



PERSONAL DISCLOSURE FORM 3

State Form 46782 (R6 / 4-22)
INDIANA GAMING COMMISSION

***This agency is requesting disclosure of your Social Security Number in accordance with IC 4-1-8-1; disclosure of this information is required. The Indiana Gaming Commission will require you to disclose additional information not covered by this form. Failure to provide information could result in disciplinary action.**

- INSTRUCTIONS:**
- For applicants who are employees of a local Indiana property and applying at a local Indiana property, follow submission instructions provided by the Human Resources Department and Gaming Agents on property.
 - For all other applicants, submit one (1) electronic version of this application and all exhibits on a CD or USB flash drive to the IGC office, or via secure file share to **Oeclic@igc.in.gov**.
 - Send fingerprint cards and payment to the IGC office. Electronic methods of payment are available upon request.
 - All files should be provided in portable document format (PDF) in a minimum resolution of 200-300 dots per inch (DPI). **The application and each exhibit should be saved on CD/USB or submitted via file share as separate and distinct files.**
 - Do not submit documents in hard copy format, with the exception of fingerprint cards.
 - If the Applicant requests confidentiality pursuant to the Access to Public Records Act, IC 5-14-3, then write or stamp "Confidential" on each applicable page, including exhibits.
 - Pursuant to 68 IAC 2-3-4, your Social Security Number is required to process your Application. If your Social Security Number is not disclosed, the Commission may deny your Application.
 - Read each question completely before answering.
 - When a question does not apply to you, you must indicate by stating "Does not apply." If you have no answer to a certain question, you must indicate by stating "None." Failure to state "Does not apply" or "None" will be interpreted as an omission and may delay the processing of your Application.
 - Attach a recent photograph (within the last six (6) months) of yourself in the space provided on page 4.
 - FOR UNITED STATES CITIZENS BORN IN THE UNITED STATES OR UNITED STATES TERRITORIES:** Attach a copy of your official United States birth certificate containing your date of birth, place of birth, and parents' names in the space provided on page 4. The birth certificate must be issued by a county department or board of health from your state of birth, a state department or board of health from your state of birth, or a United States territory. If a birth certificate is not available, a copy of a letter from you to the appropriate government agency requesting a birth certificate will be acceptable for processing a temporary license. The letter must show both the name and address of the agency from which the birth certificate is requested. The Commission will not issue a permanent occupational license until the applicant provides either a copy of the birth certificate or evidence indicating that the records have been destroyed or are no longer available.
 - FOR FOREIGN-BORN UNITED STATES CITIZENS:** Any of the following documents will be acceptable. If one of the following documents is not available, a copy of a letter from you to the appropriate government agency requesting the appropriate naturalization document will be acceptable for processing a temporary license. The Commission will not issue a permanent occupational license until the applicant provides a copy of one of the items listed below or evidence indicating that the records have been destroyed or are no longer available. The letter must show both the name and address of the agency from which the document is requested.
 - Certificate of Naturalization/Citizenship;
 - Certification of Report of Birth (DS-1350);
 - Consular Report of Birth (FS-240).
 - FOR NON-CITIZENS:** Any of the following documents will be acceptable:
 - United States Military/Merchant Marines identification card with photo;
 - United States Veterans Universal Access and Identification Card with photo;
 - For Non-Citizens who will be working in the United States.
 - Valid foreign passport with a photo and a visa that includes a valid Form I-94 indicating the authorized duration of stay in the United States;
 - Valid foreign passport with a current visa that states "Upon Endorsement Serves as Temporary I-551 evidencing Permanent Residence for 1 year";
 - Canadian passports are not required to have a visa or I-94.

