

# MISSOURI GAMING COMMISSION



## FANTASY SPORTS CONTEST OPERATOR PERSONAL DISCLOSURE FORM

***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 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 blue 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.

**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**

### 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.

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## MISSOURI GAMING COMMISSION PERSONAL DATA

SOCIAL SECURITY NO:		DATE OF BIRTH:		INTERNATIONAL ID:	
<b>NAME</b>					
LAST NAME		FIRST NAME		MIDDLE NAME	
				SUFFIX, IF APPLICABLE	
OTHER NAMES USED E.G., MAIDEN NAME, ALL PREVIOUS MARRIED NAMES, ALIASES, AKA (ALSO KNOWN AS)					
<b>ADDRESS (HOME ADDRESS INCLUDING HOME AND MOBILE PHONE INFORMATION)</b>					
STREET ADDRESS, SUITE NO., ETC:					
PO BOX:				HOME PHONE:	
CITY:		STATE:	ZIP CODE:	MOBILE PHONE:	
*PLACE OF BIRTH:		**COUNTRY OF CITIZENSHIP:		GENDER:	
*SEE PAGE 6 FOR THE APPROPRIATE PLACE OF BIRTH CODE			**SEE PAGE 7 FOR THE APPROPRIATE COUNTRY CODE		
EYE COLOR:	HAIR COLOR:	ETHNIC ORIGIN:	HEIGHT:		WEIGHT:
			FT	IN	LBS
DO YOU HAVE ANY SCARS, TATTOOS, OR OTHER DISTINGUISHING MARKS AND/OR CHARACTERISTICS? IF SO, PLEASE DESCRIBE.					
<b>FANTASY SPORTS CONTEST OPERATOR</b>					
COMPANY NAME:					
JOB TITLE:					

