

MISSOURI GAMING COMMISSION



TRANSFER/REHIRE LEVEL II APPLICATION

APPLICATION INSTRUCTIONS

THIS APPLICATION MUST BE SUBMITTED BY PERSONS WHO ALREADY HAVE AN ACTIVE LEVEL II OCCUPATIONAL LICENSE. IF YOUR LICENSE IS EXPIRED (INACTIVE) YOU MUST COMPLETE THE LEVEL II OCCUPATIONAL LICENSE APPLICATION.

PLEASE READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS APPLICATION.

I. COMPLETING THIS APPLICATION:

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 your occupational license. Notwithstanding the provisions under 610.110, RSMo, the Commission has access to both open and closed records as provided under 313.004, RSMo.

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.

IMPORTANT NOTICES

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

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



**STATE OF MISSOURI
MISSOURI GAMING COMMISSION
APPLICANT ENTRY DATA**

APPLICATION NO.	GAMING LICENSE NO.	SOCIAL SECURITY NO.	DATE OF BIRTH	AGE
CASINO				
Company Name:				
SUPPLIER				
Company Name:				
LICENSE TYPE				
For this license type, applicant must be 21 or older			<input type="checkbox"/> L2 Level 2	
An applicant 18 or over, but under 21 is eligible for a RESTRICTED license only			<input type="checkbox"/> R2 Level 2	
NAME				
LAST NAME		FIRST NAME	MIDDLE NAME	
OTHER NAMES USED [E.G., MAIDEN NAME, ALL PREVIOUS MARRIED NAMES, ALIASES, AKA (ALSO KNOWN AS)]				
ADDRESS				
ENTER APPLICANT'S HOME ADDRESS, INCLUDING HOME AND MOBILE PHONE INFORMATION				
STREET ADDRESS, SUITE NO., ETC.				
PO BOX			HOME PHONE:	
CITY:		STATE:	ZIP CODE:	MOBILE PHONE:
PLACE OF BIRTH:		COUNTRY OF CITIZENSHIP:		EMAIL ADDRESS:
ETHNIC ORIGIN				
<input type="checkbox"/> African <input type="checkbox"/> African-American <input type="checkbox"/> Alaska Native <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> East Indian <input type="checkbox"/> Hispanic <input type="checkbox"/> Middle Eastern <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Other				
GENDER: Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/>		HEIGHT: ft. in.		WEIGHT: Pounds
HAIR				
<input type="checkbox"/> Auburn	<input type="checkbox"/> Bald	<input type="checkbox"/> Black	<input type="checkbox"/> Blonde	<input type="checkbox"/> Brown
<input type="checkbox"/> Red	<input type="checkbox"/> Salt/Pepper	<input type="checkbox"/> Sandy	<input type="checkbox"/> Strawberry	<input type="checkbox"/> White
<input type="checkbox"/> Other				
EYES				
<input type="checkbox"/> Black	<input type="checkbox"/> Blue	<input type="checkbox"/> Brown	<input type="checkbox"/> Gray	<input type="checkbox"/> Green
<input type="checkbox"/> Maroon	<input type="checkbox"/> Pink	<input type="checkbox"/> Other		
WORK DEPARTMENT TO BE COMPLETED BY HUMAN RESOURCES				
<input type="checkbox"/> Accounting	<input type="checkbox"/> Casino Host	<input type="checkbox"/> Facilities	<input type="checkbox"/> Hard Count	<input type="checkbox"/> Management
<input type="checkbox"/> Administration	<input type="checkbox"/> Casino Operations	<input type="checkbox"/> Finance	<input type="checkbox"/> Hotel Sales	<input type="checkbox"/> Marine Operations
<input type="checkbox"/> Admission	<input type="checkbox"/> Club	<input type="checkbox"/> Food & Beverage	<input type="checkbox"/> Housekeeping	<input type="checkbox"/> Marketing
<input type="checkbox"/> Anti-Money Laundering	<input type="checkbox"/> Consultant	<input type="checkbox"/> General Management	<input type="checkbox"/> Human Resources	<input type="checkbox"/> MIS
<input type="checkbox"/> Audit	<input type="checkbox"/> Count	<input type="checkbox"/> Gift Shop	<input type="checkbox"/> Information Technology	<input type="checkbox"/> PBX
<input type="checkbox"/> Cage	<input type="checkbox"/> EVS	<input type="checkbox"/> Gold Card	<input type="checkbox"/> Inventory Control	<input type="checkbox"/> Players Club
<input type="checkbox"/> Casino Beverage	<input type="checkbox"/> Executive	<input type="checkbox"/> Guest Services	<input type="checkbox"/> Maintenance	<input type="checkbox"/> Property Operations
<input type="checkbox"/> Purchasing Department	<input type="checkbox"/> Soft Count	<input type="checkbox"/> Warehouse	<input type="checkbox"/> Restaurant	<input type="checkbox"/> Special Events
<input type="checkbox"/> Safety	<input type="checkbox"/> Surveillance	<input type="checkbox"/> Table Games	<input type="checkbox"/> Sales	<input type="checkbox"/> Ticketing
<input type="checkbox"/> Security	<input type="checkbox"/> Training Development	<input type="checkbox"/> Shuttle	<input type="checkbox"/> Wardrobe	<input type="checkbox"/> Slots
JOB TITLE				
OCCUPATIONAL CLASSIFICATION (TO BE COMPLETED BY THE CASINO HUMAN RESOURCES DEPARTMENT)				
<input type="checkbox"/> BLU Solid Blue (non-gaming)		<input type="checkbox"/> DIA Red Diagonal Stripes (gaming)		<input type="checkbox"/> GRE Solid Green (surveillance)
<input type="checkbox"/> HOR Red Horizontal Stripes (non-gaming)		<input type="checkbox"/> RED Solid Red (security and guest safety)		<input type="checkbox"/> WHI Solid White (non-casino)