- iv. Applicants from the Federated States of Micronesia, Palau, and the Republic of the Marshall Islands are not required to present a visa but must submit an I-94.
 - v. Passports with I-94 indicating F-1/F-2 status must be submitted with a valid Form I-20.
 - vi. Passports with I-94 indicating J-1/J-2 status must be submitted with a valid Form DS-2019.
- d. For Non-Citizens who will not be working in the United States:
- i. Valid foreign passport; or
 - ii. Foreign birth certificate
- e. Authorization for Parole of an Alien into the United States (I-512);
- f. Employment Authorization Card (I-668B or I-766);
- g. Form I-94 stamped with “Section 207” or “Section 208” status;
- h. Permanent Resident Card (I-551);
- i. Temporary Resident Card (I-688);
- j. Travel Document (I-131).

11. All materials submitted to the Commission must be sent to:

Indiana Gaming Commission
Attention: Investigations Section
East Tower, Suite 1600
101 W. Washington Street
Indianapolis, Indiana 46204-3408

12. Pursuant to 68 IAC 2-3-2, all application and license fees must be paid by a cashier’s check or certified check made payable to the State of Indiana. **DO NOT SENT CASH.** Send the application fee of \$75.00 to the Commission along with the completed form. The balance of any additional costs of the investigation will be billed upon completion. The Applicant is ultimately responsible for the cost of this investigation.
13. If you have any questions about this Form or the occupational licensing process, contact either the Director of Financial Investigations or the Director of Background Investigations at (317) 233-0046.
14. All capitalized items are defined in IC 4-33-2, IC 4-35-2, IC 4-38-2, 68 IAC 1-1, and/or the definitions section of this document.
15. Applicants are advised that pursuant to IC 4-33-4-18 and IC 4-33-6-5, all fingerprints provided by applicants will be forwarded to the Federal Bureau of Investigation for a complete national criminal history check. Applicants will have the opportunity to disprove the information contained in the criminal history return. Corrections or updates to the criminal history return may be pursued by the following procedures contained in Title 28, C.F.R. § 16.34



DEFINITIONS

Terms in this Form have the meanings ascribed to them in IC 4-33-2, IC 4-35-2, and/or 68 IAC 1-1. The following terms have the following meanings:

Applicant: Any person who directly or indirectly has applied for a gaming license.

Application: The total written materials, including the instructions, forms and other documents issued by the Commission, comprising Applicant's request for an owner's license, supplier's license, or occupational license.

Best of My Knowledge: Applicant's knowledge after substantial inquiry.

Casino: Any facility under the jurisdiction of the Commission pursuant to IC 4-33 or IC 4-35.

Commission: The Indiana Gaming Commission.

Felony: A criminal offense for which a sentence of imprisonment of more than one (1) year may be imposed under the laws of any jurisdiction.

Individual: Any natural Person.

Person: An Individual, a sole proprietorship, a partnership, an association, a fiduciary, a corporation, a limited liability company, or any other Business Entity.

WARNING: You must answer each question fully, accurately, and completely. ANY MISREPRESENTATION OR OMISSION MAY RESULT IN APPLICATION DENIAL. When information is unknown, so indicate by stating "Unknown". YOU MUST MAKE A SUBSTANTIAL INQUIRY TO DETERMINE THE ANSWERS TO ALL QUESTIONS.

Full legal name of Applicant				Application Date (<i>month, day, year</i>)	
Home address (<i>number and street</i>)					
City	State/Province	Country	ZIP/Postal code	Telephone number ()	
Business address (<i>number and street</i>)					
City	State/Province	Country	ZIP/Postal code	Telephone number ()	
Date of birth (<i>month, day, year</i>)	Social Security Number - -	Height (<i>feet/inches</i>)	Weight (<i>pounds</i>)	Hair color	Eye color
E-mail Address			Employer		
Casino			Position		

ACKNOWLEDGEMENT OF RENEWAL REQUIREMENT


I understand and acknowledge that pursuant to 68 IAC 2-3-8(a):

- (1) I must renew my occupational license annually;
- (2) This obligation exists regardless of whether the license issued to me by the Commission is a temporary or permanent license;
- (3) I must request my renewal on a form prescribed by the Commission at least thirty (30) days prior to the expiration date.

