# MISSOURI GAMING COMMISSION



# FANTASY SPORTS CONTEST OPERATOR PERSONAL DISCLOSURE FORM

You must make accurate statements and include all material facts. Any misrepresentation, or the <u>failure to provide requested information</u>, may result in the denial of the fantasy sports contest operator's application.

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 the questions fully and thoroughly.

# **INSTRUCTIONS**

PLEASE READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS FORM.

## I. COMPLETING THIS FORM:

- a) You must make accurate statements and include all material facts.
- b) 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.
- c) 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.
- d) All entries on this form, except initials and signatures, must be typed or printed in block lettering using dark ink.
- e) You must use <u>blue</u> ink to personally initial and date the spaces provided at the bottom of each page of the form.
- f) 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 16 may be used to provide this additional information. You must use blue ink to personally initial and date this form at the bottom of each of these attachment pages.
- g) If you make any modification to the pre-printed questions, format, or information contained in this form, your form will be rejected. Once this form is accepted, it becomes the property of the Missouri Gaming Commission and will not be returned.

Initials\_\_\_\_\_Date \_\_\_\_

#### **IMPORTANT NOTICES**

Persons submitting this form are required to be fingerprinted. This form will not be processed until fingerprints are provided.

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

For those persons who reside outside of the United States, please ensure completed local law enforcement/police clearances accompany this form. 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. When you need to update information, you can use the appropriate pages from the blank form to provide the information.

- II. BEFORE YOU SUBMIT THIS FORM TO THE MISSOURI GAMING COMMISSION, BE SURE THAT:
  - a. You have included all required attachments listed in this form.
  - b. The verification forms are notarized on the original form.
  - c. Every question has been answered completely.
  - d. You retain a completed copy of this form for your own records.
- III. Please submit one original and one copy of the completed form and all required attachments to:

Missouri Gaming Commission 3417 Knipp Drive PO Box 1847 Jefferson City, MO 65102

Initials\_\_\_\_\_Date \_\_\_

## **Definitions**

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

**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.

**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.

Individual: Any natural person.

Initials	Date



SOCIAL SECURITY NO:			DATE OF BIRTH:			INTERNA	TIONAL ID	:
NAME								
LAST NAME		FIRST NAME		MIDE	DLE NAME			SUFFIX, IF APPLICABLE
OTHER NAMES USED E.G	., MAIDEN NAME,	ALL PREVIOUS	MARRIED NAMES, ALIA	ASES, A	KA (ALSO KNOWI	VAS)		
ADDRESS (HOME AD		DING HOME	AND MOBILE PHO	NE INF	FORMATION)			
STREET ADDRESS, SUITE	E NO., ETC:							
РО ВОХ:						Н	OME PHO	NE:
CITY:			STATE:	ZIF	CODE:	М	OBILE PHO	DNE:
*PLACE OF BIRTH:			**COUNTRY OF CITIZE	NSHIP:		G	ENDER:	
*SEE PAGE 6 FOR THE A	PPROPRIATE PLA	ACE OF BIRTH C	ODE **SEE PAGE 7	FOR TH	E APPROPRIATE	COUNTRY	CODE	
EYE COLOR:	HAIR COLOR:	ETHI	NIC ORIGIN:		HEIGHT:		WEIGH	T:
								LDC
DO YOU HAVE ANY SCAR	20 202747	OTHER RICTING	CHICHING MADIC AND	VOD OL	FT	IN	EACE DEC	LBS
DO YOU HAVE ANY SCAR	(5, 1A11005, UK	OTHER DISTING	JUISHING WARKS AND	/UK CH	IAKACTERISTICS	? IF 30, PL	EASE DES	OCKIBE.
FANTASY SPORTS C	ONTEST OPER	RATOR						
COMPANY NAME:								
JOB TITLE:								

