

**MISSOURI GAMING COMMISSION**

**KEY PERSON AND LEVEL 1 APPLICATION**

**(PERSONAL DISCLOSURE FORM 1)**

**You must make accurate statements and include all material facts. Any**

**misrepresentation, or the failure to provide requested information, may result**

**in the denial of your application and/or criminal charges being filed against you.**

**Any statement that is not true or not disclosed which becomes known at any later date is cause for revocation of you occupational license.**

Note: The Commission, notwithstanding the provisions of section 610.110, RSMo.,

has access to both closed and open records pursuant to section 313.004, RSMo.

Please answer all questions fully and thoroughly.

# APPLICATION INSTRUCTIONS

PLEASE READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS FORM.

1. **COMPLETING THIS FORM:**
2. You must make accurate statements and include all material facts. Any misrepresentation, or the failure to provide requested information, may result in the denial of your application and/or criminal charges being filed against you.
3. Any statement that is not true or not disclosed and which becomes known at any later date is cause for revocation of your occupational gaming license. Notwithstanding the provisions of section 610.110, RSMo, the Commission has access to both open and closed records as provided under section 313.004, RSMo. Please be thorough and complete in response to these questions.

**Prohibited acts, penalties - commission to refer violations to attorney general and prosecuting attorney - venue for actions.**

313.830.4 A person commits a class E felony and, in addition, shall be barred for life from excursion gambling boats under the jurisdiction of the commission, if the person: (15) Knowingly makes a false statement of any material fact to the commission, its agents or employees.

1. Read each question carefully prior to answering. Answer every question completely. Do not leave blank spaces. If a question does not apply to you, indicate “Does Not Apply” in response to that question. If there is nothing to disclose in response to a particular question, indicate “None” in response to that question. Failure to provide a response to every question could result in the rejection of your application.
2. All entries on this form, except initials and signatures, must be typed or printed in block lettering using dark ink. If your application is not legible, it will not be accepted.
3. You must use blue ink to personally initial and date the spaces provided at the bottom of each page of the form.
4. If the space available is insufficient to respond to a question, you are to supply the required information on an attachment page and clearly identify which question you are answering. The blank page on page 56 may be used to provide this additional information. You must use blue ink to personally initial and date your application at the bottom of each of these attachment pages.
5. If you make any modification to the pre-printed questions, format or information contained in this form, your application will be rejected. Once your application is accepted, it becomes the property of the Missouri Gaming Commission and will not be returned.

# IMPORTANT NOTICES

**Persons submitting this form are required to be fingerprinted. This form will not be processed until fingerprints are provided. If you reside inside the state Missouri**, please contact your Human Resources Department for guidance on where to obtain fingerprint services.

**You may be required to provide additional information or submit additional forms.**

**For those applicants who reside outside of the United States, please ensure completed local law enforcement/police clearances accompany this application. This form will not be processed until proper foreign police clearances are provided.**

**You must immediately notify the Missouri Gaming Commission of any changes in the information submitted in this form and related materials.**

1. **BE SURE TO:**
2. Attach a recent (within the past six months) color photograph of yourself in the space provided on page 9.
3. Sign the Verification forms on pages 57, 59 and 66 in the presence of a notary public, justice of the peace or commissioner for declarations or other person legally authorized to notarize your signature.
4. Check to ensure that you have placed your initials and the date at the bottom of each page of this form in the spaces provided and on any attachment pages.
5. Send one original and one copy of the completed application and all required attachments for a new application. For a renewal send only the original of the completed application and all required attachments.
6. **BEFORE YOU SUBMIT THIS FORM TO THE MISSOURI GAMING COMMISSION, BE SURE THAT:**
7. You have reviewed Missouri Gaming Commission’s filing instructions for the type of license, approval or qualification you are seeking.
8. You have included all required attachments listed in this form.
9. The verification forms are notarized on the original application.
10. Every question has been answered completely.
11. You retain a completed copy of your application package for your own records.

**IV. TIPS FOR COMPLETING THIS FORM:**

1. Keep a blank copy of the form. When you need to update information, you can use the appropriate pages from the blank form to provide the information.
2. Keep an unsigned copy of your completed application.
3. Be sure to use **blue ink** where you sign, initial, and date. Using **blue ink** will make it clear that your application is to be considered an original and not a photocopy.

**V. Please submit this form to: Licensing Division**

**Missouri Gaming Commission**

**3417 Knipp Drive**

**P.O. Box 1847**

**Jefferson City, MO 65102**

Unless the Key and Level I application is filed as part of a Class A License Application, a one-time nonrefundable application fee shall be fifteen thousand dollars ($15,000) for a Key Person of a Class A licensee and one thousand dollars ($1000) for a Key Person of a Supplier licensee or applicant and for all Level I applicants. If you are found suitable for licensing, the Missouri Gaming Commission will issue a license, which will enable you to perform any activity included within your level of Occupational License and any lower level of Occupational License. A two hundred fifty-dollar ($250) license fee for Key Persons of Class A licensees and one hundred dollars ($100) for Key Persons of Supplier licensees and for all Level I licensees will be billed to your company. Your license must be renewed annually.

# Definitions

For the purpose of this application, the following terms shall have the following meanings:

**Applicant:** Any individual or business entity that directly or indirectly has applied for a license.

**Application:** The total written materials, including the instructions, forms and other documents issued by the commission, comprising the applicant’s request for a license.

**Attributed:** Any direct or indirect interest in a business entity deemed to be held by an individual not through his/her actual holdings, but through holdings of his/her immediate family.

**Best of Knowledge:** The applicant’s knowledge after substantial inquiry.

**Business Entity:** A partnership, incorporated or unincorporated association or group, firm, corporation, limited liability company, partnership for shares, trust, sole proprietorship or other form of business.

**Compensation:** Anything of value, including salary, wages, commission, tips, gratuities, fees, bonuses, and distribution from (S) corporations, in any form including cash, securities, real property, and tangible and intangible personal property.

**Contingent liability:** Any obligation, indebtedness or claim, the amount of which cannot be definitely ascertained until the occurrence or nonoccurrence of some future event.

**Control:** The power to exercise authority over or direct the management and policies of an individual or business entity.

**Debt instrument:** Any bond, loan, mortgage, trust deed, note, debenture, subordination, guaranty, letter of credit, surety agreement, pledge, chattel mortgage or other form of indebtedness.

**Dependent:** Any individual who received over half of his/her support in a calendar year from any other individual.

**Dependent child:** A son, daughter or descendent of either, whether by marriage, adoption or natural relationship, over half of whose support for the calendar year was received from the individual.

**Dock:** The locations where a riverboat moors for the purpose of embarking passengers for and disembarking passengers from an excursion.

**Domestic partnership:** A relationship between two adults residing together and sharing a common domestic life through a Civil Union or other type of legal partnership recognized in the state of the person’s domicile.

**FEIN:** Federal Employer Identification Number.

**Felony:** A criminal offense for which a sentence of imprisonment for one year or more may be imposed under the laws of any jurisdiction, or which is designated a felony by the laws of a jurisdiction.

**Financial statement:** Any balance sheet, income statement, profit and loss statement, statement of cash flow, and sources and uses of funds statement.

**Game:** Any banking, wagering, gaming or percentage game or activity, including those played with cards, chips, tokens, dice implements, devices or any electronic, electrical, mechanical device or machine, which is played for money, property, or anything of value, including without limitation, baccarat, twenty-one, poker, craps, slot machines, video game of chance, roulette, Klondike table, punchboard, faro layout, keno layout, numbers ticket, bingo, push card, jar ticket, pull tab, horse racing, dog racing and jai alai.

**Gaming operations manager:** The individual or business entity who has the ultimate responsibility to manage, direct or administer the gaming operation on a riverboat.

**Immediate family:** Spouse (other than a spouse who is legally separated from the individual under a decree of divorce or separate maintenance), parents, grandparents, children, grandchildren, whether by the whole or half blood, marriage, adoption or natural relationship.

**Indirect:** Any interest in a business entity that is deemed to be held by the holder, not through the holder's actual holdings in the business entity, but through the holder's holdings in other business entities.

**Individual:** Any natural person.

**Key Person:**

1. An officer, director, trustee, proprietor, or managing agent, or general manager of an applicant or licensee or of a business entity key person of any applicant or licensee;
2. A holder of any direct or indirect legal or beneficial publicly traded interest whose combined direct, indirect or attributed publicly traded interest is five percent (5%) or more in an applicant or licensee or in a business entity key person of an applicant or licensee;
3. A holder of any direct or indirect legal or beneficial privately held interest whose combined direct, indirect or attributed privately held interest is one percent (1%) or more in an applicant or licensee or in a business entity key person of an applicant or licensee;
4. A holder of any direct or indirect legal or beneficial interest in an applicant or licensee or in a business entity key person of an applicant or licensee if the interest was required to be issued under agreement with or authority of a government entity;
5. An owner of an excursion gambling boat; and
6. Anyone so designated by the commission or director.