Code	Description	Code	Description	Code	Description	Code	Description	Code	Description	Code	Description
EE	Absentee Shawnee	DW	Citizen Band	HE	Heard Island And	YO	Mayotte, Territorial	PW	Pawnee Tribe	TW	Taiwan, Republic Of
AF	Afghanistan		Pottawatomie Tribe		Mcdonald Islands		Collect	PA	Pennsylvania		China
AG	Aguascalientes	DB	Clipperton Island	HL	Hidalgo	IX	Nominee Indian	RC	People's Republic	TJ	Tajikistan
AL	Alabama	CU	Coahuila	HD	Honduras		Nation		Of China	TA	Tamaulipas
AK	Alaska	DD	Cocos (Keeling)	HK	Hong Kong	MX	Mexico (State)	PU	Peru	TZ	Tanzania, United
AA	Albania		Islands	HO	Howland Island	MM	Mexico--Use Only	PI	Philippines		Republic Of
AB	Alberta	CL	Colima	HU	Hungary		When State Is	PC	Pitcairn, Henderson,	TN	Tennessee
AN	Algeria	CB	Colombia, Republic	IC	Iceland		Unknown		Ducie And Oeno	TX	Texas
AM	American Samoa		Of	ID	Idaho	DS	Miami Tribe		Islands	TH	Thailand
AD	Andorra	CO	Colorado	IL	Illinois	MI	Michigan	PO	Poland	TL	Tlaxcala
AO	Angola	DP	Comanche Nation	II	India	MC	Michoacan	PN	Ponca Tribe	TO	Togo
AE	Anguilla	DG	Comoros	IN	Indiana	MW	Midway Islands	PT	Portugal	TK	Tokelau
AI	Antigua And	ZR	Congo, Democratic	IO	Indonesia	LC	Mille Lacs	PE	Prince Edward	TG	Tonga
	Barbuda		Republic Of (Zaire)	IA	Iowa	MN	Minnesota	PB	Puebla	TQ	Tongareva
AX	Apache Tribe	CT	Connecticut	IW	Iowa Tribe	MS	Mississippi	PR	Puerto Rico	TT	Trinidad And
AT	Argentina	DI	Cook Islands	IR	Iran	MO	Missouri	QA	Qatar		Tobago
AZ	Arizona	DJ	Coral Sea Islands	IQ	Iraq	LD	Moldova	PQ	Quebec	TM	Tromelin Island
AR	Arkansas	CR	Costa Rica	IE	Ireland	MJ	Monaco	QU	Queretaro	TD	Trust Territory Of
AP	Armenia	IY	Cote D'Ivoire	NI	Ireland (Northern)	MG	Mongolia	QR	Quintana Roo		The Pacific Islands
AJ	Aruba	KC	Croatia	IB	Isle Of Man	MT	Montana	RL	Red Lake Indian	TF	Tuamotu
AH	Ashmore And	CC	Cuba, Republic Of	IS	Israel	RR	Montserrat		Agency	TU	Tunisia
	Cartier Islands	CS	Cyprus	IT	Italy	MR	Morelos	RB	Republic Of Congo,		Archipelago
AS	Australia	EZ	Czech Republic	JL	Jalisco	MQ	Morocco		Brazzaville	TY	Turkey
AU	Austria	DE	Delaware	JM	Jamaica	ZO	Mozambique	RY	Republic Of Yemen	UR	Turkmenistan
AV	Azerbaijan	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	Bahrain/Bahrein	DC	District Of Columbia	JE	Jersey, Bailiwick Of	SJ	Namibia (South-	RA	Russia		Chippewa
BA	Baja California	DF	Distrito Federal	JI	Johnston Islands		West Africa)	RF	Russian Federation	TV	Tuvalu
	(Northern Section)	DN	Djibouti	JO	Jordan	NR	Nauru	RW	Rwanda	UG	Uganda
BJ	Baja California Sur	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	Baker Island	DO	Durango	KS	Kansas	NB	Nebraska	LU	Saint Lucia		Emirates
BW	Balearic Islands	EU	Ecuador	KT	Kazakhstan	NP	Nepal	PS	Saint Pierre And	XX	Unknown Place Of
BL	Bangladesh	EY	Egypt	KY	Kentucky	NE	Netherlands		Miquelon		Birth
BB	Barbados	EL	El Salvador	KE	Kenya	NV	Nevada	WV	Saint Vincent And	UY	Uruguay
BF	Bassas Da India	EN	England	KK	Kickapoo Tribe	NK	New Brunswick		The Grenadines	US	Usa (Us Govt/Us
BG	Belgium	EK	Equatorial Guinea	KI	Kingman Reef	NQ	New Caledonia	SL	San Luis Potosi		Military)
BH	Belize	ET	Eritrea	KW	Kiowa	NH	New Hampshire	SH	San Marino	UT	Utah
DH	Benin	ES	Estonia	KB	Kiribati	NJ	New Jersey	TP	Sao Tome And	UZ	Uzbekistan,
BM	Bermuda	EO	Ethiopia	KN	Korea (North)	NM	New Mexico		Principe		Republic Of
BN	Bhutan	ER	Europa Island	KO	Korea (South)	NY	New York	SN	Saskatchewan	HN	Vanuatu (Formerly
BV	Bolivia	FA	Falkland Island	KU	Kuwait	NZ	New Zealand	SB	Saudi Arabia		New Hebrides)
NX	Bonaire, Curacao	FO	Faroe Islands	KZ	Kyrgyzstan	NF	Newfoundland	SS	Scotland	VY	Vatican City
	(Netherlands	FS	Federated States Of	LP	Lac Du Flambeau-		(Includes Labrador)	SK	Seminole Nation	VZ	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	Botswana	FL	Florida	LT	Latvia	IU	Niue	SE	Seychelles	VA	Virginia
BQ	Bouvet Island	FC	Fond Du Lac	LN	Lebanon	OF	Norfolk Island	KP	Shakopee	WK	Wake Island
BZ	Brazil	FN	France	LL	Leech Lake Band Of	NC	North Carolina	SA	Sierre Leone	WL	Wales
BC	British Columbia	FG	French Guiana		Chippewa	ND	North Dakota	SI	Sinaloa	WF	Wallis And Futuna
BO	British Indian Ocean	FP	French Polynesia	LE	Lesotho	NT	Northwest	SR	Singapore	WA	Washington
	Territory	FR	French Southern	LB	Liberia		Territories	LF	Slovakia	WB	West Bank
VB	British Virgin Islands		And Antarctic Lands	LY	Libya	NW	Norway	LO	Slovenia	WN	West Indies-For
BX	Brunei	GB	Gabon	LI	Liechtenstein	NS	Nova Scotia	RV	Socialist Republic		Islands Not Listed
BU	Bulgaria	GK	Gambia, The	LH	Lithuania	NL	Nuevo Leon		Of Vietnam	WV	West Virginia
UV	Burkina Faso	GZ	Gaza	LA	Louisiana	OA	Oaxaca	BS	Solomon Island	RS	Western Sahara
BI	Burundi	GA	Georgia	LX	Luxembourg	OS	Oglala Sioux		(Formerly British)		(Formerly Spanish)
BY	Byelarus	GD	Georgia (Formerly	OC	Macau (Formerly	OH	Ohio	SM	Somalia	WS	Western Samoa
CK	Caddo Tribe		Gruzinskaya)		Macao)	OI	Okinawa	SO	Sonora	WE	White Earth
CA	California	GE	Germany	ZD	Macedonia	OK	Oklahoma	SF	South Africa	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	South Georgia &	WY	Wyoming
CD	Canada	GC	Greece		(Includes		Wisconsin		South Sandwich	YU	Yucatan
CZ	Canal Zone	GN	Greenland		Madagascar)	ON	Ontario	SP	Spain	YG	Yugoslavia
ZI	Canary Islands	GJ	Grenada	MF	Malawi	OR	Oregon	TE	Sprattly Islands,	YT	Yukon (Territory)
CV	Cape Verde Islands	GP	Guadeloupe	MZ	Malaysia	OG	Osage Nation		Tongareva Island	ZA	Zacatecas
CG	Caroline Islands	GM	Guam	MV	Maldives	YY	Other Foreign	CY	Sri Lanka (Was	ZM	Zambia
CP	Cayman Islands	GU	Guanajuato	ML	Mali		Country		Ceylon)	RH	Zimbabwe, Republic
CW	Central African	GT	Guatemala	MY	Malta	OO	Otoe-Missouria	TS	St. Christopher		Of
	Republic	GF	Guernsey, Bailiwick	KH	Manahiki Island		Tribe		(Kitts) And Nevis		
CF	Chad		Of	MB	Manitoba	PK	Pakistan	SU	Sudan		
DA	Cheyenne &	GR	Guerrero	MK	Mariana Islands	PD	Palau, Republic Of	ZC	Surinam		
	Arapaho Tribes	GI	Guinea	MH	Marshall Islands	PL	Palmyra Atoll	SV	Svalbard		
CI	Chiapas	PG	Guinea-Bissau	ZB	Martinique	PM	Panama	SW	Swaziland		
CH	Chihuahua		(Portugese Guinea)	MD	Maryland	NO	Papua New Guinea	SQ	Sweden		
CQ	Chile	GY	Guyana	MA	Massachusetts		(Was New Guinea)	SZ	Switzerland		
HR	Christmas Island,	HT	Haiti	MU	Mauritania	PF	Paracel Islands	SY	Syria		
	Territory Of	HI	Hawaii	UM	Mauritius	PV	Paraguay	TB	Tabasco		