STATE OF MISSOURI
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APPLICANT ENTRY DATA

1. IN THE LAST 30 DAYS, HAVE YOU APPLIED FOR A LICENSE AT ANOTHER BOAT IN MISSOURI?
 YES NO
IF YES, LIST WHERE APPLIED.

2. HAS YOUR LICENSE EVER BEEN DENIED OR REVOKED IN ANY OTHER JURISDICTION?
 YES NO
IF YES, LIST JURISDICTION

3. DESCRIBE ANY CONTACT YOU HAVE HAD WITH THE POLICE OR THE COURTS SINCE YOUR LAST APPLICATION.

4. IF YOU HAVE HAD A NAME CHANGE SINCE YOUR LAST APPLICATION LIST THE OTHER NAMES.



Missouri Gaming Commission

NOTICE OF DUTY TO DISCLOSE ARRESTS AND CONVICTIONS

The Missouri Gaming Commission (Commission) has advised the following person (Applicant) of their duty to disclose all arrests and convictions when applying for an occupational gaming license:

Name: _____ SSN: _____

Pursuant to 11 CSR 45-4.260(4)(D), the Commission may deny an occupational gaming license to any Applicant who fails to disclose any arrest or conviction on their application for an occupational gaming license. This duty to disclose includes all arrests, which shall include any incidents in which the Applicant was detained, held, or taken into custody by law enforcement officials for questioning about an alleged criminal offense, regardless of whether or not the charges for which the Applicant was arrested were later dropped, dismissed, or nolle prosequi. This duty to disclose also includes all convictions, including military court-martial convictions and any conviction in which the Applicant has been found guilty of, plead guilty to, plead nolo contendere to, or entered an Alford plea to a crime, as well as any conviction in which the Applicant received a Suspended Imposition of Sentence (SIS), regardless of whether or not the record of conviction is currently a closed or expunged record.

Failure by the Applicant to disclose any arrest or conviction may result in the DENIAL of the Applicant's application for an occupational gaming license and/or the termination of any temporary gaming license that may have been issued.

The following examples are intended to help the Applicant better understand their duty to disclose but are not designed to include every situation in which an Applicant has a duty to disclose an arrest or conviction.

ANY APPLICANT WHO HAS QUESTIONS ABOUT OR DOES NOT FULLY UNDERSTAND THEIR DUTY TO DISCLOSE ALL ARRESTS AND CONVICTIONS SHOULD NOT COMPLETE THE APPLICATION PROCESS UNTIL SUCH TIME AS THE APPLICANT FULLY UNDERSTANDS THIS DUTY TO DISCLOSE

Example #1: Applicant pleads guilty to a crime and receives an SIS and 2-years' probation. Applicant successfully completes the 2-years' probation, and Applicant's court records are closed. Applicant must disclose this conviction to the Commission despite any advice the Applicant may have received from an attorney or judge to the contrary.

Example #2: Applicant is arrested for a crime, but the charges are later dropped, dismissed, or nolle prosequi by the prosecutor. Applicant must disclose this arrest to the Commission despite any advice the Applicant may have received from an attorney or judge to the contrary.

Example #3: Applicant is arrested for, or convicted of a crime in another state or jurisdiction. The Applicant must disclose this arrest or conviction to the Commission despite any advice the Applicant may have received from an attorney or judge to the contrary.

Example #4: Applicant is handcuffed by police, taken to the police station, fingerprinted, and held for questioning, but later released without any charges being filed against them. Applicant must report this interaction to the Commission despite any advice the Applicant may have received from an attorney or judge to the contrary.

Example #5: Applicant is charged, pleads guilty to, or is found guilty of any offense and is granted an expungement. Applicant must disclose any expunged offenses as required per section 610.140.9, RSMo.

Example #6: Applicant is arrested and convicted of a crime and sentenced to 2-years in prison. Applicant later receives a full pardon from the Governor. Applicant must disclose this arrest and conviction to the Commission despite any advice the Applicant may have received from an attorney or judge to the contrary.

Acknowledgement of Understanding of Duty to Disclose: Applicant freely acknowledges that they have read this form and fully understand their duty to disclose all arrests and convictions to the Commission.

Signature of Applicant: _____ Date: _____

Acknowledgement of Receipt: The undersigned hereby certifies that the Applicant was provided adequate time in which to read and examine this form, that Applicant indicated to the undersigned that they fully understood their duty to disclose all arrests and convictions to the Commission, and that the Applicant signed the foregoing in exercise of their own free will on this, the ____ day of _____, 20____.

MGC Signature

Printed Name

Title/Position