



PERSONAL DISCLOSURE FORM 1

STATE FORM 46458 (R15/02-24)
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 the licensee to disclose additional information not covered by this Application. **Failure to provide information could result in DENIAL of your Application.**

INSTRUCTIONS

1. 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 OCCLIC@IGC.IN.GOV.
 - (a) Send fingerprint cards and payment to the IGC office. Electronic methods of payment are available upon request.
 - (b) The Application and each exhibit response should be submitted as separate and distinct files.
 - (c) All files should be provided in portable document format (PDF) in a minimum resolution of 200-300 dots per inch (DPI).
 - (d) **DO NOT SUBMIT DOCUMENTS IN HARD COPY FORMAT WITH THE EXCEPTION OF FINGERPRINT CARDS. The Application and exhibits should ONLY be submitted via file share, CD, or USB.**
2. 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, or include a cover letter with the Application requesting confidential treatment of the entire submission pursuant to the Act.
3. For each question that requires an exhibit, submit the requested information as a separate and distinct file in electronic form as referenced in 1(b) above.
4. When an answer or exhibit responsive to a question has already been submitted in response to another question, you may refer to your prior answer.
5. 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.**
6. Type or write legibly the answers to questions in black ink. If your Application is not legible, it will not be accepted.
7. Each question must be answered fully, accurately, and completely. **ANY MISREPRESENTATION OR OMISSION CAN 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.**
8. **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 as Exhibit 2. 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. A permanent occupational license will not be issued until the Applicant provides a copy of the birth certificate or evidence indicating that the records have been destroyed or are no longer available.
9. **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. The letter must show both the name and address of the agency from which the document is requested. A permanent occupational license will not be issued until the Applicant provides a copy of the acceptable document or evidence indicating that the records have been destroyed or are no longer available.
 - (a) Certificate of Naturalization/Citizenship;
 - (b) Certification of Report of Birth (DS-1350);
 - (c) Consular Report of Birth (FS-240);
 - (d) Valid US Passport.

<p>INSTRUCTIONS (continued)</p>	<p>10. FOR NON-UNITED STATES CITIZENS WORKING IN THE US: Any of the following documents will be acceptable:</p> <ul style="list-style-type: none"> (a) United States Military/Merchant Marines identification card with photo; (b) United States Veterans Universal Access and Identification Card with photo; (c) Valid foreign passport with a photo and a current visa that includes a valid Form I-94 indicating the authorized duration of stay in the United States; (d) Valid foreign passport with a photo and a current visa that includes a valid Form I-94 stamped with "Section 207" or "Section 208" status; (e) Valid foreign passport with a photo and a current visa that states "Upon Endorsement Serves as Temporary I-551 evidencing Permanent Residence for 1 year"; <ul style="list-style-type: none"> (1) Canadian passports are not required to have a visa or I-94. (2) 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. (3) Passports with I-94 indicating F-1/F-2 status must be submitted with a valid Form I-20. (4) Passports with I-94 indicating J-1/J-2 status must be submitted with a valid Form DS-2019. (f) Authorization for Parole of an Alien into the United States (I-512); (g) Employment Authorization Card (I-668B or I-766); (h) Permanent Resident Card (I-551); (i) Temporary Resident Card (I-688); (j) Travel Document (I-131). <p>11. FOR NON-UNITED STATES CITIZENS <u>NOT</u> WORKING IN THE US: Attach a copy of your valid foreign passport with a photo.</p> <p>12. You may be required to provide additional information or submit additional forms.</p> <p>13. If at any time there are material changes to the information submitted herein, you must immediately notify the Commission in writing of the material changes.</p> <p>14. Please retain a copy of the completed Application and exhibits for your records as they will not be released once received by the Commission.</p> <p>15. Any required hard copy materials submitted to the Commission must be sent, with cover letter, to:</p> <p style="text-align: center;">Indiana Gaming Commission Attention: Investigations Division 101 W. Washington Street East Tower, Suite 1600 Indianapolis, IN 46204-3408</p> <p>16. All Application and license fees must be paid by check made payable to the State of Indiana. Electronic payment options can be provided upon request. DO NOT SEND CASH. 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.</p> <p>17. If you have any questions about this Application or the occupational licensing process, contact the Investigations Division via email at OCCLIC@IGC.IN.GOV or via phone at (317) 233-0046.</p> <p>18. 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.</p> <p>19. 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.</p>
<p>DEFINITIONS</p>	<p><i>Terms in this Application shall have meanings ascribed to them in IC 4-33, IC 4-35, IC 4-38 and/or 68 IAC 1-1. The following terms shall have the following meanings:</i></p> <p>Act: The Riverboat Gambling Act.</p> <p>Affiliate: Any Person who directly or indirectly Controls, is Controlled by, or is under common Control of another Person.</p> <p>Applicant: Any Individual or Business Entity who directly or indirectly has applied for a gaming license.</p> <p>Application: The total written materials, including the instructions, forms and other documents issued by the Commission, comprising Applicant's request for a license.</p>

