



Seneca Gaming Authority

345 THIRD STREET · SUITE 404 · NIAGARA FALLS, NEW YORK 14302
TELEPHONE: 716-299-1246 · FAX 716-299-1247



SENECA NATION OF INDIANS LICENSE APPLICATION

Name of Applicant:

Position Applied For:

FOR OFFICIAL USE ONLY:

CLASS II

NON-COMPACT

NATION

NATION KEY

PRIMARY MANAGEMENT OFFICIAL

CHECKLIST OF REQUIRED DOCUMENTATION

	Attached	Does Not Apply
Identification Materials	<input type="checkbox"/>	<input type="checkbox"/>
Copy of Birth Certificate	<input type="checkbox"/>	<input type="checkbox"/>
Social Security Card	<input type="checkbox"/>	<input type="checkbox"/>
Tribal Enrollment Card/Documentation	<input type="checkbox"/>	<input type="checkbox"/>
High School Diploma/GED/College Degree	<input type="checkbox"/>	<input type="checkbox"/>
Alien Registration Documentation	<input type="checkbox"/>	<input type="checkbox"/>
Military DD 214 Discharge Papers	<input type="checkbox"/>	<input type="checkbox"/>
Bankruptcy Discharge	<input type="checkbox"/>	<input type="checkbox"/>
All Arrest Dispositions	<input type="checkbox"/>	<input type="checkbox"/>

LOCATION OF YOUR EMPLOYMENT (Please check one):

- | | |
|---|--|
| <input type="checkbox"/> Seneca Allegany Casino & Hotel | <input type="checkbox"/> Seneca Gaming & Entertainment - Irving |
| <input type="checkbox"/> Seneca Buffalo Creek Casino | <input type="checkbox"/> Seneca Gaming & Entertainment - Salamanca |
| <input type="checkbox"/> Seneca Niagara Casino & Hotel | <input type="checkbox"/> Seneca Gaming & Entertainment - Niagara Falls |
| | <input type="checkbox"/> Seneca Gaming & Entertainment - Oil Springs |

PHOTOGRAPH

Photograph should be small enough to fit entirely in this space. Please tape photograph in this space. Do not staple or glue photograph.

Print your name beneath the photograph.

FOR OFFICIAL USE ONLY:	Applicant Fingerprinted	YES	N/A
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PLEASE PRINT OR TYPE THE ANSWERS TO THE FOLLOWING QUESTIONS IN THE SPACES PROVIDED.

PLEASE NOTE:
**YOUR FAILURE TO ANSWER ANY QUESTIONS ON THIS FORM COMPLETELY AND TRUTHFULLY MAY RESULT
 IN THE DENIAL OF YOUR APPLICATION OR THE REVOCATION OF ANY SUBSEQUENT LICENSURE.**

Last Name	First Name	Middle Initial

Have you ever been known by any other name(s), including a maiden or married name? YES NO

If yes, list those names below & list dates of use for each. Include aliases, nicknames or any other names used.

Name Used	Dates Used (From - To)

Current Home Address

Street Number and Name		Apartment Number
City	State	Zip Code

Current Mailing Address, if different from Home Address

Street Number and Name		Apartment Number
City	State	Zip Code

Current Telephone Number(s)

	Area Code	Telephone Number
Home		
Cell		
Other		

Telephone Number at Current Place of Employment

Area Code	Telephone Number

Social Security Number

Under the Privacy Act, disclosure of your Social Security Number is voluntary. Your response is optional.

LANGUAGES

List all languages, other than English, in which you are able to speak and/or write.

IDENTIFYING CHARACTERISTICS

Height Weight Date of Birth (MM/DD/YY)

Hair Color

Black
 Brown
 Blond
 Red
 Gray
 White
 Bald

Eye Color

Black
 Brown
 Hazel
 Blue
 Gray
 Green

Gender*

Male
 Female

Race*

Native American
 Caucasian
 Black
 Hispanic
 Asian
 Other

Are you an enrolled member of the Seneca Nation of Indians?

YES NO

Are you an enrolled member of any other Tribe?

YES NO

If yes to either of the two questions above, please provide proof of your enrollment.

Are you a citizen of the United States?