**Nominee:** Any individual or business entity that holds as owner of record the legal title to tangible or intangible personal or real property, including without limitation any stock, bond, debenture, note, investment contract or real estate on behalf of another individual or business entity, and as such is designated and authorized to act on his/her/its behalf with respect to such property.

**Public official:** An individual who is elected to office pursuant to Missouri statute, or who is appointed to an office which is established under and the qualifications and duties of which are prescribed by Missouri statute to discharge a public duty for the state or any of its political subdivisions.

**Registered agent:** Any individual or business entity against whom service of process may be made on behalf of any business entity or that is designated as such by any articles of incorporation or other corporate filings in any state.

**Substantial creditor:** The holder of any debt instrument of whatever character, against an individual or business entity, whether secured or unsecured, matured or unmatured, liquidated or unliquidated, absolute, fixed or contingent, the aggregate amount of which is fifty thousand dollars ($50,000) or more.

**Support facility:** A place of business which is part of or operates in connection with a riverboat gaming operation, including, without limitation, riverboats, offices, docking facilities, parking facilities, and land-based hotels or restaurants.

**MISSOURI GAMING COMMISSION**

**PERSONAL DISCLOSURE FORM 1**

**PLEASE PRINT OR TYPE THE ANSWERS TO THE**

**FOLLOWING QUESTIONS IN THE SPACES PROVIDED**

**PERSONAL DATA**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| NAME:  LAST (INCLUDE SR., JR., ETC., IF APPLICABLE) | | | | | | | | FIRST | | | | | | MIDDLE | |
|  | | | | | | | |  | | | | | |  | |
| *MAILING ADDRESS/POSTAL ADDRESS:* | | | | | | | | | | | | | | | |
| NUMBER AND STREET | | | | | APT# /  FLAT # | CITY/TOWN | | | STATE/PROVINCE | | | | | ZIP/POSTAL CODE | |
|  | | | | |  |  | | |  | | | | |  | |
| HOME ADDRESS: (IF DIFFERENT THAN MAILING ADDRESS/POSTAL ADDRESS) | | | | | | | | | | | | | | | |
| NUMBER AND STREET | | | | | APT# /  FLAT # | CITY/TOWN | | | STATE/PROVINCE | | | | | ZIP/POSTAL CODE | |
|  | | | | |  |  | | |  | | | | |  | |
| HOME PHONE NUMBER: AREA CODE       NUMBER | | | | | | | | | | | | | | | |
| MOBILE PHONE NUMBER: AREA CODE       NUMBER | | | | | | | | | | | | | | | |
| PRESENT BUSINESS ADDRESS: | | | |  | |  | | | | | |  | |  | |
| NUMBER AND STREET | | | | APT# / FLAT # | | CITY/TOWN | | | STATE/PROVINCE | | | | | ZIP/POSTAL CODE | |
|  | | | |  | |  | | |  | | | | |  | |
| CURRENT BUSINESS TELEPHONE NO. AT PLACE OF EMPLOYMENT: | | | | | | | | | | | FAX NUMBER: | | | | |
| AREA CODE: | | NUMBER: | | | | | (EXTENSION) | | | | (AREA CODE) | | | | (NUMBER) |
| ­ | |  | | | | |  | | | |  | | | |  |
| DATE OF BIRTH: MO/DAY/YEAR | | | EMAIL ADDRESS: | | | | | | | SOCIAL SECURITY NUMBER: | | | | | |
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|  | | | | | | | | | | | | | | | |
| HAVE YOU BEEN KNOWN BY ANY OTHER NAME OR NAMES? YES  NO  IF YES, LIST THE ADDITIONAL NAMES BELOW AND SPECIFY DATES OF USE FOR EACH. (INCLUDE MAIDEN NAME, ALIASES, NICKNAMES, OTHER NAME CHANGES, LEGAL OR OTHERWISE.) | | | | | | | | | | | | | | | |
| SEX | COLOR OF EYES | | | COLOR OF HAIR | | | | HEIGHT | | | | | WEIGHT | | |
| Male  Female |  | | |  | | | | FT      IN/      CM | | | | | LBS/       KG | | |

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| --- |
| DO YOU HAVE ANY SCARS, TATTOOS, OR OTHER DISTINGUISHING MARKS AND/OR CHARACTERISTICS? IF SO, PLEASE DESCRIBE. |

Please indicate below the type of license for which this form is submitted.

Company Name:

()**Key Person**

Title:

() **Occupational License, Level I**

Title:

**IMPORTANT**

**FAILURE TO ANSWER ANY QUESTION ON THIS FORM COMPLETELY AND TRUTHFULLY WILL RESULT IN DENIAL OF YOUR APPLICATION AND/OR CRIMINAL CHARGES BEING FILED AGAINST YOU. ANY STATEMENT THAT IS NOT TRUE OR NOT DISCLOSED WHICH BECOMES KNOWN AT ANY LATER DATE IS CAUSE FOR REVOCATION OF YOUR OCCUPATIONAL GAMING LICENSE.**

**AFFIX A COLOR**

**PHOTOGRAPH**

**HERE THAT WAS TAKEN**

**WITHIN**

**THE PAST SIX MONTHS.**

**PRINT YOUR NAME ON THE**

**FRONT BOTTOM BORDER OF**

**THE PHOTOGRAPH BEFORE ATTACHING IT.**

**AFFIX A COPY OF YOUR**

**DRIVER’S LICENSE.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. Of what country are you a citizen? | | | | |
| A. Please indicate: **(Please provide a copy of your birth certificate)** | | | | |
| 1. Date of birth:  DAY | MONTH | YEAR | | |
| 2. Place of birth:  CITY/TOWN | | | STATE/PROVINCE | COUNTY |
| 3. Country of birth: | | | | |
| B. If you are not a citizen of the United States: | | | | |
| (1) List the port of entry into the United States: | | | | |
| (2) Name and address of sponsor upon arrival: | | |  | |
|  | | |
|  | | | | |
| C. If you are a naturalized citizen, provide the following information: | | | | |
| (1) Petition Number: | | | | |
| (2) Date Citizenship Granted: | | | | |
| (3) Court: | | | | |
| (4) City/State of Court: | | | | |
| (5) Certificate Number: | | | | |

2.a. Have you ever been issued a passport? Yes  No

If yes, provide the following information about your passport(s):

(Please attach a color copy of your entire passport including any empty pages)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| PASSPORT NUMBER | COUNTRY OF ISSUE | PLACE ISSUED | DATE ISSUED | EXPIRATION DATE |
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2.b. List details regarding all foreign travel during the past five (5) years.

|  |  |  |  |
| --- | --- | --- | --- |
| DATES  FROM - TO | DESTINATION | PURPOSE  (BUSINESS, PLEASURE, ETC.) | IF FOR BUSINESS DESCRIBE  BUSINESS PURPOSE |
| From:  To: |  |  |  |
| From:  To: |  |  |  |
| From:  To: |  |  |  |
| From:  To: |  |  |  |

**RESIDENCE DATA**

1. Beginning with your current residence(s) and working backward, provide the following information with respect to each place where you have lived (including residences while attending college or while in military service) since the age of 18.

| DATES | | ADDRESS  (NO., STREET, APT#/FLAT#, CITY/TOWN, COUNTY/PARISH, STATE/PROVINCE, COUNTRY & ZIP/POSTAL CODE) | OWN OR RENT | NAME, ADDRESS & TELEPHONE NO. OF LANDLORD/MANAGER OR MORTGAGE/BOND HOLDER, IF KNOWN | NAME AND CONTACT INFORMATION OF ROOMMATES, IF ANY |
| --- | --- | --- | --- | --- | --- |
| FROM: (MO/YR) | TO: (MO/YR) |  |  |  |  |
|  |  |  | Rent  Own |  |  |
|  |  |  | Rent  Own |  |  |
|  |  |  | Rent  Own |  |  |
|  |  |  | Rent  Own |  |  |
|  |  |  | Rent  Own |  |  |
|  |  |  | Rent  Own |  |  |

**EMPLOYMENT AND LICENSING DATA**

4. Beginning with your present job and working backwards, provide the requested information regarding your employment from the age of 18 in the chart below. Give dates of any unemployment between jobs in proper sequence. Include all part-time and full-time employment and any military service.

| DATES | | NAME, MAILING ADDRESS, AND  TELEPHONE NUMBER OF EMPLOYER(S) | TITLE/POSITION HELD AND  DESCRIPTION OF DUTIES | NAME OF  SUPERVISOR | REASON FOR LEAVING/  COMPENSATION AT DEPARTURE | GAMING RELATED EMPLOYMENT? |
| --- | --- | --- | --- | --- | --- | --- |
| FROM:  (MO/YR) | TO:  (MO/YR) |
|  |  |  |  |  |  | Yes  No |
|  |  |  |  |  |  | Yes  No |
|  |  |  |  |  |  | Yes  No |
|  |  |  |  |  |  | Yes  No |
|  |  |  |  |  |  | Yes  No |
|  |  |  |  |  |  | Yes  No |

