Crimcheck.com directly.

California, Maine applicants or employees only: Under state law you have a right to receive a copy of your investigative consumer report and/or consumer credit report, free of charge, if one is requested by Employer. By checking "yes" a copy will be provided to you at the address you provide on this Notice.

I would like to receive a copy of my consumer report: () Yes () No

Signature: _____ Date: _____

Name: _____ SSN: _____

****Previous Names Used: (Within the past 7 years)** _____

Current Home Address: _____
Street Address (No P.O. Boxes) City State Zip Code County

How long have you lived at current address? _____

****Date of Birth:** ____ / ____ / ____ **Driver's License Number:** _____ **State:** _____

Have you ever been convicted of a crime other than minor traffic offenses? Y _____ N _____

If yes, provide explanation:

Year of Offense: ____ County offense was committed: ____ Offense Description: _____

City offense was committed: _____

**** Instahire.com will only use this information for background screening purposes and no other purpose.**