YES NO

If you are not a citizen of the United States, please list the following:

Port of entry to the United States:

Date of entry to the United States:

Name and address of your sponsor upon your arrival:

[Empty form box for sponsor information]

If you are a naturalized citizen, please list the following:

Petition Number:

Court Name and City & State of Court:

Certificate Number:

Date Granted:

[Empty form box for naturalization details]

If you are a legally authorized Permanent Resident Alien, provide below the "A" number from your Alien Registration Card (I 151 or I 551):

[Empty form box for Alien Registration Card number]

If you do not have an Alien Registration Card but are an alien authorized to be employed in the United States, please provide the "A" number from that authorization:

[Empty form box for employment authorization number]

RESIDENCE DATA

Beginning with your current residence(s) and working backwards, list all of your residences for the most recent ten (10) years (list by month and year)

Dates		Full Address (Street number, street name, City, State & Zip Code)	Telephone Number While at that Address
From	To		

FAMILY DATA

Check your marital status:

- Single
 Married
 Legally Separated
 Divorced
 Widow/Widower

List the name of your present spouse or adult currently living with you:

List all former spouses and dates of marriage and divorce:

Name	Date of Marriage	Date of Divorce

List all of your parents, children and siblings (please continue on Additional Page if there is not enough room)

Name	Relationship	Address	Telephone Number

EDUCATIONAL DATA

Beginning with high school, list a complete history of your educational background, including names of high schools, colleges, universities, trade or vocational schools, you have attended

Dates Attended		Name & Address of School, Training Program, etc.	Diploma/Degree Earned
From	To		

LICENSING DATA

Have you ever previously applied in any jurisdiction for a license, permit, registration or other authorization to participate in a lawful gambling operation (including casino gaming, Class II or III gaming, horse racing, dog racing, lottery, etc)?

YES NO

Have you ever applied for any professional or occupational license, permit, registration or certification to any governmental agency or been subject to a background check or security clearance, not including your driver's license?

YES NO

Have you ever had any license, permit or certification denied, suspended or revoked by a governmental agency or have you ever failed a background check or security clearance, not including your driver's license?

YES NO

If you answered yes to any of these three questions, please list the following:

Name & Address of Licensing Agency	Type of License or Permit	Date of Application	Disposition (Granted, Denied, Revoked, Suspended, etc)	Reason for Denial/ Suspension/Revocation

Have you ever personally been adjudicated bankrupt or filed a petition for any type of bankruptcy or insolvency under any bankruptcy or insolvency law?

YES NO

Has any business entity in which you held ownership or other interest been adjudicated bankruptcy or filed a petition for any type of bankruptcy or insolvency under any bankruptcy or insolvency law?

YES NO

If yes, please list:

Name & Address of Court	Date Filed	Name & Address of Trustee

Have you ever had any liens or judgments filed against you?

YES NO

If yes, please list:

Date Filed	Jurisdiction	Nature of Suit	Disposition	Date of Disposition

MISCELLANEOUS DATA

Have you had any license, permit or other authorization denied, suspended or revoked?

YES NO

Have you had any license, permit or other authorization related to gaming or gaming licensure denied, suspended or revoked for any reason?

YES NO

Have you ever been barred from participating in gambling activity by any authority in a jurisdiction where gambling is legal?

YES NO

If you answered yes to any of the above questions, please list:

Name & Address of Governmental Agency	Date of Denial, Suspension, Revocation or Bar	Reason for Denial, Suspension or Revocation

CIVIL, CRIMINAL & INVESTIGATORY PROCEEDINGS

The next question asks about any arrests, charges or offenses you may have committed or been accused of. Carefully review these definitions and instructions:

DEFINITIONS:

For the purposes of this question:

- A "Arrest" includes any detaining, holding or taking into custody by any police or other law enforcement authority to answer for an alleged performance of any "offense."
- B "Charge" includes any indictment, complaint, information, summons, appearance ticket or other notice of the alleged commission of any "offense."
- C "Offense" includes ALL felonies, crimes, misdemeanors, violations, disorderly persons offenses, driving while intoxicated/impaired motor vehicle offenses, and violation of probation or any other court order, but not including any traffic tickets. **Juvenile offenses should be listed.**

INSTRUCTIONS:

A Answer "yes" and provide all information to the best of your ability EVEN IF:

- 1. You did not commit the offense you were charged with.
- 2. The charges were dismissed or subsequently downgraded to a lesser charge.
- 3. You completed a Pretrial Intervention (PTI) or equivalent diversionary program.
- 4. You were not convicted of the charge.
- 5. You did not serve any time in prison or jail; or
- 6. The charges or offenses happened a long time ago.
- 7. You were not fingerprinted.
- 8. The charges were dismissed.