*If additional space is needed, please provide an attachment*

*.*

5. With regard to the previously listed employment:

1. Were you ever discharged, suspended or asked to resign from employment? Yes  No
2. During the last twenty year period, were you ever charged with any infraction

in relation to any employment which was the subject of any disciplinary action? Yes  No

If yes to either question, complete the following chart as to each such time you were discharged, suspended, asked to resign or disciplined:

| DATE OF DISCHARGE, SUSPENSION, RESIGNATION OR DISCIPLINARY ACTION | NAME OF EMPLOYER | REASON FOR DISCHARGE, SUSPENSION, RESIGNATION OR DISCIPLINARY ACTION | SEVERANCE PACKAGE RECEIVED? IF SO, SPECIFY. | WERE UNEMPLOYMENT BENEFITS RECEIVED SUBSEQUENT TO SEPARATION? |
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6. List any and all compensated employment, of whatever nature, held by your spouse or domestic partner during the past thirty-six (36) month period. Begin with the current employer.

| DATES | | NAME, ADDRESS AND TELEPHONE NUMBER OF EMPLOYER | TITLE/  POSITION HELD |
| --- | --- | --- | --- |
| FROM:  (MO/YR) | TO:  (MO/YR) |
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7. Have you, your spouse or domestic partner ever made application for, been granted or held, currently have pending, or had denied, a license, permit, registration, finding of suitability, qualification or other authorization to participate in any form or type of casino, gaming/gambling related operation (including any manufacturer of gaming/gambling equipment, junket operation, horse racing, dog racing, pari-mutuel operation, lottery, sports betting, Internet gaming, etc.) or alcoholic beverage operation in any jurisdiction? You must answer “YES” to this question if your application was returned to you by the gaming agency for any reason, or you withdrew your application from consideration.

Yes  No

If yes, complete the following chart:

| NAME & ADDRESS OF LICENSING AGENCY/ORGANIZATION  (INCLUDING COUNTRY, STATE/PROVINCE, COUNTY OR MUNICIPALITY/TOWN) | TYPE OF LICENSE,  PERMIT, APPROVAL  OR REGISTRATION | DATE OF APPLICATION | DISPOSITION  (GRANTED, DENIED  OR PENDING, ETC.) | LICENSE, PERMIT,  APPROVAL OR REGISTRATION NUMBER | NAME OF APPLICANT |
| --- | --- | --- | --- | --- | --- |
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8. a. Are any members of your family (spouse, domestic partners, parents, grandparents, children, grandchildren, siblings, uncles, aunts, nephews, nieces, fathers-in-law, mothers-in-law, sons-in-law, daughters-in-law, brothers-in-law and sisters-in-law whether by whole or half blood, by marriage, adoption or natural relationship) associated with or employed in any form or type of casino or gaming/gambling related operation (including an manufacturer of gaming/gambling equipment, junket operation, horse racing, dog racing, pari-mutuel operation, lottery, sports betting, internet gaming, etc.) in any jurisdiction?

Yes  No

b. Do you or any members of your family (spouse, domestic partners, parents, grandparents, children, grandchildren, siblings, uncles, aunts, nephews, nieces, fathers-in-law, mothers-in-law, sons-in-law, daughters-in-law, brothers-in-law and sisters-in-law whether by whole or half blood, by marriage, adoption or natural relationship) have an ownership interest in any alcoholic beverage entity in any jurisdiction?

Yes  No

If yes to either question, complete the following chart:

| NAME OF PERSON | RELATIONSHIP | NAME OF GAMING/GAMBLING OR ALCOHOLIC BEVERAGE BUSINESS AND ADDRESS | BUSINESS TELEPHONE |
| --- | --- | --- | --- |
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9. List any group, firm, partnership, corporation or any other businesses in which you have held an ownership interest of 5% or more since the age of 18. (Do ***not*** include publicly traded corporations in which you owned stock.)

| DATES | | NAME(S) & ADDRESS(ES)  OF BUSINESS(ES) | CURRENT STATUS  OF BUSINESS(ES) | % INTEREST  HELD BY YOU | NAME(S) OF  OTHER OWNERS | ADDRESS(ES)  OF OTHER OWNERS | STATE/PROVINCE  AND COUNTRY OF ORGANIZATION OR INCORPORATION |
| --- | --- | --- | --- | --- | --- | --- | --- |
| FROM:  (MO/YR) | TO:  (MO/YR) |
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10. Has any entity in which you, your spouse or domestic partner is/was a director, officer, partner or an owner of a 5% or greater interest ever had any license, permit or certificate issued by a governmental agency in any jurisdiction denied, suspended, revoked, or subject to any conditions?

Yes  No

If yes, complete the following chart as to each denial, suspension or revocation:

| NAME OF ENTITY | POSITION HELD BY  YOU/YOUR SPOUSE/DOMESTIC PARTNER | TYPE OF LICENSE, PERMIT OR CERTIFICATE | TYPE OF ACTION TAKEN | NAME AND ADDRESS OF GOVERNMENT AGENCY/ORGANIZATION TAKING ACTION | DATE OF ACTION | REASON(S)  FOR  ACTION |
| --- | --- | --- | --- | --- | --- | --- |
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11. To the best of your knowledge, since the age of 18, have you held a direct or indirect financial or ownership interest in any group, firm, corporation, partnership or other business entity that has applied to any licensing agency in any jurisdiction for any license, permit, registration, finding of suitability, or qualification in connection with any form or type of a casino, gaming/gambling related operation (including any manufacturer of gaming/gambling equipment, junket operation, horse racing, dog racing, pari-mutuel operation, lottery, sports betting, Internet gaming, etc.), or alcoholic beverage operation? (Do not include publicly traded corporations or entities in which you held less than 1% of the stock.)

Yes  No

If yes, complete the following chart:

| NAME AND ADDRESS  OF BUSINESS ENTITY | NATURE OF  YOUR INTEREST | DATE OF APPLICATION | NAME & ADDRESS OF LICENSING AGENCY  TO WHICH APPLICATION WAS MADE | TYPE OF LICENSE  APPLIED FOR | DISPOSITION OF  APPLICATION |
| --- | --- | --- | --- | --- | --- |
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12. Have you, your spouse or domestic partner ever made application for, or held, any **NON-GAMING** professional or occupational license, permit or certification, in any jurisdiction, including but not limited to the following: real estate broker or salesman, accountant, attorney, medical, boxing promoter, manager or matchmaker, race horse owner, trainer or manager, jockey, race dog owner, securities dealer, contractor, pilot, insurance, or any other type of professional license. (Do not include alcoholic beverage or driver’s license). You must answer “YES” to this question if you ever applied and your application was granted, denied, returned to you by the licensing agency for any reason, withdrawn or is currently pending.

Yes  No

If yes, complete the following chart:

| NAME ON LICENSE | TYPE OF LICENSE | DATES | | NAME AND ADDRESS  OF LICENSING AGENCY/ORGANIZATION | DISPOSITION OF  THE APPLICATION |
| --- | --- | --- | --- | --- | --- |
|  |  | FROM:  (MO/YR) | TO:  (MO/YR) |  |  |
|  |  |  |  |  |  |
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13. Have any of the licenses, permits or certifications applied for, or held by you, your spouse or domestic partner as identified in the previous questions ever been denied, suspended, revoked or subject to any conditions or any other disciplinary proceedings in any jurisdiction?

Yes  No

If yes, complete the following chart as to each denial, suspension, revocation, conditions or disciplinary proceedings:

| NAME & ADDRESS OF  GOVERNMENTAL AGENCY/ORGANIZATION | TYPE OF LICENSE, PERMIT OR CERTIFICATE | DATE OF DENIAL, SUSPENSION, REVOCATION OR CONDITION | REASON(S) FOR DENIAL,  SUSPENSION OR REVOCATION |
| --- | --- | --- | --- |
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**FAMILY/SOCIAL DATA**

14. What is your current relationship status: Single Married Legally Separated Divorced Widow/Widower Domestic Partnership Engaged

How many times have you been married?