Initials	Doto	
Initials	Date	

# Place of Birth

	ce or birtin										
Code	Description	Code	Description	Code	Description	Code	Description	Code	Description	Code	Description
cc	Absortes Chaumas	DW	Citizen Band	ше	Heard Island And	VO	Mayotte, Territorial	D\A/	Downes Tribe	T\A/	Taiwan, Republic Of
		DW	Citizen Band Pottawatomie Tribe	HE	Heard Island And Mcdonald Islands	YO	Collect	PW PA	Pawnee Tribe	TW	China
	Afghanistan	DB		HL		ΙX	Menominee Indian	RC	Pennsylvania People's Republic	TJ	
	Aguascalientes Alabama	CU	Clipperton Island Coahuila	HD	Hidalgo Honduras	1/	Nation	KC	Of China	TA	Tajikistan Tamaulipas
	Alaska	DD		HK	Hong Kong	MX		PU	Peru	TZ	Tanzania, United
	Albania	טט	Islands	НО	Howland Island	MM	Mexico (State) MexicoUse Only	PI	Philippines	' _	Republic Of
	Alberta	CL	Colima	HU	Hungary	101101	When State Is	PC		TN	Tennessee
	Algeria	CB		IC	Iceland		Unknown	. •	Ducie And Oeno	TX	Texas
	American Samoa			ID	Idaho	DS	Miami Tribe		Islands	TH	Thailand
	Andorra	CO		IL	Illinois	MI	Michigan	PO	Poland	TL	Tlaxcala
AO	Angola	DP	Comanche Nation	П	India	MC	Michoacan	PN	Ponca Tribe	то	Togo
	Anguilla	DG	Comoros	IN	Indiana	MW	Midway Islands	PT	Portugal	TK	Tokelau
ΑI	Antigua And	ZR		IO	Indonesia	LC	Mille Lacs	PE	Prince Edward	TG	Tonga
	Barbuda		' '	IA	Iowa	MN	Minnesota	PB	Puebla	TQ	Tongareva
	Apache Tribe	CT	Connecticut	IW	Iowa Tribe	MS	Mississippi	PR	Puerto Rico	TT	Trinidad And
	Argentina	DI	Cook Islands	IR	Iran	MO	Missouri	QA	Qatar		Tobago
		DJ		IQ	Iraq	LD	Moldova	PQ	Quebec	TM	Tromelin Island Trust Territory Of
	Arkansas Armenia	CR IY	Costa Rica Cote D'Ivoire	IE NI	Ireland Ireland (Northern)	MJ MG	Monaco	QU QR	Queretaro Quintana Roo	TD	The Pacific Islands
		KC		IB	Isle Of Man	MT	Mongolia Montana	RL	Red Lake Indian	TF	Tuamotu
		CC	Cuba, Republic Of	IS	Israel	RR	Montserrat	KL	Agency	l i r	Archipelago
ΑΠ	Cartier Islands	CS	Cyprus	İT	Italy	MR	Morelos	RB		TU	Tunisia
AS	Australia	EZ		JL	Jalisco	MQ	Morocco		Brazzaville	TY	Turkey
		DE	Delaware	JM	Jamaica	ZO	Mozambique	RY	Republic Of Yemen	UR	Turkmenistan
		DK	Denmark	JN	Jan Mayen	DT	Muscogee (Creek)	RE	Reunion	TR	Turks And Caicos
AQ	Azores Islands	DL	Devil's Lake Sioux	JA	Japan		Tribe	RI	Rhode Island		Islands
BD	Bahamas		Tribe	JR	Jarvis Island	BR	Myanmar (Burma)	RU	Romania/Rumania	UC	Turtle Mtn. Band Of
BE		DC		JE	Jersey, Bailiwick Of	SJ	Namibia (South-	RA	Russia		Chippewa
BA		DF	Distrito Federal	JI	Johnston Islands		West Africa)	RF		TV	Tuvalu
		DN	Djibouti	JO	Jordan	NR	Nauru	RW	Rwanda	UG	Uganda
BJ		DM	Dominica	JU	Juan De Nova	VL	Navassa Island	FX	Sac & Fox	UK	Ukraine
	(Southern Section)	DR	Dominican Republic		Island	NA	Nayarit	HS	Saint Helena	TC	United Arab
BK		DO	-	KS	Kansas	NB	Nebraska	LU	Saint Lucia		Emirates
BW		EU		KT	Kazakhstan	NP	Nepal	PS	Saint Pierre And	XX	Unknown Place Of
BL		EY		KY	Kentucky	NE	Netherlands		Miquelon		Birth
BB		EL		KE	Kenya	NV	Nevada	VV	Saint Vincent And	UY	Uruguay Usa (Us Govt/Us
BF BG		EN	J	KK KI	Kickapoo Tribe	NK	New Brunswick	CI	The Grenadines	US	•
BH		EK ET		KW	Kingman Reef Kiowa	NQ NH	New Caledonia New Hampshire	SL SH	San Luis Potosi San Marino	UT	Military) Utah
DH	Benin	ES		KB	Kiribati	NJ	New Jersey	TP	Sao Tome And	UZ	Uzbekistan,
