**MISSOURI GAMING COMMISSION**

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**OCCUPATIONAL LEVEL II-SW   
LICENSE 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 questions fully and thoroughly.

**APPLICATION INSTRUCTIONS**

**THIS APPLICATION MUST BE SUBMITTED BY PERSONS SEEKING AN   
OCCUPATIONAL LEVEL II-SW LICENSE.**

PLEASE READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS APPLICATION.

1. **COMPLETING THIS APPLICATION:**
   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.
   2. Any statement that is not true or not disclosed which becomes known at any later date is cause for revocation of your license. Notwithstanding the provisions under 610.110, RSMo, the Commission has access to both open and closed records as provided under 313.004, RSMo. Please be thorough and complete in your response to these questions.
   3. Read each question carefully prior to answering. Answer every question completely. If a question does not apply to you, put N/A. 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.
   4. All entries on this application, except signatures, must be typed or printed legibly. If your application is not legible, it will not be accepted.
   5. 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.
   6. If you make any modification to the pre-printed questions or information contained in this application, it will be rejected. Once your application is accepted, it becomes the property of the Missouri Gaming Commission and will not be returned.

**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 application and related materials.

1. **BE SURE TO:**
   1. Sign the Individual’s Request to Release Information in the presence of a notary public, justice of the peace, commissioner for declarations, or other person legally authorized to notarize your signature.
   2. Bring your valid driver’s license or other valid government-issued photo ID.
   3. Bring your Missouri Gaming Commission badge, if you have been issued one.
2. **BEFORE YOU SUBMIT THIS APPLICATION TO THE MISSOURI GAMING COMMISSION BE SURE:**
   1. You have reviewed the Missouri Gaming Commission’s filing instructions.
   2. You have included all required attachments listed in this application.
   3. The Individual’s Request to Release Information form is notarized on the original application.
   4. Every question has been answered completely.
   5. You retain a completed copy of your application packet for your own records.
3. **ATTACH A COPY OF:**
   1. Your valid driver’s license or other valid government-issued photo ID.
   2. Department of Homeland Security documents authorizing legal presence in the United States, if not a citizen.
   3. Your naturalization certificate, if you are a naturalized citizen.

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| --- | --- | --- | --- | --- |
| APPLICATION NO. | MGC LICENSE NO. (IF APPLICABLE) | SOCIAL SECURITY NO. | DATE OF BIRTH | AGE |
| **SPORTS WAGERING OPERATOR  Retail Licensee Mobile Licensee** | | | | |
| Company Name: | | | | |
| **SW SUPPLIER / OFFICIAL LEAGUE DATA PROVIDER** | | | | |
| Company Name and Location: | | | | |
| **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** | | | | | | | | | | | | | | | | African | | African-American | | Alaska Native | | | American Indian | | | | | Asian | | Caucasian | | East Indian | | Hispanic | | Middle Eastern | | | Pacific Islander | | | | | Other | | | | GENDER: | Male | Female | Other | | | | HEIGHT: ft. in. | | | | | | WEIGHT: Pounds | | | HAIR | | | | | | | | | | | | | | | | Auburn | | Bald | | Black | | | | Blonde | | Brown | | | | Gray | | Red | | Salt/Pepper | | Sandy | | | | Strawberry | | White | | | | Other | | EYES | | | | | | | | | | | | | | | | Black | | Blue | | Brown | | | | Gray | | Green | | | | Hazel | | Maroon | | Pink | | Other | | | | | | | | | | | | | | | |
| **WORK DEPARTMENT** | | | | |
| **JOB TITLE** | | | | |



STATE OF MISSOURI

MISSOURI GAMING COMMISSION

**APPLICANT ENTRY DATA**



STATE OF MISSOURI

MISSOURI GAMING COMMISSION

**APPLICANT ENTRY DATA**

1. DO YOU HOLD OR HAVE YOU EVER HELD A GAMING OR SPORTS WAGERING LICENSE IN ANY JURISDICTION?

If “YES” list jurisdiction(s) and note if active or inactive

YES NO

1. IN THE LAST 30 DAYS, HAVE YOU APPLIED FOR A LICENSE AT ANOTHER SPORTS WAGERING OPERATOR OR CASINO IN MISSOURI?

If “YES” list casino(s) and sports wagering operator(s)

YES NO

1. HAS YOUR LICENSE EVER BEEN DENIED OR REVOKED IN ANY OTHER JURISDICTION?

If “YES” list jurisdiction(s)

YES NO

1. ARE YOU ON THE DISASSOCIATED PERSON (DAP) VOLUNTARY EXCLUSION LIST OR THE SELF-EXCLUDED PERSONS (SEP) LIST?

YES NO

1. WHAT IS YOUR PRIMARY LANGUAGE?
2. DO YOU HAVE ANY VISIBLE SCARS, TATTOOS, OR OTHER DISTINGUISHING MARKS AND/OR CHARACTERISTICS? IF SO, DESCRIBE.