**A. CURRENT RELATIONSHIP**

Provide the information below regarding your current spouse or domestic partner:

**(Provide a copy of your Marriage license)**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date of Marriage: | | |  | | |  | Where Married: | | |  | | | | | | | | | |  |  | | | | | | | |  |  | |  |  | | |
|  | | |  | | |  |  | | | CITY/TOWN | | | | | | | | | |  | COUNTY | | | | | | | |  | STATE/PROVINCE | |  | COUNTRY | | |
| Name: |  | | | | |  |  | | | | |  |  | | | | | | | | |  | Occupation: | | |  |  | | | | | | | | |
|  | FIRST | | | | |  | MIDDLE | | | | | | MAIDEN | | | | | | | | |  |  | | |  |  | | | | | | | | |
| Date of Birth: | |  | | |  |  | | | |  |  | | |  | Place of Birth: | | | | |  | | | | | | | | |  |  | | | |  |  |
|  | | DAY | | |  | MONTH | | | | | YEAR | | | |  | | | | | CITY/TOWN | | | | | | | | |  | STATE/PROVINCE | | | |  | COUNTRY |
| Home Address: | | |  | | | | | | |  |  | | | | | | | |  |  | | | | | | | | |  |  | | | |  |  |
|  | | | STREET | | | | | | |  | CITY/TOWN | | | | | | | |  | COUNTY/PARISH | | | | | | | | |  | STATE/PROVINCE | | | |  | ZIP/POSTAL CODE |
| Telephone Number: | | | |  | | | |  |  | | | | |  |  |  | | Social Security Number: | | | | | |  |  | | | | | |
|  | | | | AREA CODE | | | |  | NUMBER | | | | |  |  | | | | | | | | | | | |  |  | | | |  |  | | |
| Driver’s License Number & State Issuing: | | | | | | | | |  | | | | | | |  |  | | | | | | | | | |  |  | | | |  |  | | |
|  | | | | | | | | |  | | | | | | |  |  | | | | | | | | | |  |  | | | |  |  | | |

**B. PREVIOUS MARRIAGES/RELATIONSHIPS**

Provide the information below regarding your previous marriages/relationships:

(Do ***NOT*** include current spouse or domestic partner)

**(Provide all documentation pertaining to Divorce decree)**

| NAME OF FORMER SPOUSE(S) OR DOMESTIC PARTNER(S) (INCLUDE MAIDEN NAME, IF APPLICABLE) | DATE AND PLACE OF MARRIAGE | DATE OF BIRTH | IF ANNULLED, SEPARATED OR DIVORCED, INDICATE DATE & JURISDICTION WHERE SUCH ACTION WAS TAKEN | DOCKET/CASE # OF DIVORCE ACTION (IF KNOWN) | PRESENT ADDRESS OF FORMER SPOUSE(S) OR DOMESTIC PARTNER(S)  (NO., STREET, APT#/FLAT#., CITY/TOWN, STATE/PROVINCE, COUNTRY, ZIP/POSTAL CODE) | TELEPHONE NUMBER FOR FORMER SPOUSE OR DOMESTIC PARTNER |
| --- | --- | --- | --- | --- | --- | --- |
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15. a. In the chart below, list the names of all your children, stepchildren and adopted children and the amount of support, if dependent. Also list all other

persons who you are supporting or contributing to the support of, and provide the amount of support.

| NAME | DATE OF BIRTH | BIRTH PLACE | ADDRESS  (NO., STREET, APT., CITY, STATE, COUNTRY, ZIP CODE) | AMT. OF SUPPORT  (IF A DEPENDENT) |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
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15. b. Please mark the appropriate response regarding your child support obligations:

I am not subject to a court order for the support of a child.

I am subject to a court order for the support of one or more children and am in compliance with a plan approved by the public agency/court enforcing the order for the repayment of the amount owed pursuant to the order (indicate amount in 15a. above); or

I am subject to a court order for the support of one or more children and am NOT in compliance with the order or a plan approved by the public agency/court enforcing the order for the repayment of the amount owed pursuant to the order.

Identify the public agency/court responsible for enforcing the child support order:

**(Provide copy of Child support order or dissolution ordering support)**

**NAME:**

**ADDRESS:**

**CONTACT PERSON:**

16. List names, residence addresses, dates of birth, and most recent occupations of parents, parents-in-law, former parents-in-law**\***, or legal guardians, living or deceased. If retired or deceased, list last address and occupation:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| NAME  (INCLUDE MAIDEN) | DATE OF BIRTH | ADDRESS  (NO., STREET, APT#/FLAT#, CITY/TOWN, STATE/PROVINCE, COUNTRY, ZIP/POSTAL CODE) | PHONE NUMBER | OCCUPATION |
| Father: |  |  |  |  |
| Mother: |  |  |  |  |
| Father-in-law: |  |  |  |  |
| Mother-in-law: |  |  |  |  |
| Former Parents-in-law\*: | | | | |

**\*** For former parents-in-law only provide names.

17. List names, dates of birth, home addresses and phone numbers, and the most recent occupations of brothers and sisters or step-brothers and sisters and of their respective spouses:

| NAME  (INCLUDE MAIDEN) | DATE OF BIRTH | ADDRESS  (NO., STREET, APT#/FLAT#, CITY/TOWN, STATE/PROVINCE, COUNTRY, ZIP/POSTAL CODE) | PHONE NUMBER | OCCUPATION |
| --- | --- | --- | --- | --- |
| **Sibling:** |  |  |  |  |
| Spouse: |  |  |  |  |
| **Sibling:** |  |  |  |  |
| Spouse: |  |  |  |  |
| **Sibling:** |  |  |  |  |
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| Spouse: |  |  |  |  |
| **Sibling:** |  |  |  |  |
| Spouse: |  |  |  |  |
| **Sibling:** |  |  |  |  |
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| **Sibling:** |  |  |  |  |
| Spouse: |  |  |  |  |
| **Sibling:** |  |  |  |  |
| Spouse: |  |  |  |  |
| **Sibling:** |  |  |  |  |
| Spouse: |  |  |  |  |

**MILITARY SERVICE DATA**

18. Have you ever served in a military organization of any country or have you been an active or inactive member of a reserve force of any country?

Yes  No

If yes, provide the following information:

Country of Service:

Branch of Service:       Service Serial #:

Highest Rank Held:

Period(s) of Active Service: From:       To:

From:       To:

19. Date and type of discharge or separation (Honorable, Dishonorable, Honorable Conditions, Medical, etc.) from Military Service(s):

Date of each discharge/separation and rank held:

Type of discharge(s):

Attach a copy of your military records\* labeled as Exhibit 19M. If unavailable, attach a copy of a letter to the appropriate branch of the military requesting a copy of your military records\* labeled as an Exhibit 19M. If in reserves, please attach a copy of your discharge papers.

\*In the United States, a military record is called a DD214. If you have served in the U.S. military, you should provide a copy of this record. If your military service was in another country, you should provide a copy of whatever official documentation was provided to you at the time of your discharge.

20. Have you ever been tried by military court martial or have you had charges\*\* filed against you? Yes  No

If yes, complete the following chart:

| NATURE OF CHARGE OR ARREST | DATE AND LOCATION OF CHARGE OR ARREST | NAME OF MILITARY ORGANIZATION FILING CHARGES | DISPOSITION (CONVICTED, ACQUITTED, DISMISSED, PLEADING, ETC.) | SENTENCE |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  |  |  |  |  |

\*\* Charges filed against you by the military authorities in any country would fall under the Code of Military Justice applicable to that jurisdiction.

In the United States, this means any charges filed against you under Article 15 of the Uniform Code of Military Justice (summary court, deck court, captain’s mast, company punishment, etc.)

## EDUCATIONAL DATA

21. Beginning with secondary school (high school), provide the information listed below with respect to each school, college, graduate or postgraduate school you have attended.

**(Provide a certified copy of your college transcripts)**

| DATES | | NAME AND ADDRESS OF SCHOOL,  TRAINING PROGRAM, ETC. | DESCRIPTION OF  EDUCATION PROGRAM | LIST ANY DEGREE OR CERTIFICATION ATTAINED | GRADUATED  YES OR NO |
| --- | --- | --- | --- | --- | --- |
| FROM:  (MO/YR) | TO:  (MO/YR) |  |  |  |  |
|  |  |  |  |  | Yes  No |
|  |  |  |  |  | Yes  No |
|  |  |  |  |  | Yes  No |
|  |  |  |  |  | Yes  No |
|  |  |  |  |  | Yes  No |
|  |  |  |  |  | Yes  No |

**OFFICES AND POSITIONS**

22. List all offices, trusteeships, directorships or fiduciary positions (including non-profit charitable entities and family trusts) that you have held or currently hold with any firm, corporation, association, partnership or other business entity. Begin with the most recent and work backward.

| DATES | | TITLE OF OFFICE OR POSITION HELD | NAME AND ADDRESS OF FIRM, CORPORATION,  ASSOCIATION, PARTNERSHIP OR OTHER BUSINESS ENTITY | COMPENSATION RECEIVED |
| --- | --- | --- | --- | --- |
| FROM:  (MO/YR) | TO:  (MO/YR) |  |  |  |
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23. List all government positions and offices, whether salaried or unsalaried, you have held or currently hold. Begin with the most recent and work backward.

| DATES | | TITLE OF OFFICE OR POSITION HELD | NAME AND ADDRESS OF  GOVERNMENT AGENCY/ORGANIZATION |
| --- | --- | --- | --- |
| FROM:  (MO/YR) | TO:  (MO/YR) |
|  |  |  |  |
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**CIVIL, CRIMINAL AND INVESTIGATORY PROCEEDINGS**

The next question asks about any arrests, charges or offenses you, your spouse, domestic partner or your children may have committed. Prior to answering this question, carefully review the definitions and instructions that follow.