BM	Bermuda	EO		KN	Korea (North)	NM	New Mexico	' '	Principe	02	Republic Of
BN		ER		KO	Korea (South)	NY	New York	SN	Saskatchewan	HN	Vanuatu (Formerly
BV		FA		KU	Kuwait	NZ	New Zealand	SB	Saudi Arabia		New Hebrides)
NX	Bonaire, Curacao	FO	Faroe Islands	ΚZ	Kyrgyzstan	NF	Newfoundland	SS	Scotland	VY	Vatican City
	(Netherlands	FS	Federated States Of		Lac Du Flambeau-		(Includes Labrador)	SK		VΖ	Venezuela
	Antilles)		Micronesia		Band of Lake	NU	Nicaragua	DV	Seneca-Cayuga	VC	Veracruz
BP	Bosnia and	FJ	Fiji		Superior	NN	Niger		Tribes	VT	Vermont
	Herzegovina	FD	Finland	LS	Laos	NG	Nigeria	SG	Senegal	VI	Virgin Islands (U.S.)
BT		FL	Florida	LT	Latvia	IU	Niue	SE	Seychelles	VA	Virginia
		FC	Fond Du Lac	LN	Lebanon	OF	Norfolk Island	KP	Shakopee	WK	Wake Island
BZ	Brazil	FN	France	LL	Leech Lake Band Of		North Carolina	SA		WL	Wales
BC	British Columbia	FG	French Guiana		Chippewa	ND	North Dakota	SI		WF	Wallis And Futuna
-	British Indian Ocean		French Polynesia	LE	Lesotho	NT	Northwest	SR	Singapore	WA	Washington
	Territory	FR		LB	Liberia	N 11 A /	Territories	LF	Slovakia	WB	West Bank
VB BX	British Virgin Islands	GB	And Antarctic Lands		Libya	NW NS	Norway	LO RV	Slovenia Socialist Republic	WN	West Indies-For Islands Not Listed
BU	Brunei Bulgaria	GK	Gabon Gambia, The	LI LH	Liechtenstein Lithuania	NL NL	Nova Scotia Nuevo Leon	1 X V	Of Vietnam	WV	West Virginia
UV	Burkina Faso	GZ	Gambia, The Gaza	LA	Lithuania Louisiana	OA	Oaxaca	BS	Solomon Island	RS	West Virginia Western Sahara
BI	Burundi	GA	Georgia	LX	Luxembourg	OS	Oglala Sioux	20	(Formerly British)	```	(Formerly Spanish)
BY	Byelarus	GD	Georgia (Formerly	OC	Macau (Formerly	OH	Ohio	SM	Somalia	ws	Western Samoa
CK	Caddo Tribe	-	Gruzinskaya)	ات	Macao)	OI	Okinawa	SO	Sonora	WE	White Earth
CA	California	GE		ZD	Macedonia	OK	Oklahoma	SF		WT	Wichita Tribe
CJ	Cambodia	GG	Ghana	IM	Madeira Islands	OM	Oman	SC	South Carolina	WI	Wisconsin
CM	Cameroon	RG	Gibraltar	ME	Maine	OT	Oneida Tribe Of	SD	South Dakota	WD	Wyandotte Tribe
CE	Campeche	GO	Glorioso Islands	MP	Malagasy Republic		Indians Of	GS	· ·	WY	Wyoming
	Canada	GC	Greece		(Includes		Wisconsin			YU	Yucatan
CZ	Canal Zone	GN	Greenland	l	Madagascar)	ON	Ontario	SP	Spain	YG	Yugoslavia
ZI	Canary Islands	GJ		MF	Malawi	OR	Oregon	TE		ΥT	Yukon (Territory)
		GP CM		MZ	Malaysia	OG	Osage Nation Other Foreign	CV		ZA ZM	Zacatecas
CG CP	Caroline Islands Cayman Islands	GM GU	Guam Guanajuato	MV ML	Maldives Mali	ΥΥ	Country	CY	Ceylon)	∠M RH	Zambia Zimbabwe, Republic
	Cayman Islands Central African	GT		MY	Malta	00	Otoe-Missouria	TS	St. Christopher	INFT	Of
J ***	Republic	GF		KH	Manahiki Island		Tribe	10	(Kitts) And Nevis		O1
CF	Chad	<u>`</u> '	Of	MB	Manitoba	PK	Pakistan	SU	Sudan		
	Cheyenne &	GR	Guerrero	MK	Mariana Islands	PD		ZC	Surinam		
	Arapaho Tribes	GI	Guinea	МН	Marshall Islands	PL	Palmyra Atoll	SV	Svalbard		
CI	Chiapas	PG	Guinea-Bissau	ZB	Martinique	PM	Panama	SW	Swaziland		
	Chihuahua		(Portugese Guinea)	MD	Maryland	NO		SQ	Sweden		
CQ	Chile	GY	Guyana	MA	Massachusetts		(Was New Guinea)	SZ	Switzerland		
HR	Christmas Island,	HT		MU	Mauritania	PF	Paracel Islands	SY	Syria		
	Territory Of	HI	Hawaii	UM	Mauritius	PV	Paraguay	TB	Tabasco	I	
		L				Ī					

