



OSAGE NATION GAMING COMMISSION NON-GAMING VENDOR REGISTRATION

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:

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	

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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.

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.**