DEFINITIONS: For purposes of this question:

1. “Arrest” includes any detaining, holding, or taking into custody by any police or other law enforcement authorities to answer for the alleged performance of any “offense.”
2. “Charge” means any indictment, complaint, information, summons, ticket, or other notice of the alleged commission of any “offense.”
3. “Offense” means all felonies, crimes, misdemeanors, municipal ordinance violations, military court-martials, and violations of probation or other court order. An “offense” does not include traffic or parking violations, except for driving while revoked/suspended, alcohol/drug-related traffic violations, and leaving the scene of an accident.

INSTRUCTIONS: 1. Answer “YES” and provide all information to the best of your ability EVEN IF:

1. You did not commit the offense charged;
2. The charges were dismissed or subsequently downgraded to a lesser charge;
3. You completed a Pretrial Intervention (PTI) or equivalent diversionary program in other jurisdictions;
4. You were not convicted;
5. You did not serve any time in prison or jail;
6. The charges or offenses happened a long time ago.
7. If any records relating to a charge, an arrest or conviction have been expunged or otherwise officially sealed by a court or government agency; or
8. You have an SIS (Suspended imposition of sentence from any pleas or) conviction.
9. Pursuant to 313.004, RSMo, Missouri Gaming Commission has access to both open and closed records.

# IMPORTANT

**Missouri Gaming Commission investigators will make inquiries to establish whether the applicant**

**has had any involvement with law enforcement agencies.**

***Failure to disclose any such involvement will be taken into account in***

***assessing your character, honesty and integrity, and may result in denial of your application***

***and/or criminal charges being filed against you.***

24. Have you ever been arrested or charged with any crime or offense in any jurisdiction?

Yes  No

If yes, complete the following chart:

**(Provide a copy of all documentation of criminal cases)**

| NATURE OF CHARGE OR OFFENSE/  LOCATION OF WHERE INCIDENT OCCURRED | DATE OF CHARGE OR OFFENSE | NAME AND ADDRESS  OF LAW ENFORCEMENT AGENCY  OR COURT INVOLVED | DISPOSITION  (CONVICTED, ACQUITTED, DISMISSED, PENDING,  PARDONED, ETC.) | SENTENCE |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
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1. To the best of your knowledge, has a criminal indictment, information or complaint ever been filed or returned against you, but for which you were not arrested or in which you were named as an unindicted party or unindicted co-conspirator in any criminal proceeding in any jurisdiction?

Yes  No

If yes, complete the following chart:

| NAME AND ADDRESS OF  GOVERNMENTAL AGENCY/ORGANIZATION INVOLVED | NATURE OF PROCEEDING | DATE |
| --- | --- | --- |
|  |  |  |
|  |  |  |
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1. a. Have you ever been the subject of an investigation conducted by any governmental agency/organization, court, commission, committee, grand jury or

investigatory body (local, state, county, provincial, federal, national, etc.) other than in response to a traffic summons?

Yes  No

b. Have you ever been called to testify before, or otherwise been questioned, interviewed, deposed, or requested to take a polygraph exam by any governmental agency/organization, court, board, commission, committee, grand jury or investigative body (local, state, county, provincial, federal, national, etc.) in any jurisdiction other than in response to a traffic summons?

Yes  No

c. Have you ever been subpoenaed to appear or testify before a federal, national, state, county grand jury, or other criminal investigatory agency or body, or any board or commission, or any civil, criminal or administrative proceeding or hearing?

Yes  No

If yes, complete the following chart:

| NAME AND ADDRESS OF  COURT OR OTHER AGENCY/ORGANIZATION | NATURE OF PROCEEDING  OR INVESTIGATION | WAS TESTIMONY  GIVEN? | DATE ON WHICH TESTIMONY  WAS GIVEN | APPROXIMATE  TIME PERIOD OF  INVESTIGATION |
| --- | --- | --- | --- | --- |
|  |  | Yes  No |  |  |
|  |  | Yes  No |  |  |
|  |  | Yes  No |  |  |

27. Have you ever received a pardon, or has any government agency/organization agreed to dismiss, suspend or defer any criminal investigation or prosecution against you for any criminal offense?

Yes  No

If yes, complete the following chart:

| DATE OF PARDON, DISMISSAL, SUSPENSION, OR DEFERRAL | TYPE OF ACTION TAKEN | NAME AND ADDRESS OF GOVERNMENT AGENCY/ORGANIZATION GRANTING PARDON, DISMISSAL, SUSPENSION OR DEFERRAL |
| --- | --- | --- |
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28. Has your spouse, domestic partner or any of your children, stepchildren or adopted children ever been arrested or charged with any crime or offense (as defined at the beginning of this section) in any jurisdiction?

Yes  No

If yes, complete the following chart:

| NAME OF PERSON | RELATIONSHIP | NATURE OF CHARGE OR OFFENSE | DATE OF CHARGE OR OFFENSE | NAME & ADDRESS OF LAW ENFORCEMENT AGENCY OR COURT INVOLVED | DISPOSITION  (CONVICTED, ACQUITTED, DISMISSED, PENDING, PARDONED, ETC.) | SENTENCE |
| --- | --- | --- | --- | --- | --- | --- |
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29. Have you as an individual, member of a partnership, or owner, director, or officer of a corporation, ever been a party to a lawsuit, as either a plaintiff or defendant or an arbitration as either a claimant or defendant? **(Include matrimonial matters, negligence matters, auto accident matters, contract matters, collection matters, debt matters, bankruptcies, etc.)**

**(Please provide a copy of all documentation in any of the above matters.)**

Yes  No

If yes, complete the following chart:

| MONTH/YEAR  FILED | NAME & ADDRESS  OF COURT | DOCKET/CASE  NUMBER | OTHER PARTIES TO SUIT | NATURE OF SUIT | DISPOSITION | DATE OF  DISPOSITION |
| --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |
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30. Has any general partnership, business venture, sole proprietorship or closely held corporation, with which you were associated as an owner, officer, director or partner, been a party to a lawsuit, arbitration or bankruptcy?

Yes  No

If yes, complete the following chart:

| NAME OF ENTITY | TYPE OF ENTITY | APPROXIMATE DATE(S) OF  LAWSUIT/ARBITRATION/BANKRUPTCY | WHERE ACTION FILED  (CITY/TOWN, STATE/PROVINCE, COUNTY) |
| --- | --- | --- | --- |
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**(Provide a copy of all documentation in any of the above matters.)**

31. For each casino, gaming/gambling related or alcoholic beverage operation application, license, permit, registration, finding of suitability, qualification or other authorization identified in the previous question, were you, your spouse or domestic partner ever called to appear to testify, or otherwise participate in a hearing or proceeding, before the licensing agency or commission to which you were applying?

Yes  No

If yes, complete the following chart:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| NAME AND ADDRESS OF LICENSING AGENCY OR COMMISSION | DATE OF APPEARANCE(S) | NATURE OF HEARING | WAS TESTIMONY GIVEN? | NAME OF PARTICIPANT |
|  |  |  | Yes  No |  |
|  |  |  | Yes  No |  |
|  |  |  | Yes  No |  |
|  |  |  | Yes  No |  |
|  |  |  | Yes  No |  |
|  |  |  | Yes  No |  |

32. Other than a criminal, disorderly person, petty disorderly person or motor vehicle violation, have you ever been cited for, charged with, formally accused of or signed a consent order relating to any violation of a statute, regulation or code of any local, state, county, municipal, provincial, federal or national government?

Yes  No

If yes, complete the following chart:

| GOVERNMENTAL AGENCY/ORGANIZATION | NATURE OF CHARGE | DATE | DISPOSITION | NAME OF PARTICIPANT |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
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33. Have you ever been barred or otherwise excluded, for any reason, other than for the denial, suspension or revocation of a license or registration, from any form or type of casino or gaming/gambling related operation in any jurisdiction? (Check “YES” even if the disbarment or exclusion is no longer in effect or has been lifted.)

Yes  No

If yes, complete the following chart:

| GAMING/GAMBLING AGENCY | DATE OF EXCLUSION | REASON FOR EXCLUSION |
| --- | --- | --- |
|  |  |  |
|  |  |  |
|  |  |  |

**VEHICLE OPERATOR DATA**

1. In the chart below, list all current motor vehicle operator licenses (automobiles, motorcycles, airplanes, boats, recreational vehicles, etc.) issued to you in any jurisdiction:

| MONTH/YEAR LAST ISSUED | LICENSE NUMBER | TYPE OF LICENSE | JURISDICTION ISSUING LICENSE | EXPIRATION DATE OF LICENSE |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  |  |  |  |  |
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**FINANCIAL DATA**

35.a**. Submit as Exhibit 35 copies of your state and federal tax returns for the last five (5) years, along with all W2’s filed with or used to determine the income reported on any such returns**. **(If such information has already been filed with the Missouri Gaming Commission, then only the most recent tax filing should be attached to this application.)**

35.b. Have any individual, local, city, county, provincial, state, Federal, national, or any other governmental liens/debts been filed against you as an individual, sole proprietor, member of a partnership, or owner of a corporation in any jurisdiction?