# **Country of Citizenship**

Code	Description	Code	Description	Code	Description	Code	Description
AF	Afghanistan	DR	Dominican Republic	LX	Luxembourg	LU	Saint Lucia
AC	Africa	DO	Durango	OC	Macau (Formerly Macao)	SL	San Luis Potosi
SF	Africa (South)	EU	Ecuador	IM	Madeira Islands	SH	San Marino
AG	Aguascalientes	EY	Egypt	MP	Malagasy Republic (Includes	TP	Sao Tome & Principe
AA	Albania	EL	El Salvador		Madagascar)	SB	Saudia Arabia
AN	Algeria	EN	England	MF	Malawi	SS	Scotland
AM	American Samoa	EK	Equatral Guinea	MZ	Malaysia	SG	Senegal
AD	Andorra	ES	Estonia	MV	Maldives	SE	Seychelles
AO	Angola	EO	Ethiopia	ML	Mali	SA	Sierra Leone
AY	Antartica	FA	Falkland Island	MY	Malta	SK	Sikkim
Al	Antigua	FJ	Fiji	MK	Mariana Islands	SI	Sinaloa
AT	Argentina	FD	Finland	МН	Marshall Islands	SR	Singapore
AS	Australia	FN	France	ZB	Martinique	BS	Solomon Island (Formerly
AU	Austria	FG	French Guiana	MU	Mauritania		British)
AQ	Azores Islands	FP	French Polynesia	UM	Mauritius	SM	Somalia
BD	Bahamas	GB	Gabon	MM	Mexico	SO	Sonora
BE	Bahrain/Bahrein	GK	Gambia	MX	Mexico (State)	SP	Spain
BA	Baja California (Northern	GE	Germany	MC	Michoacan	CY	Sri Lanka
БТ	Section)	EM	Germany (East)	MW	Midway Islands	PS VV	St. Pierre & Miquelon
BJ	Baja California (Southern Section)	WG GG	Germany (West) Ghana	MJ MG	Monaco Mongolia	V V	St. Vincent & The Grenadadines
BL	Bangladesh	RG	Gibralter	RR	Montserrat	SU	Sudan
BB	Barbados	GL	Gilbert & Ellice Islands	MR	Morelos	ZC	Surinam
BG	Belgium	GC	Greece	MQ	Morocco	SV	Svalbard
BH		GN	Greenland	ZO	Mozambique	SW	Swaziland
DH	Benin (Formerly Dahomey)	GJ	Grenada	SJ	Nambia (Southwest Africa)	SQ	Sweden
BM	Bermuda	GP	Guadeloupe	NR	Nauru	SZ	Switzerland
BN	Bhutan	GM	Guam	NA	Nayarit	SY	Syria
BV	Bolivia	GU	Guanajuato	NP	Nepal	ТВ	Tabasco
BF	Bosnia	GT	Guatemala	NE	Netherlands (Holland)	TW	Taiwan
BT	Botswana	GR	Guerrero	NX	Netherlands Antilles	TA	Tamaulipas
BZ	Brazil  British Indian Ossan Tarritory	GI	Guinea Piasau (Partugasa	NQ NZ	New Caledonia	TZ TU	Tanzania, United Republic of
BO VB	British Indian Ocean Territory	PG	Guinea-Bissau (Portugese Guinea)	NZ NU	New Zealand	TH TL	Thailand