Initials: _____

Attach a recent photograph (within the last six (6) months) of yourself.

TAPE PHOTOGRAPH HERE



**TAPE BIRTH CERTIFICATE HERE
(OR ACCEPTABLE SUBSTITUTE -
SEE INSTRUCTION ON PAGE 1)**



1. State any and all names used, legal or otherwise, other than the name stated on page 3. Include married names, maiden names, and aliases. Specify the dates of use for each name:

2. State whether you are a citizen of the United States: _____

If no, state your country of citizenship: _____

(a) If you are a naturalized citizen, state place of naturalization, including Court granting naturalization:

Date of naturalization:
(month, day, year)

Petition number:

Certificate number:

(b) If you are an alien, state the "A" number from your Alien Registration Card:

(c) If you are an alien authorized to be employed in the United States but do not have an Alien Registration Card, state the "A" number of that authorization:

3. Provide two (2) completed fingerprint cards (Standard Blue Cards) with your Application. If you are employed at an Indiana Casino, see the Commission office to have your fingerprints scanned. Fingerprint cards will be provided upon request. If you are not employed at an Indiana Casino, you must have your fingerprints taken at a law enforcement agency or other qualified vendor.

4. If you have ever served in any branch of the United States Military or National Guard, whether active or inactive, please provide the following information:

(a) The type of discharge or separation from military service (honorable, dishonorable, honorable conditions medical, etc.):

(b) If you were ever court-martialed, tried on charges, or the subject of a summary court, deck court, captain's mast, company punishment, or the subject of any other disciplinary action while in military service, give details of the charges and their disposition:

5. If applicable, submit a copy of your military record (DD-214).

6. Have you held a gaming license in any jurisdiction?

If none, initial here _____

a. If yes, please provide the following information: *(Attach additional pages if necessary.)*

<u>Dates Held (month, day, year)</u>	<u>Jurisdiction</u>	<u>Type of License</u>	<u>Gaming Entity/Employer</u>

b. Provide a detailed description of any disciplinary actions, restrictions, revocations, or non-renewals to which your license was subjected, including the date of the occurrence and your involvement in the situations or transactions that led to each incident:

7. Have you ever withdrawn an application for a gaming license from any jurisdiction or had an application for a gaming license denied by any jurisdiction ?

If no, initial here _____

a. If yes, include the following for each occurrence: *(Attach additional pages if necessary.)*

<u>Date Withdrawn or Denied (month, day, year)</u>	<u>Jurisdiction</u>	<u>Reason for Withdrawal or Denial</u>

8. Do you currently have any outstanding Federal or State tax liabilities?

If no, initial here _____

a. If yes, include the following for each occurrence: *(Attach additional pages if necessary.)*

<u>Federal or State</u>	<u>Filing Year</u>	<u>Amount Owed</u>	<u>Payment Plan Description</u>

b. How long have you lived and/or worked in Indiana? _____

NOTE: FAILURE TO REPORT ANY ARREST, DETAINMENT, CHARGE, INDICTMENT OR CONVICTION WHETHER A MISDEMEANOR OR A FELONY THAT HAS NOT BEEN EXPUNGED OR SEALED BY A COURT, IS CAUSE FOR DENIAL OF LICENSURE.

9. If you have ever been arrested, detained, charged, indicted, convicted, received a pre-trial diversion, pleaded guilty or nolo contendere, or forfeited bail concerning any criminal offense, either felony or misdemeanor, in any state or foreign country (except for arrests which have been sealed or convictions which have been expunged by a court, or traffic infractions), provide the following for each case. Traffic-related misdemeanors or felonies that are not sealed or expunged by a court must be reported. Attach additional pages if necessary.