Yes  No

If yes, complete the following chart:

| NATURE OF LIEN/DEBT | WHEN FILED | WHERE FILED | CURRENT STATUS |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |
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36. Have you personally ever been adjudicated bankrupt or filed a petition for any type of bankruptcy, insolvency or liquidation under any bankruptcy or insolvency law in any jurisdiction?

Yes  No

If yes, complete the following chart:

| DATE FILED | DOCKET/CASE NUMBER | NAME AND ADDRESS OF COURT | NAME AND ADDRESS OF TRUSTEE |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

37. Has any business entity in which you held a 5% or greater ownership interest, or in which you served as an officer or director been adjudicated bankrupt or filed a petition for any type of bankruptcy or insolvency under any bankruptcy or insolvency law?

Yes  No

If yes, complete the following chart:

| DATE FILED | DOCKET/CASE NUMBER | NAME AND ADDRESS OF COURT | NAME AND ADDRESS OF FILING PARTY | NAME AND ADDRESS OF TRUSTEE |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

38. Have you ever been in a business entity as an individual, member of a partnership, or owner, director or officer of a corporation that has been in liquidation, receivership or been placed under some form of governmental administration or monitoring?

Yes  No

If yes, complete the following chart:

| NAME AND ADDRESS OF BUSINESS ENTITY | YOUR RELATIONSHIP TO BUSINESS ENTITY | DATE PLACED UNDER LIQUIDATION, RECEIVERSHIP, ETC. | REASON PLACED UNDER LIQUIDATION, RECEIVERSHIP, ETC. | PRESENT STATUS |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

39. Have your wages, earnings, or other income of any type ever been subject to garnishment, attachment, charging order, voluntary wage execution or the like?

Yes  No

If yes, complete the following chart:

| DATE FILED | DOCKET/CASE NUMBER | NAME AND ADDRESS OF COURT | NATURE OF  OBLIGATION | AMOUNT OF  OBLIGATION | NAME AND ADDRESS OF  HOLDER OF OBLIGATION |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |
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40. To the best of your knowledge, have you, your spouse or domestic partner served as a trustee or other fiduciary officer in any capacity during the last thirty-six (36) month period?

Yes  No

If yes, complete the following chart:

| DATES | | CAPACITY | NATURE OF TRUST  OR OTHER FUND | INCOME RECEIVED | FOR WHOM HELD |
| --- | --- | --- | --- | --- | --- |
| FROM:  (MO/YR) | TO:  (MO/YR) |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

41. a. Have you, your spouse or domestic partner ever sought and been denied a position as a trustee or other fiduciary officer? Yes  No

b. Have you, your spouse or domestic partner ever been suspended or removed from a position as a trustee or other fiduciary officer? Yes  No

If yes to either question, complete the following chart:

| DATE | CAPACITY | | NATURE OF TRUST OR OTHER OFFICE | | REASON FOR DENIAL, SUSPENSION  OR REMOVAL |
| --- | --- | --- | --- | --- | --- |
|  |  |  | |  | |
|  |  |  | |  | |
|  |  |  | |  | |

42. Have you ever had any real or personal property repossessed by a finance company in any jurisdiction?

Yes  No

If yes, complete the following chart:

| TYPE OF PROPERTY | DATE REPOSSESSED | NAME AND ADDRESS OF COMPANY  REPOSSESSING PROPERTY | REASON FOR REPOSSESSION |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |

43. Have you been:

1. An executor(trix), administrator or other fiduciary of any estate;
2. A beneficiary or legatee under a will or received anything of value under an intestacy statute; or
3. A settlor/grantor, beneficiary or trustee of any trust?

Yes  No

If yes, complete the following chart as to each estate and trust:

|  |  |  |  |
| --- | --- | --- | --- |
| NAME AND LOCATION OF ESTATE/TRUST | POSITION/ INTEREST HELD | DATE(S) ON WHICH POSITIONS WERE HELD OR INTEREST WAS RECEIVED | AMOUNT OF COMPENSATION OR  NATURE AND VALUE OF  BENEFIT GRANTED/RECEIVED |
|  |  |  |  |
|  |  |  |  |

44. Do you own, hold, or have an interest in any assets in a trust in any jurisdiction? (You may exclude those assets disclosed in your answer to question 43).

Yes  No

If yes, complete the following chart:

| DESCRIPTION OF TRUST | LOCATION OF TRUST | NAME OF TRUSTEE(S) | NAMES OF OTHER(S) WITH INTERESTS IN TRUST |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
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45. Do you hold, manage or control in trust, or otherwise, any assets or liabilities for another person or entity in any jurisdiction? (You may exclude those assets or liabilities disclosed in your answer to question 44). Under “Description of Trust”, describe, in detail, the assets or liabilities, your duties and responsibilities concerning the trust, and the beneficial owner.

Yes  No

If yes, complete the following chart:

| DESCRIPTION OF TRUST | LOCATION OF TRUST | NAMES OF OTHER(S) WITH INTEREST IN TRUST |
| --- | --- | --- |
|  |  |  |
|  |  |  |
|  |  |  |

46. a. Please state your country of residence

b. Have you, your spouse or domestic partner had any right of ownership in, control over or interest in any bank account(s) that are located

outside the country of residence identified in a. above?

Yes  No

If yes, complete the following chart:

| DATES | | NAME AND ADDRESS OF  INSTITUTION HOLDING ACCOUNT | ACCOUNT NUMBER | NAME AND ADDRESS OF  EACH PERSON/ENTITY APPEARING  ON THE ACCOUNT | PRESENT AMOUNT HELD/AMOUNT HELD BEFORE CLOSING | ACCOUNT HELD BY |
| --- | --- | --- | --- | --- | --- | --- |
| FROM:  (MO/YR) | TO:  (MO/YR) |  |  |  |  |  |
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1. Do you, your spouse or domestic partner own, manage or control any assets, or are you, your spouse or domestic partner responsible for any liabilities located outside the country of residence as identified in a. above (excluding any foreign bank accounts identified in b. above)?

Yes  No

If yes, complete the following chart:

| DESCRIPTION OF ASSET/LIABILITY (TO INCLUDE VALUE OR AMOUNT) | LOCATION OF ASSET/LIABILITY | NAME |
| --- | --- | --- |
|  |  |  |
|  |  |  |
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47. During the past five (5) year period, have you, your spouse, domestic partner or any of your children, while dependent, received a loan in excess of ten thousand dollars ($10,000 USD)?

Yes  No

If yes, complete the following chart:

| DATE LOAN  RECEIVED | NAME AND ADDRESS OF LENDER | NAME OF BORROWER  AND ALL CO-SIGNERS | ORIGINAL  AMOUNT  OF LOAN | INTEREST  RATE  (%) | TERMINATION  DATE  OF LOAN |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |
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|  |  |  |  |  |  |

48. During the past five (5) year period, have you, your spouse, domestic partner or any of your children, while dependent, made any loans in excess of ten thousand dollars ($10,000 USD)?

Yes  No

If yes, complete the following chart:

| DATE  OF LOAN | NAME AND ADDRESS  OF BORROWER | ALL CO-PARTIES  TO LOAN | NAME OF LENDER | ORIGINAL  AMOUNT  OF LOAN | INTEREST  RATE  (%) | TERMINATION  DATE  OF LOAN | SECURITY  PLEDGED |
| --- | --- | --- | --- | --- | --- | --- | --- |
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49. During the past five (5) year period, have you ever exchanged currency individually or for another person of ten thousand dollars ($10,000 USD) or more?

Yes  No

If yes, complete the following chart:

| DATE AND AMOUNT OF EXCHANGE | LOCATION WHERE EXCHANGE MADE | REASON FOR EXCHANGE | DID YOU FILL OUT OR FILE ANY GOVERNMENTAL REPORTING DOCUMENT |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

50. Do you maintain a brokerage or margin account with any securities or commodities dealer?

Yes  No

If yes, complete the following chart:

| TYPE OF ACCOUNT | NAME AND ADDRESS OF DEALER | AMOUNT OF MARGIN |
| --- | --- | --- |
|  |  |  |
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51. During the past five (5) year period, have you, your spouse, domestic partner or any of your children, while dependent, filed any claims under any fire, theft, automobile or insurance policy, the proceeds of which were twenty-five thousand dollars ($25,000 USD) or more?

Yes  No

If yes, complete the following chart:

| DATE OF CLAIM | CLAIMANT NAME | NATURE OF CLAIM | NAME AND ADDRESS OF  INSURANCE CARRIER | DISPOSITION |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  |  |  |  |  |
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52. During the last five year period, have you, your spouse, domestic partner or dependent children given or received any gift or gifts, whether tangible or intangible, which either individually or in the aggregate exceeded ten thousand dollars ($10,000 USD) in value in any one year period?