	British Virgin Islands	CV	,		Nicaragua		Tlaxcala
BX	Brunei	GY	Guyana	NN	Niger	TO	Togo
BU	Bulgaria	HT	Haiti	NG	Nigeria	TG	Tonga
UV	,	HL	Hidalgo	NW	Norway	TT	Trinidad and Tobago
DD.	Upper Volta)	HD	Honduras	NL OA	Nuevo Leon	TU	Tunisia
BR	Burma	HK	Hong Kong	OM	Oaxaca	TY	Turkey
BI	Burundi	HU	Hungary	OM	Oman Other Fereign Country	TR	Turks & Caicos Islands
CM	Cambodia	IC	Iceland	ΥΥ	Other Foreign Country	UG	Uganda
CM		II	India	PK	Pakistan	UR	Ukraine
CE	Campeche	IO ID	Indonesia	PM	Panama	TC	United Arab Emirates
CD C7	Canada Canada	IR IO	Iran	NO	Papua New Guinea (was	UA	United Arab Republic
CZ	Canal Zone	IQ IF	Iraq	D) /	New Guinea)	US	United States of America
ZI	Canary Islands	IE NII	Ireland	PV	Paraguay	UY	Uruguay Vanuatu (Formerly New
CV CG	Cape Verde Islands Caroline Islands	NI IS	Ireland (Northern) Israel	RC PU	Peoples Republic of China Peru	HN	Hebrides)
CP	Caroline Islands Cayman Islands	IT	Israei Italy (Includes Sicily &	PI	Philippines	VZ	Venezuela
CW	Central African Republic	l' '	Sardinia)	PC	Pitcairn, Henderson, Ducie,	VC	Veracruz
CF	Chad	JL	Jalisco	1	Oeno Island	VM	Vietnam
CI	Chiapas	JM	Jamaica	РО	Poland	VN	Vietnam (North)
CH	Chihuahua	JA	Japan	PT	Portugal	VS	Vietnam (South)
CQ	Chile	JI	Johnston Islands	TI	Portugueses Timor	WK	Wake Island
CN	China	JO	Jordan	РВ	Puebla	WL	Wales
CU	Coahuila	KE	Kenya	QA	Qatar	WN	West Indies
CL	Colima	KR	Korea	QU	Queretaro	RS	Western Sahara (Formerly
СВ	Colombia	KN	Korea (North)	QR	Quintana Roo		Spanish)
CR		ко	Korea (South)	RB	Republic of Congo,	ws	Western Samoa
ΙΥ		KU	Kuwait		Brazzaville	ΥE	Yemen Arab Republic
OV.	Coast)	LS	Laos	RE	Reunion	ST	Yemen (Southern)
CX	Croatia	LT	Latvia	RH	Rhodesia, now Republic of	YU	Yucatan
CC CS	Cuba Cyprus	LN LE	Lebanon Lesotho	RU	Zimbabwe Romania/Rumania	YG ZA	Yugoslavia Zacatecas
CK	Cyprus Czechoslovakia	LE LB	Liberia	SX	Russia (USSR)	ZA ZR	Zacatecas Zaire, Republic of
DK	Denmark	LY	Libya	RW	Rwanda	ZM	Zambia, Republic of
DF	Distrito Federal (Mexico,	Li	Liechtenstein	HS	Saint Helena	ZW	Zimbabwe
	D.F.)	LH	Lithuania	AW	Saint Kitts - Nevis-Anguilla		
DM	Dominica				-		
•		•		•		•	