If none, initial here _____

<u>Nature of Charge or Arrest</u>	<u>Date of Disposition (month, day, year)</u>	<u>Name and Address of Governmental Agency or Court Involved</u>	<u>Disposition (Dismissed, Convicted, Not Guilty, Details)</u>	<u>Felony or Misdemeanor</u>

VERIFICATION

State of _____ SS:

County of _____

I, _____, being first duly sworn upon oath or affirmation, depose and state:

1. I am the individual who is submitting this form.
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.

Individual's Signature: _____

Dated (*month, day, year*): _____

Before me, the undersigned, a Notary Public in and for said County and State, personally appeared _____ and acknowledged the execution of the foregoing instrument at his/her voluntary act and deed.

WITNESS, my hand and Notarial Seal, this _____ day of _____, 20____.

Notary public, Written Signature

Notary public, Printed Name

My commission expires (*month, day, year*): _____

County of residence: _____

INDIVIDUAL'S REQUEST TO RELEASE INFORMATION

TO: _____

FROM: _____

Individual'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 Indiana Gaming Commission ("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 agent of the 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. If the person or entity to whom this request is presented is a brokerage firm, bank, savings and loan, or other financial institution or any officer of same, I hereby authorize and request that a duly appointed agent of the Commission 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 co-signed by me, checking account records, savings deposit records, safe deposit box records, passbook records, and general ledger folio sheets.
4. I hereby make, constitute, and appoint any duly appointed agent of the Commission my true and lawful agent for me in my name, place, stead, and on behalf and for my use and benefit in the retrieval of information, whether or not such information is considered confidential, but only in connection with the lawful background investigation required to ascertain my suitability for a gaming license. I hereby authorize said agent:
 - (a) to request, review, copy, sign for, or otherwise act on my behalf 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;
 - (c) to place the name of the Commission agent presenting this request in the appropriate location on this request.
5. I grant to said agent full power and authority to request, review, copy, 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 to gather information herein granted, as fully as 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 agent, or his substitute or substitutes, shall lawfully do or cause to be done by virtue of this authorization and rights and powers herein granted.
6. This authorization ends eighteen (18) months from the date of execution or at the termination of all licenses issued to me by the Commission, whichever occurs later.

7. 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 or 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 or its agents or employees arising out of or by reason of complying with this request.

8. I agree to indemnify and hold harmless the person or entity to whom this request is presented and his/her or 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.

9. 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 release at _____,

(City)

_____ on the day of _____, 20_____.

(State)

Individual's Signature

Printed Name

Before me, the undersigned, a Notary Public in and for said County and State, personally appeared _____ and acknowledged the execution of the foregoing instrument as his/her voluntary act and deed.

WITNESS, my hand and Notarial Seal, this _____ day of _____, 20_____.

Notary Public, Written Signature

Notary Public, Printed Name

My commission expires (*month, day, year*): _____

County of residence: _____

RELEASE OF ALL CLAIMS

The undersigned has filed with the Indiana Gaming Commission (“Commission”) certain forms and documents in connection with a written request for licensing by the Commission (“Application”). In consideration of the assurance by the Commission that a determination of suitability of the undersigned will be made following the completion of a deliberate, intensive and thorough investigation of the undersigned, including but not limited to background, associates, and finances, the undersigned does for myself, my heirs, executors, administrators, successors and assigns, hereby release, remise, and forever discharge the State of Indiana, the Commission, its members, 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 the undersigned ever had, now has, may have, or claim to have against any or all of said entities or individuals arising out of or by reason of the processing or investigation of or other action relating to the Application.

I, the undersigned, have read this release and understand all its terms. I execute it voluntarily and with full knowledge of its significance.

IN WITNESS WHEREOF, I have executed this release at _____,
(City)
_____, on the _____ day of _____, 20____.
(State)

Individual’s Signature

Printed Name

Before me, the undersigned, a Notary Public in and for said County and State, personally appeared _____ and acknowledged the execution of the foregoing instrument as his/her voluntary act and deed.

WITNESS, my hand and Notarial Seal, this _____ day of _____, 20____.

Notary Public, Written Signature

Notary Public, Printed Name

My commission expires (*month, day, year*): _____

County of residence: _____