DEFINITIONS
(continued)

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

Business Entity: Any of the following: partnership, incorporated or unincorporated association or group, firm, corporation, limited liability company, partnership for shares, trust, sole proprietorship, or any other form of business.

Candidate: An Individual who: (1) has taken the action necessary to qualify under Indiana law for listing on the ballot at an election or to become a write-in candidate; (2) has publicly announced or declared candidacy for an elected office; (3) has solicited or accepted contributions, or consented that another solicit or accept contributions or make expenditures, with a view to bringing about the Individual's nomination for or election to an elected office; or (4) otherwise seeks nomination for or election to an elected office, regardless of whether the Individual wins election to the office.

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

Commission: The Indiana Gaming Commission.

Compensation: Anything of value, including but not limited to salary, wages, commissions, tips, gratuities, fees, bonuses, and distributions from any Person, in any form, including cash, securities, real property and tangible and intangible personal property.

Control: The power to exercise authority over or direct the management and policies of an Individual, business, or entity.

Debt Instrument: Any bond, loan, mortgage, trust, deed (when committed in any form as collateral), note, debenture, subordination, guaranty, letter of credit, security agreement, surety agreement, pledge, chattel mortgage or other form of indebtedness.

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.

Gambling Game: Any of the following games if approved by the Commission as a wagering device: baccarat, twenty-one, poker, craps, slot machine, video games of chance, roulette wheel, klondike table, punchboard, faro layout, keno layout, numbers ticket, push card, jar ticket, pull tab and big six.

Gambling Operation: The conducting of Gaming and all related activities including, without limitation, the purveying of food, beverages, retail goods and services, and transportation on a Casino and at its support facilities.

Game: A banking, wagering, gambling, or percentage game or activity that is played for chips, tokens, or anything of value, including, without limitation, those played with cards; chips; tokens; dice; implements; or electronic, electrical, or electromechanical devices or machines.

Gaming: The dealing, operating, carrying on, conducting, maintaining, or exposing for play of any Game.

Gaming Entity: Any Business Entity or Affiliate thereof other than a governmental entity, a licensed accountant, architect, attorney, engineer, or physician that either: (1) engages in Gaming, or (2) provides goods or services to a Business Entity or Affiliate thereof that engages in Gaming.

Immediate Family: Spouse (other than a spouse who is legally separated from the Individual under a decree of divorce or separate maintenance), parent, child, sibling, father-in-law, or mother-in-law, whether by the whole or half blood, marriage, adoption or natural relationship.

Indiana Public Official: An Individual who is: (1) authorized to perform an official function on behalf of, and is paid by the state of Indiana or any county, township, municipal corporation, special taxing district, or public school corporation within the state of Indiana; any instrumentality of any of those entities; or a state-assisted college or state-assisted university within the state of Indiana; (2) elected or appointed to office to discharge a public duty for a governmental entity within the state of Indiana; or (3) appointed in writing by an Indiana Public Official to act in an advisory capacity, with or without compensation, to a governmental entity within the state of Indiana concerning a contract or purchase to be made by the entity. This term does not include an Individual appointed to an honorary position.

Indirect Interest: Any interest in any other Person that is deemed to be held by the holder, not through the actual holdings in the Person, but through the holder's holdings in any other Person.