**CIVIL, CRIMINAL, AND INVESTIGATORY PROCEEDINGS**

The next question asks about any arrests, charges, or offenses you have committed. Prior to answering this question, carefully review the definitions and instructions which 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”.

* + 1. “Charge” means any indictment, complaint, information, summons, ticket, or other notice of the alleged commission of any “offense”.
    2. “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, or 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 (This does not include cases heard in Juvenile Court in their entirety);
7. Any records relating to a charge, an arrest, or conviction have been expunged or otherwise officially sealed by a court or government agency;
8. You have an SIS (Suspended Imposition of Sentence).
9. Pursuant to 313.004, RSMo, the Missouri Gaming Commission has access to both open and closed records. When in doubt about disclosure of closed records, seek legal counsel.

**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.***

1. Have you ever been arrested or given a ticket for driving while intoxicated or under the influence of alcohol or drugs, driving while license is under suspension or revocation, or leaving the scene of an accident?

Yes No

2. Have you ever been arrested for, detained for, charged with, indicted, convicted of, pleaded guilty or nolo contendere (no contest) to, or forfeited bail for any crime or offense in any federal, state, or local jurisdiction, including any findings or pleas in a suspended imposition of sentence?

If yes to question 1 or 2 above, complete the following chart: Yes No

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 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  (ENTERED GUILTY PLEA, RECEIVED SIS, PROBATION, DISMISSED, PENDING, ETC.) | SENTENCE |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

I have nothing else to disclose on these questions. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Applicant Signature

**Military Service**

Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable?

Yes  No

If you answered yes, would you like to receive information and assistance regarding veterans benefits and services?

Yes  No

If you answered yes, may the Missouri Gaming Commission share your contact information with the Missouri Veterans Commission in order to provide you with information regarding available veterans benefits and services?

Yes  No

General information may also be found on the Missouri Veterans Commission’s website.



Missouri Gaming Commission

NOTICE OF DUTY TO DISCLOSE ARRESTS AND CONVICTIONS

The Missouri Gaming Commission (Commission) has advised the following person (Applicant) of his or her

duty to disclose all arrests and convictions when applying for a license:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SSN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The Commission may deny a license to any Applicant who fails to disclose any arrest, conviction, or guilty plea on his or her application for a 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, pleaded guilty to, pleaded 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 application for a license and/or the termination of any temporary license that may have been issued.**

The following examples are intended to help the Applicant better understand his or her 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 HIS OR HER 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**: The Applicant pleads guilty to a crime and receives an SIS and is placed on 2 years of probation. The Applicant successfully completes the probation period, and the Applicant’s court records are closed. The 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**: The Applicant is arrested for a crime, but the charges are later dropped, dismissed, or nolle prosequi by the prosecutor. The 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**: The 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**: The 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. The 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**: The Applicant is charged with, pleads guilty to, or is found guilty of any offense and is granted an expungement. The Applicant must disclose any expunged offenses as required per section 610.140.9, RSMo.

**Example #6**: The Applicant is arrested and convicted of a crime and sentenced to 2 years in prison. The Applicant later receives a full pardon from the Governor. The 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: I freely acknowledge that I have read this application and fully understand my duty to disclose all arrests and convictions to the Commission.**

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Acknowledgement of Receipt**: **The undersigned hereby certifies that the Applicant was provided adequate time in which to read and examine this form, that the Applicant indicated to the undersigned that he or she fully understood his or her duty to disclose all arrests and convictions to the Commission, and that the Applicant signed the foregoing in exercise of his or her own free will on this, the\_\_\_\_\_ day of\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_.**

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

***MGC Signature*** *Printed Name Title/Position*

**VERIFICATION**

I, , state as follows:

* + - 1. I am the applicant who is submitting this application.
      2. I personally supplied the information contained in this application.
      3. I read and understand the English language or I have had an interpreter read, explain, and record the answer to each and every question on this application.
      4. Any document accompanying this application, which is not an original document, is a true copy of the original document.
      5. I certify 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)*

**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 State 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 State 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 State 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.
  4. 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 State Highway Patrol and /or Missouri Gaming Commission for the purpose of evaluating my application for a sports wagering license, and acknowledge that said agencies have complied with and afforded all applicable rights under Sections 408.675 to 408.700, RSMo
  5. I do hereby make, constitute and appoint any duly appointed agent of the Missouri Gaming Commission or Missouri State 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:
     1. 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;
     2. 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
     3. To place the name of the Missouri Gaming Commission or Missouri State Highway Patrol agent, presenting this request in the appropriate location on this request.
  6. 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.
  7. This power of attorney ends 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.
  8. I do, for myself, my heirs, executors, administrators, 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.
  9. 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 attorneys’ fees arising out of or by reason of complying with this request.
  10. 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