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

**IMPORTANT**

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

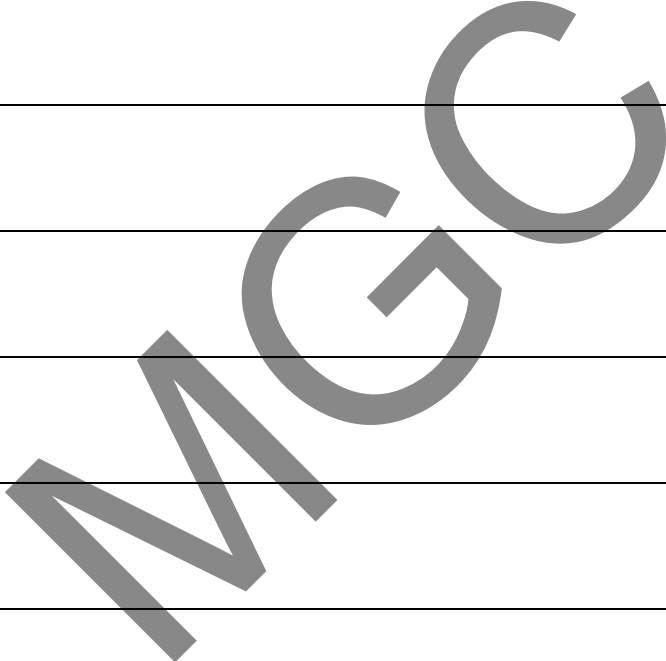
**AFFIX A COPY OF YOUR  
DRIVER LICENSE.**



**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.

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

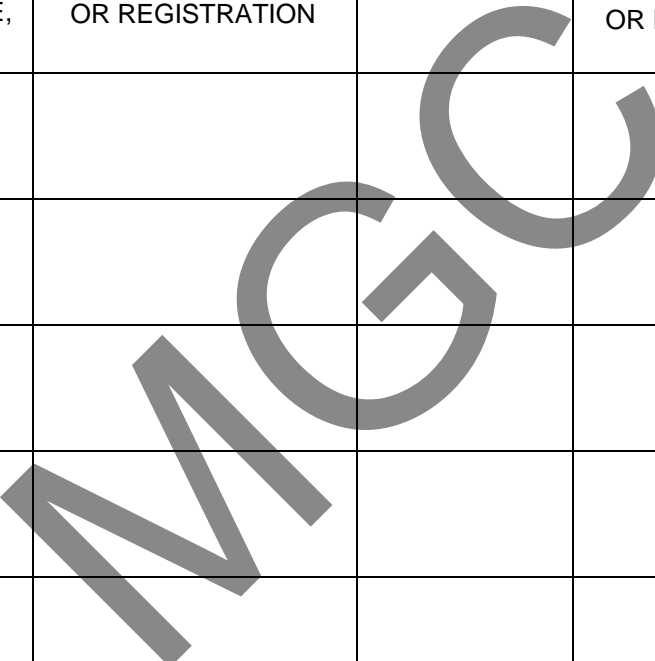


2. Have you ever made application for, been granted or held, currently have pending, or had denied a license, permit, registration, finding of suitability, qualification, or other authorization to participate in any form or type of fantasy sports contest operation? You must answer "YES" to this question 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



3. Have you, within the last ten (10) years, 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.)

**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.**

4. Have you, within the last ten (10) years:

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

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?