# **IMPORTANT**

AFFIX A COLOR
PHOTOGRAPH
HERE THAT WAS TAKEN
WITHIN
THE PAST SIX MONTHS.

AFFIX A COPY OF YOUR DRIVER LICENSE.

Rev. 12/2016

Initials\_\_\_\_\_Date\_\_\_\_

# **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) within the last ten (10) years.

DATI	ES .	ADDRESS
FROM: (MO/YR)	TO: (MO/YR)	(NO., STREET, APT#/FLAT#, CITY/TOWN, COUNTY/PARISH, STATE/PROVINCE, COUNTRY & ZIP/POSTAL CODE)

Initials	Date

2.	Have you 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 fantasy sports contest operation? You must answer "YES" to this question if
	your application was returned to you 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

Day.	12/	n	۱1 C
Rev.	14/	20	υτο

No

3.	Have you, within the last ten (10) years, been tried by military court martial or have you had charges* filed against you?	Yes
٥.	Thave you, within the last terr (10) years, been thea by minutely court market of have you had charged mod against you.	163

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

<sup>\*</sup> 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.)

Initials	Date

#### CIVIL, CRIMINAL AND INVESTIGATORY PROCEEDINGS

The next question asks about any arrests, charges, or offenses you may have committed within the last ten (10) years. Prior to answering this question, carefully review the definitions and instructions that follow.

DEFINITIONS: For purposes of this question:

- A. "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."
- B. "Charge" means any indictment, complaint, information, summons, ticket, or other notice of the alleged commission of any "offense."
- C. "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 infractions, traffic violations, 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:
  - A. You did not commit the offense charged;
  - B. The charges were dismissed or subsequently downgraded to a lesser charge;
  - C. You completed a Pretrial Intervention (PTI) or equivalent diversionary program in other jurisdictions;
  - D. You were not convicted;
  - E. You did not serve any time in prison or jail;
  - F. The charges or offenses happened a long time ago.
  - G. 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
  - H. You have an SIS (Suspended imposition of sentence from any pleas or) conviction.
  - I. 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 you have had any involvement with law enforcement agencies.

Initials	Date
miliaio	Date

4.	Have you	, within	the	last ten (	(10)	years:
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a. pled guilty or been convicted of any offense (see definition) in any jurisdiction; or

Yes No

b. been arrested or charged with any crime or **offense** (see definition) in any jurisdiction?

Yes No

If yes, complete the following chart:

NATURE OF CHARGE OR OFFENSE/ LOCATION 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

Initials	Date

mplete the following chart:		Yes No
NAME AND ADDRESS OF GOVERNMENTAL AGENCY/ORGANIZATION INVOLVED	NATURE OF PROCEEDING	DAT

5. Within the last ten (10) years, has a criminal indictment, information, or complaint 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?