Yes  No

If yes, complete the following chart as to each gift:

| DONOR | DONEE | DATE GIFT GIVEN/RECEIVED | DESCRIPTION OF GIFT | APPROXIMATE  VALUE |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

53. a. Do you have any safe deposit boxes in your name in any jurisdiction? Yes  No

b. Do you have access to the funds in any other safe deposit boxes in any jurisdiction? Yes  No

If yes to either question, complete the following chart:

| NAME AND ADDRESS OF BANK OR OTHER INSTITUTION/BUSINESS WHERE LOCATED | NAME(S) IN WHICH SAFE DEPOSIT BOX(ES) HELD | SAFE DEPOSIT BOX NO. |
| --- | --- | --- |
|  |  |  |
|  |  |  |
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54. In the past five (5) year period, have you received any referral or finder’s fee?

Yes  No

If yes, complete the following chart:

| NAME AND ADDRESS  OF ALL PARTIES INVOLVED | NATURE OF GOODS OR  SERVICES PROVIDED | AMOUNT RECEIVED | DATE RECEIVED |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |
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55. Have you, your spouse or domestic partner ever given a guarantee, co-signed or otherwise insured payment of a loan, debt or other financial obligation in any jurisdiction?

Yes  No

If yes, complete the following chart:

| NATURE OF OBLIGATION  (PERSONAL GUARANTEE, ETC.) | DATE OBLIGATION MADE | NAME(S) OF PERSON RESPONSIBLE FOR OBLIGATION | STATUS OF UNDERLYING OBLIGATION |
| --- | --- | --- | --- |
|  |  |  |  |
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56. Provide the names and other information requested of three (3) references over the age of 18 who have known you for at least one year and can attest to your good character and reputation. No person can be a reference who is a member of your family. (Spouse, domestic partner, parents, grandparents, children, grandchildren, siblings, uncles, aunts, nephews, nieces, fathers-in-law, mothers-in-law, sons-in-law, daughters-in-law, brothers-in-law and sisters-in-law whether by whole or half blood, by marriage, adoption or natural relationship.)

|  | | **REFERENCE ONE** | | |  | |
| --- | --- | --- | --- | --- | --- | --- |
| **Name:** | | | **Address:** | | | |
| **Telephone Number:** | | | **Email Address:** | | | |
|  |  | | | | |  |
| **Business Address:** | | | | **Occupation:** | | |
| **How long have you known the reference:** | | | | | | |

|  | | **REFERENCE TWO** | | |  | |
| --- | --- | --- | --- | --- | --- | --- |
| **Name:** | | | **Address:** | | | |
| **Telephone Number:** | | | **Email Address:** | | | |
|  |  | | | | |  |
| **Business Address:** | | | | **Occupation:** | | |
| **How long have you known the reference:** | | | | | | |

|  | | **REFERENCE THREE** | | |  | |
| --- | --- | --- | --- | --- | --- | --- |
| **Name:** | | | **Address**: | | | |
| **Telephone Number:** | | | **Email Address:** | | | |
|  |  | | | | |  |
| **Business Address:** | | | | **Occupation:** | | |
| **How long have you known the reference:** | | | | | | |

1. As indicated in the instructions on page 2 of this form, this page is to be used by you for any questions which require additional space to answer. The number of the question must be stated immediately prior to your answer. If additional pages are needed, photocopy this page or add paper of similar size and identify these pages with corresponding numbers and letters. **You must use blue ink to personally initial your application at the bottom of any new page added.**

**IDENTIFY ALL ANSWERS BY ORIGINAL QUESTION NUMBERS**

**USE ADDITIONAL PAGES IF NECESSARY**

**VERIFICATION**

STATE/PROVINCE OF:

SS:

COUNTY/PARISH/DISTRICT OF:

      (Applicant’s Name), 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.

1. Any document accompanying this Missouri Gaming Commission Personal Disclosure Form that is not an original document is a true copy of the original document.
2. I swear (or affirm) that the foregoing statements made by me are true, complete and accurate to the best of my knowledge. I am aware that if any of the foregoing statements made by me are knowingly false, I am subject to criminal charges.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(Applicant’s Signature)*

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(Notary Public)*

**(Notarial Seal**)

My commission expires: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notary Public in and for the County of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Individual's Request to Release Information**

To:

From:      *(Applicant’s Name)*

1. I hereby authorize and request all persons or entities to whom this request is presented having information relating to or concerning me to furnish such information to a duly appointed agent of the Missouri Gaming Commission or Missouri Highway Patrol, whether or not such information would otherwise be protected from disclosure by any constitutional, statutory or other legal privilege.
2. I hereby authorize and request all persons or entities to whom this request is presented having documents relating to or concerning me to permit a duly appointed agent of the Missouri Gaming Commission or Missouri Highway Patrol to review and copy any such documents, whether or not such documents would otherwise be protected from disclosure by any constitutional, statutory or other legal privilege.
3. If the person or entity to whom this request is presented is a brokerage firm, bank, savings and loan, or other financial institution or an officer of same, I hereby authorize and request that a duly appointed agent of the Missouri Gaming Commission or Missouri Highway Patrol shall be permitted to review and obtain copies of any and all documents, records or correspondence pertaining to me, including, but not limited to, past loan information, notes cosigned by me, checking account records, savings deposit records, safe deposit box records, passbook records, and general ledger folio sheets.

I hereby authorize disclosure of all financial records pertaining to my relationship with any financial institution pursuant to the Missouri Right to Financial Privacy Act, sections 408.675 to 408.700, RSMo, for twenty-four (24) months from the date of execution or at the termination of all licenses issued to me by the Missouri Gaming Commission, whichever occurs later. I understand that I may revoke this authorization at any time before the financial records are disclosed. I authorize disclosure of the financial records identified above to the Missouri Highway Patrol and/or Missouri Gaming Commission for the purpose of evaluating my application for a gaming license, and acknowledge that said agencies have complied with and afforded all applicable rights under sections 408.675 to 408.700, RSMo.

1. I do hereby make, constitute and appoint any duly appointed agent of the Missouri Gaming Commission or Missouri Highway Patrol my true and lawful attorney-in-fact, for me in my name, place, stead, and on my behalf and for my use and benefit:

(a) To request, review, copy, sign for, or otherwise act for investigative purposes with respect to documents and information in the possession of the person or entity to whom this request is presented as I might;

(b) To name the person or entity to whom this request is presented and insert that person's or entity's name in the appropriate location on this request; and

(c) To place the name of the Missouri Gaming Commission or Missouri Highway Patrol agent presenting this request in the appropriate location on this request.

1. I grant to said attorney-in-fact full power and authority to do, take, and perform all and every act and thing whatsoever requisite, proper, or necessary to be done, in the exercise of any of the rights and powers herein granted, as fully to all intents and purposes as I might or could do if personally present, with full power of substitution or revocation, hereby ratifying and confirming all that said attorney-in-fact, or his/her substitute(s), shall lawfully do or cause to be done by virtue of this power of attorney and the rights and powers herein granted.
2. This power of attorney ends twenty-four (24) months from the date of execution or at the termination of all licenses issued to the applicant /me by the Missouri Gaming Commission, whichever occurs later.
3. I do, for myself, my heirs, executors, administrator, successors and assigns, hereby release, remise, and forever discharge the person or entity to whom this request is presented, and his/her/its agents and employees from any and all manner of actions, causes of action, suits, debts, judgments, executions, claims and demands whatsoever, known or unknown, in law or equity, which I ever had, now have, may have, or claim, to have against the person or entity to whom this request is presented or his/her/its agents or employees arising out of or by reason of complying with this request.
4. I agree to indemnify and hold harmless the person or entity to whom this request is presented and his/her/its agents and employees from and against all claims, damages, losses, and expenses, including reasonable attorney's fees arising out of or by reason of complying with this request.
5. A reproduction of this request by photocopy shall be for all intents and purposes as valid as the original.

IN WITNESS WHEREOF, I have executed this request at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_

*(City)* *(State)*

on the \_\_\_\_\_\_\_\_\_\_\_day of , 20

*(Applicant's Signature)*

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

*(Notary Public)*

**(Notarial Seal)**

My commission expires: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notary Public in and for the county of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**IMPORTANT**

**Request for Tax Account Transcript of Returns**

You can request your tax account transcript at the following site:

<http://www.irs.gov/Individuals/Get-Transcript>

* You will need to request a tax account transcript for each of the past **5 years**
* You can download and print your transcript immediately by clicking on **“Get Transcript Online”**
* Please place a copy of your tax account transcript behind this page in the application

Tax Account Transcript of Returns included with my application.

**Missouri Department of Revenue**

**Authorization and Release**

|  |  |
| --- | --- |
| I,      , born at | |
| (City)      , | (County) |
| (State)      , | on (Date)      , and now residing at |
| (Street)      , | (City, State & Zip)      , |

hereby consent to the release of information to the Missouri Gaming Commission as follows:

I authorize and request that every person, firm, company, corporation, government agent, law enforcement agency, court, association, or institution having control of any document, records or other information pertaining to me, furnish to the Missouri Gaming Commission any such information, including a credit report or documents, records, and files regarding charges or complaints filed against me, including any complaints erased by law, whether formal or informal, pending or closed, or any other pertinent date, and to permit the Missouri Gaming Commission or any of its agents or representatives to inspect and make copies of such documents, records, or other information.