B Answer "no" IF:

- 1. You have never been arrested or charged with any crime or offense.
- 2. Any records relating to a charge, an arrest or conviction have been expunged or otherwise officially sealed by a court or government agency; AND
- 3. **Attach a copy of the expungment or sealing order to this application labeled as Exhibit 11.**

Have you ever been arrested or charged with any crime or offense in New York State or any other jurisdiction? Do not include traffic infractions. Include any Driving While Intoxicated or Driving With Ability Impaired offenses.

YES NO

Nature of Charge or Arrest	Date of Charge or Arrest	Name & Address of Law Enforcement Agency or Court Involved	Disposition	Sentence Imposed

VEHICLE OPERATOR DATA

In the chart below, list all motor vehicle operator licenses (automobile, motorcycle, airplane, boat, recreational vehicle, etc) issued to you during the past ten (10) years, by the State of New York or anywhere else:

Type of License	Jurisdiction of License	License Number	Date Last Issued	Expiration Date

REFERENCES

Provide the names and information for five (5) references. These references should be over the age of eighteen (18) and should have known you for at least one year. These references should not be family members.

Reference 1	
Name	
Home Address	
Home or Cell Phone	
Business Name & Address	
Business Phone	
Occupation	
Years Known	

Reference 2	
Name	
Home Address	
Home or Cell Phone	
Business Name & Address	
Business Phone	
Occupation	
Years Known	

Reference 3	
Name	
Home Address	
Home or Cell Phone	
Business Name & Address	
Business Phone	
Occupation	
Years Known	

Reference 4	
Name	
Home Address	
Home or Cell Phone	
Business Name & Address	
Business Phone	
Occupation	
Years Known	

Reference 5	
Name	
Home Address	
Home or Cell Phone	
Business Name & Address	
Business Phone	
Occupation	
Years Known	

STATEMENT OF TRUTH

STATE OF _____)

) SS:

COUNTY OF _____)

I, _____ being duly sworn according to law deposes and says:

1. I am the applicant who is submitting this application form.
2. I personally supplied the information contained in this form.
3. I understand and read the English language or I have had an interpreter read, explain and record the answer to each and every question on this application form.
4. I swear (or affirm) that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

Dated: _____

(Signature of Applicant)

Date of Birth: _____

SSN: _____

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

Notary Public

State of _____

County of _____

My Commission expires _____

RELEASE AUTHORIZATION

To All Courts, Probation Departments, Selective Service Boards, Employers, Educational Institutions, Credit Reporting Agencies, Banks, Financial and Other Such Institutions, and All Governmental Agencies - tribal, federal, state and local, without exception, both foreign and domestic.

I have authorized the Seneca Gaming Authority (SGA) and its agents to conduct a full investigation into my background, credit and activities.

Therefore, you are hereby authorized to release any and all information pertaining to me, documentary or otherwise as requested by any employee or agent of the SGA, that he or she certifies to you that I have an application pending before the SGA or that I am presently a licensee, registrant or other person required to be qualified under the laws of the Seneca Nation of Indians.

This authorization shall supersede and countermand any prior request or authorization to the contrary. A photocopy of this authorization will be considered as effective and valid as the original.

Dated: _____

(Signature of Applicant)

Date of Birth: _____

SSN: _____

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

Notary Public

State of _____

County of _____

My Commission expires _____

PRIVACY NOTICE

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 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 you Social Security Number (SSN) is voluntary. However, failure to supply a SSN may result in errors in processing your application.

NOTICE REGARDING FALSE STATEMENTS

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).

Dated: _____

(Signature of Applicant)

Date of Birth: _____

SSN: _____

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

Notary Public

State of _____

County of _____

My Commission expires _____