Initials	Date
	Date

6. Have you personally ever legally defaulted in the payment of any obligation or debt owed to the State of Missouri?

Yes No

If yes, complete the following chart:

NATURE OF DEBT	AMOUNT	DATE THE DEBT WAS INCURRED	CURRENT STATUS

Initials	Date

7. 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/DD	OVINCE OF:		
SIAIE/FN	OVINCE OF.		
		SS:	
COUNTY/F	PARISH/DISTRICT OF:		
Ι	, beir	ng duly sworn according to law deposes and say	s:
(Nan	ne)		
1.	I am the person who is submitting this form.		
2.	I personally supplied the information contained	ed in this form.	
3.	I understand and read the English language and record the answer to each and every qu		
4.	Any document accompanying this Missouri C document is a true copy of the original document	Gaming Commission Personal Disclosure Form tent.	that is not an original
5.	I swear (or affirm) that the foregoing statement knowledge.	ents made by me are true, complete, and accura	ate to the best of my
	_		<u> </u>
		(Signature)	
Subscribed	I and sworn to before me this day of	, 20	
Subscribed	rand sworn to before the this day or	, 20_	
		(Notary Public)	
(Nota	rial Seal)		
•		My commission expires:	
Notary Pub	olic in and for the County of		
Rev. 12/20	16		
	± <b>-</b>		

Initials\_\_\_\_\_ Date\_\_\_

#### INDIVIDUAL'S REQUEST TO RELEASE INFORMATION

To:				
From:				
1 10111.	(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 officer of the Missouri Highway Patrol or investigator with the Missouri Gaming Commission, 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 officer of the Missouri Highway Patrol or investigator with the Missouri Gaming Commission 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. I do hereby make, constitute, and appoint any duly appointed officer of the Missouri Highway Patrol or investigator with the Missouri Gaming Commission 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 Highway Patrol officer or Missouri Gaming Commission investigator presenting this request in the appropriate location on this request.
- 4. 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.
- 5. This power of attorney ends twenty-four (24) months from the date of execution.
- 6. 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.
- 7. 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.

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8. A reproduction of this request by photocop	y shall be for all into	ents and purposes a	as valid as the original.
IN WITNESS WHEREOF, I have executed this	s request at	(City)	, (State)
on theday of	, 20		
	(S	Signature)	
Subscribed and sworn to before me this	day of		, 20
(Notarial Seal)	(Notary Public)		
,	My commi	ssion expires:	
Notary Public in and for the county of			
State of			

# MISSOURI DEPARTMENT OF REVENUE AUTHORIZATION AND RELEASE

l,	, born at	
(City)	, (County)	
(State)	, on (Date)	, and now residing at
(Street)	, (City, State & Zip)	
hereby consent to the releas	se of information to the Missouri Gaming Commissio	on as follows:
association, or institution had Missouri Gaming Commission charges or complaints filed a closed, or any other pertiner inspect and make copies of I authorize and request the Missouri Gaming Commission tax, withholding tax, or any of Revenue and Department prooffidential tax information I, along with my spouse/dom hereby release, discharge a Department of Revenue, the	every person, firm, company, corporation, governmenting control of any document, records or other information any such information, including a credit report or against me, including any complaints erased by law, not date, and to permit the Missouri Gaming Commiss such documents, records, or other information.  Missouri Department of Revenue to release confider on. This tax information may include, but is not limited other tax that is administered or collected by the Department are hereby released from any and all liability resulting from release of information covered by second exonerate the Missouri Gaming Commission, the extate of Missouri, its agents and representatives, and	mation pertaining to me, furnish to the documents, records, and files regarding, whether formal or informal, pending or sion or any of its agents or representatives to ntial tax records for all tax period(s) to the ted to, individual income tax, sales tax, use partment of Revenue. The Director of ity pursuant to authorized disclosure of tion 32.057, RSMo, under this document.
from any and all liability of e	very nature and kind arising out of the furnishing or in estigation or report made by the above persons or en	inspection of such documents, records, and
Signature	Spouse/Domestic Partn	ner/Partner in Legal Civil Union Signature
Social Security Number	Spouse/Domestic Partr Social Security Number	ner/Partner in Legal Civil Union r

Initials	Date