I authorize and request the Missouri Department of Revenue to release confidential tax records for all tax period(s) to the Missouri Gaming Commission. This tax information may include, but is not limited to, individual income tax, sales tax, use tax, withholding tax, or any other tax that is administered or collected by the Department of Revenue. The Director of Revenue and Department personnel are hereby released from any and all liability pursuant to authorized disclosure of confidential tax information resulting from release of information covered by section 32.057, RSMo, under this document.

I, along with my spouse/domestic partner/partner in legal civil union (Name)      , hereby release, discharge and exonerate the Missouri Gaming Commission, the Missouri State Highway Patrol, the Missouri Department of Revenue, the State of Missouri, its agents and representatives, and any person so furnishing information from any and all liability of every nature and kind arising out of the furnishing or inspection of such documents, records, and other information or any investigation or report made by the above persons or entities.

|  |  |
| --- | --- |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Applicant’s Signature Spouse/Domestic Partner/Partner in Legal

Civil Union Signature

|  |  |
| --- | --- |
|  |  |

Applicant’s Social Security Number Spouse/Domestic Partner/Partner in Legal

Civil Union Social Security Number

**Public Disclosure Section**

**INDIVIDUAL OCCUPATIONAL LICENSE APPLICANTS AND LICENSEES**

Instructions: All applicants for licensure and all licensees are required to fully and completely supply all information concerning the applicant or licensee, his/her/its products, service or gambling enterprises and his/her/its business holdings requested by this form even though much of the information requested may have been previously disclosed in the application. Where the answer may be derived or ascertained from the business records of the applicant or licensee, the applicant or licensee may attach such records as exhibits and reference the exhibits in the corresponding answer. This form will be used by the Missouri Gaming Commission to comply with the provisions of the gaming law requiring ublic disclosure of this information to any person upon request. Each applicant and licensee has a continuing obligation to update and supplement the information contained in this form. Portions of the form may not apply to each applicant and licensee; however, each applicant and licensee is instructed to complete all sections of the form that apply.

|  |
| --- |
| 1. State the name, business address and business telephone number of the applicant or licensee. |
| 2. State the name of the gaming company you are applying for or with which employed. |
| 3. What position are you applying for or do you hold with this gaming company. |
| 4. State whether the applicant or licensee has been indicted, convicted, plead guilty or nolo contendere, or forfeited bail concerning any criminal offense under the laws of any jurisdiction, either felony or misdemeanor, except for traffic violations. If so, include the date, the name and location of the court, arresting agency and prosecuting agency, the case number, the offense, the disposition and the location and length of incarceration. |
| 5. State whether the applicant or licensee has had any license or certificate issued by a licensing authority in this state or any jurisdiction denied, restricted, suspended, revoked or not renewed and a statement describing the facts and circumstances concerning the denial, restriction, suspension, revocation or non-renewal, including the licensing authority, the date each such action was taken and the reason for each such action. |
| 6. State whether the applicant or licensee has ever filed or had filed against it a proceeding in a bankruptcy or has ever been involved in any formal process to adjust, defer, suspend or otherwise work out the payment of any debt including the date of filing, the name and location of the court, the case and number of the disposition. |
| 7. State whether the applicant or licensee has filed, or been served with a complaint or other notice filed by any regulatory body, regarding the delinquency in the payment of, or a dispute over the filings concerning the payment of, any tax required under federal, state or local law, including the amount, type of tax, the taxing agency and the time periods involved. |
| 8. State whether the applicant or licensee has made, directly or indirectly, any political contribution, or any loans, donations or other payments of one hundred dollars ($100) or more, to any candidate or office holder, within five (5) years from the date of filing this application form, update or supplement. Specify to whom the payment was made, the amount of the payment and method of payment. |
| 9. State the name, business address and business telephone number of the legal counsel, if any, representing the applicant or licensee in matters before the commission. |
| 10. List the name of any business in which the applicant or licensee, or the applicant’s or licensee’s spouse, domestic partner or children, have an equity (ownership) interest, including, if applicable, the state of incorporation or registration of the business. (Do not include the names of any mutual funds owned by the licensee). |
| 11. List the names and titles of all public officials, officers of any unit of government, and relatives of such public officials or officers who, directly or indirectly, are the creditors of or have any interest in any contractual or service relationship with the applicant or licensee. |
|  |
|  |

**Public Disclosure Verification**

State of

County of

I,      **,** being first duly sworn upon oath or affirmation, depose and state--

1. I am the applicant or licensee submitting this Public Disclosure Section;

2. I personally supplied the information contained in this form;

3. I swear (or affirm) that the information contained in this form is true, complete and accurate to the best of my knowledge and belief;

4. I understand and agree that the Public Disclosure Form will be provided to any member of the public who requests this information from the Missouri Gaming Commission. I further understand my continuing obligations to update and supplement this form if any of the information provided changes; and

5. I swear or affirm that I have read and agree to abide by the terms of the Riverboat Gaming Act and any rules promulgated by the commission, including any emergency rules and proposed rules.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(Applicant’s Signature)*

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(Notary Public)*

**(Notarial Seal**)

My commission expires: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notary Public in and for the County of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Missouri Applicant Fingerprint Privacy Notice**

The Missouri Applicant Fingerprint Privacy Notice includes three (3) parts:

1. The State and National Rap Back Privacy Notice
2. The Noncriminal Justice Applicant Privacy Rights
3. The Privacy Act Statement

**State and Federal Rap Back Privacy Notice**

Applicants submitting their fingerprint images to the Central Repository for a fingerprint based criminal record check are advised that their fingerprint images will be retained in state and federal biometrics databases, pursuant to Section 43.540 RSMo. If the submitting agency participates in the State or State and National Rap Back Programs, fingerprint images will be submitted, searched and retained for the purpose of being searched against future submissions to the State and National Rap Back programs; fingerprint searches will also include latent print searches.

The "Missouri Rap Back Program" and "National Rap Back Program" shall include any type of automatic notification made by the State of Missouri and/or the Federal Bureau of Investigation through the Missouri State Highway Patrol to a qualified entity indicating that an applicant who is employed, licensed, or otherwise under the purview of the qualified entity has been arrested for a reported criminal offense and the fingerprints for that arrest were forwarded to the Central Repository or the Federal Bureau of Investigation by the arresting agency.

By signing the Missouri Applicant Fingerprint Privacy Notice you are acknowledging the receipt of and agreeing to the terms of the State and National Rap Back Privacy Notice, the Noncriminal Justice Applicant Privacy Rights, and the Privacy Act Statement.

NAME (Please Print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_

*Spanish version to follow -*

**Aviso de privacidad de la huella digital del solicitante de Missouri**

El Aviso de privacidad de la huella digital del solicitante de Missouri incluye tres (3) secciones.

1. El Estado y el Aviso de Privacidad Nacional de Rap Back
2. Los derechos de privacidad del solicitante de justicia no penal
3. La Declaración de la Ley de Privacidad

1. **Aviso de privacidad estatal y federal de Rap Back**

Se recomienda a los solicitantes que envíen sus imágenes de huellas dactilares al Repositorio Central para una verificación de antecedentes penales basada en huellas dactilares que sus imágenes de huellas dactilares se conservarán en las bases de datos biométricos estatales y federales, de conformidad con la Sección 43.540 RSMo. Si la agencia remitente participa en los Programas estatales o estatales y nacionales de devolución de respaldo, las imágenes de huellas dactilares se enviarán, buscarán y conservarán con el fin de realizar búsquedas en futuras presentaciones a los programas estatales y nacionales de Respuesta de retorno; Las búsquedas de huellas digitales también incluirán búsquedas de impresiones latentes.

El "Programa de Devolución Rápida de Missouri" y el "Programa Nacional de Respuesta

Rápida" incluirán cualquier tipo de notificación automática realizada por el Estado de Missouri y

/ o la Oficina Federal de Investigaciones a través de la Patrulla de Carreteras del Estado de Missouri a una entidad calificada que indique que un solicitante que es empleado, licenciado o de otro modo bajo el ámbito de la entidad calificada ha sido arrestado por una ofensa criminal denunciada y las huellas dactilares para ese arresto fueron enviadas al Depósito Central o al Buró Federal de Investigaciones por la agencia de arresto.

Al firmar el Aviso de Privacidad de Huellas Digitales del Solicitante de Missouri, usted está aceptando que recibió y está de acuerdo con los términos del Aviso de Privacidad de Rap Back del Estado y Nacional, los Derechos de Privacidad del Solicitante de Justicia No Penal y la Declaración de la Ley de Privacidad.

Firma: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fecha: \_\_\_\_\_\_\_\_\_\_\_\_\_







