



INDIANA JUNKETEER CERTIFICATE OF REGISTRATION APPLICATION

State Form 53687 (R3 / 6-22)

Approved by State Board of Accounts, 2022

INDIANA GAMING COMMISSION

For Official Use Only

License Fee Paid _____

Date Received _____

Reviewed By _____

Date Entered _____

*This agency is requesting disclosure of your Social Security Number in accordance with IC 4-1-8-1; disclosure is mandatory for consideration to receive a certificate of registration.

INSTRUCTIONS:

1. This Form must be submitted by any individual seeking to be registered as a junketeer as well as key persons and substantial owners affiliated with a Junket Operator
2. An applicant for a Junketeer Certificate of Registration is seeking a privilege. The burden of establishing qualifications to receive such a certificate of registration is at all times on the applicant. Applicant must accept any risk of adverse public notice, embarrassment, criticism, or other action, or financial loss which may result from action with respect to an application, or public disclosure of information requested in this form, and expressly waives any claim for damages as a result thereof. Information not called for in this form or in addition to that provided in response to this form may be requested. The applicant shall provide all information, documents, materials and certifications at applicant's sole expense and cost.
3. The applicant should respond to the questions contained herein to the best of his/her knowledge. Any misrepresentation or omission is grounds for application denial.
4. The applicant is under a continuing duty to disclose promptly any changes in the information provided in the application and requested materials submitted to the Commission. The duty to make such additional disclosures shall continue throughout any period of registration granted by the Commission.
5. Pursuant to 68 IAC 2-3.5-1, the applicant must submit a certificate of registration application fee of seventy-five dollars (\$75). Checks must be made payable to the Indiana Gaming Commission. If you have any questions please contact the IGC's Legal Division at 317-233-0046. For more information, see www.in.gov/igc.
6. Mail the check and completed application to: Indiana Gaming Commission, Legal Division, 101 W. Washington Street, East Tower, Suite 1600, Indianapolis, Indiana 46204.

Please complete the following for each person who owns, controls, or serves as a junketeer on behalf of the junket operator (Check all that apply)

Substantial Owner

Key Person

Junketeer

Full legal name of applicant

Home address (foreign applicants only) (number and street)

City	State/Province	ZIP/Postal code	Country
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Name of junket operator	Business address (number and street)
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City	State/Province	ZIP code/Postal code	Country	Business telephone number
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Email address	Social Security Number*	Date of birth (month, day, year)
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Passport number (foreign applicants only)

Height	Weight	Hair color
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Color of eyes	Sex	Age
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Dates of employment with junket operator (month, day, year)

Work History (past five years)

Attach additional sheets if necessary.

Dates Employed <i>(month, day, year)</i>	Company Name	Position	Supervisor
Company Address: <i>(number and street, city, state, and ZIP code)</i>			
Description of Duties:			
Reason You Left:			
Company Products & Services:			

Dates Employed <i>(month, day, year)</i>	Company Name	Position	Supervisor
Company Address: <i>(number and street, city, state, and ZIP code)</i>			
Description of Duties:			
Reason You Left:			
Company Products & Services			

Dates Employed <i>(month, day, year)</i>	Company Name	Position	Supervisor
Company Address: <i>(number and street, city, state, and ZIP code)</i>			
Description of Duties:			
Reason You Left:			
Company Products & Services:			

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, in any state or foreign country (except for arrests which have been sealed, convictions which have been expunged by a court or traffic violations where the maximum punishment is a fine under \$500), provide the following for each case. Please include court documents if applicable. Attach additional pages if necessary.

If none, initial here _____

Nature of charge or arrest			
Name of governmental agency or court involved		Address (number and street)	
City	Country	State/Province	ZIP code/Postal code
Date of disposition	Disposition (dismissed, convicted, acquitted, or pending) or sentence	Felony or misdemeanor (if other, please list)	
Nature of charge or arrest			
Name of governmental agency or court involved		Address (number and street)	
City	Country	State/Province	ZIP code/Postal code
Date of disposition	Disposition (dismissed, convicted, acquitted, or pending) or sentence	Felony or misdemeanor (if other, please list)	
Nature of charge or arrest			
Name of governmental agency or court involved		Address (number and street)	
City	Country	State/Province	ZIP code/Postal code
Date of disposition	Disposition (dismissed, convicted, acquitted, or pending) or sentence	Felony or misdemeanor (if other, please list)	
Nature of charge or arrest			
Name of governmental agency or court involved		Address (number and street)	
City	Country	State/Province	ZIP code/Postal code
Date of disposition	Disposition (dismissed, convicted, acquitted, or pending) or sentence	Felony or misdemeanor (if other, please list)	
Nature of charge or arrest			
Name of governmental agency or court involved		Address (number and street)	
City	Country	State/Province	ZIP code/Postal code
Date of disposition	Disposition (dismissed, convicted, acquitted, or pending) or sentence	Felony or misdemeanor (if other, please list)	

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



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, whether or not such information would otherwise be protected from disclosure by any constitution, 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 Indiana 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. 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 Indiana Gaming 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 do hereby make, constitute, and appoint any duly appointed agent of the Indiana Gaming 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 do 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 Indiana Gaming 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 Applicant/me by the Indiana Gaming 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 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 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 registration by the Commission (“Application”). In consideration of the assurance by the Commission, 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: _____

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: _____