Yes No

If yes, complete the following chart:

NAME AND ADDRESS OF GOVERNMENTAL AGENCY/ORGANIZATION INVOLVED	NATURE OF PROCEEDING	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

MGGC

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**

MGCC



VERIFICATION

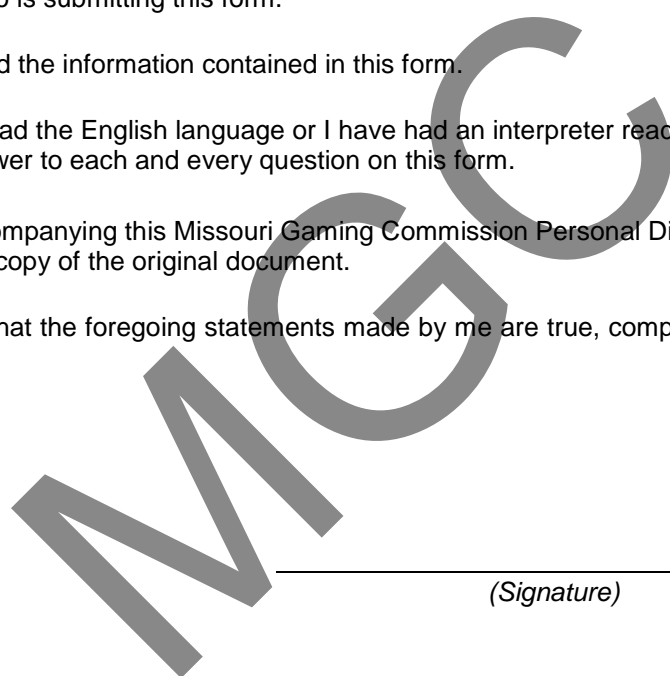
STATE/PROVINCE OF: \_\_\_\_\_

SS:

COUNTY/PARISH/DISTRICT OF: \_\_\_\_\_

I \_\_\_\_\_, being duly sworn according to law deposes and says:  
(Name)

1. I am the person who is submitting this 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 form.
4. Any document accompanying this Missouri Gaming Commission Personal Disclosure Form that is not an original document is a true copy of the original document.
5. I swear (or affirm) that the foregoing statements made by me are true, complete, and accurate to the best of my knowledge.



\_\_\_\_\_  
(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 \_\_\_\_\_

**INDIVIDUAL'S REQUEST TO RELEASE INFORMATION**

To: \_\_\_\_\_

From: \_\_\_\_\_  
(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.

8. 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\_\_\_\_

\_\_\_\_\_  
(Signature)

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

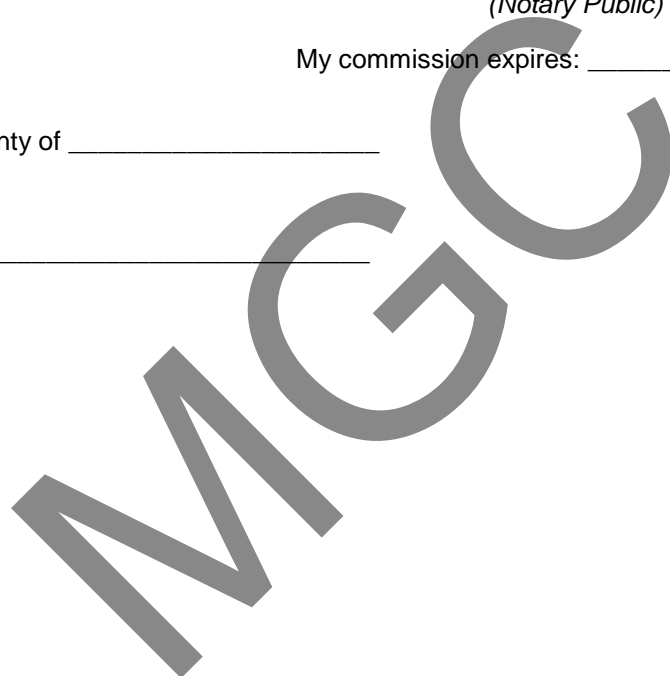
\_\_\_\_\_  
(Notary Public)

**(Notarial Seal)**

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

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

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



**MISSOURI 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.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Spouse/Domestic Partner/Partner in Legal Civil Union Signature

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Spouse/Domestic Partner/Partner in Legal Civil Union  
Social Security Number