Individual: Any natural Person.

DEFINITIONS
(continued)

Institutional Investor: Any (1) retirement fund administered by a public agency for the exclusive benefit of federal, state, or local public employees; (2) investment company registered under the Investment Company Act of 1940 (15 U.S.C. 80a); (3) collective investment trust organized by banks under Part Nine (9) of the rules of the Comptroller of the Currency; (4) closed end investment trust; (5) chartered or licensed life insurance company or property and casualty insurance company; (6) banking, chartered, or licensed lending institution; (7) investment adviser registered under the Investment Advisors Act of 1940 (15 U.S.C. 80b); (8) other entity the commission determines constitutes an institutional investor; which acquires voting or non-voting units in the ordinary course of its investment business and holds those units for investment purposes only and not for the purpose of causing, directly or indirectly, the election of a majority of the board of directors or any change in the corporate charter, bylaws, management, policies, or operations of the business entity in which it holds those securities.

Key Person: Any officer, director, executive, employee, trustee, Substantial Owner, independent contractor, or agent of a Business Entity, having the power to exercise, either alone or in conjunction with others, management or operating authority over a Business Entity or Affiliate(s) thereof.

Licensee: A Person holding a license issued under the Act.

Nominee: Any Person that holds as owner of record the legal title to tangible or intangible personal or real property, including, without limitation, any stock, bond debenture, note, investment contract or real estate on behalf of another Individual or Business Entity, and as such is designated and authorized to act on his, her, or its behalf with respect to such property.

Passive Investor: A Person who owns an interest in a Business Entity, with the potential to profit, but does not materially participate to the management of the Business Entity.

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

Public Official: (a) As used in this definition, "governmental entities" has the definition set forth in IC 35-31.5-2-144; (b) an Individual who is: (1) authorized to perform an official function on behalf of, and is paid by a governmental entity, as defined in IC 35-31-1-12; (2) elected or appointed to office to discharge a public duty for a governmental entity; or (3) appointed in writing by a Public Official to act in an advisory capacity, with or without compensation, to a governmental entity concerning a contract or purchase to be made by the entity. The term does not include an Individual appointment to an honorary advisory or honorary military position.

Registered Agent: Any Individual or Business Entity against whom service of process may be made on behalf of a Business Entity under IC 23-0.5-1.5-36.

Relative: Spouse, parent, grandparent, child, grandchild, sibling, uncle, aunt, nephew, niece, first cousin, father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, or sister-in-law, whether by the whole or half blood, by marriage, adoption, or natural relationship.

Riverboat: Either of the following on which lawful gambling is authorized under the Act: (1) a self-propelled excursion boat located in a county described in IC 4-33-1-1 or IC 4-33-1-1-(2) that complies with IC 4-33-6-6-(a); or (2) a vessel located in a historic hotel district.

Riverboat Gambling Operation: The conducting of Gaming and all related activities including, without limitation, the purveying of food, beverages, retail goods and services, and transportation on a Riverboat and at its support facilities.

Substantial Creditor: The holder of any debt instrument of whatever character, against an Individual or Business Entity, whether secured or unsecured, matured or unmatured, liquidated or unliquidated, absolute, fixed or contingent, the aggregate amount of which is \$50,000 or more.

Substantial Owner: Any: (1) Person who is not an Institutional Investor and who holds any direct, indirect, or attributed legal or beneficial interest whose combined direct, indirect, or attributed interest is five percent (5%) or more ownership interest in a Business Entity; or (2) Institutional Investor holding fifteen percent (15%) or more ownership interest in a Business Entity.

Supplier: A provider of goods or services to a Gaming Entity other than a governmental entity, a licensed accountant, architect, attorney, engineer, or physician.

PERSONAL DISCLOSURE FORM 1

IDENTIFYING INFORMATION

FIRST NAME	MIDDLE NAME	LAST NAME	MAIDEN NAME
US SOCIAL SECURITY NUMBER	GENDER	SEX	RACE/ETHNICITY
PLACE OF BIRTH: <u>CITY</u>	<u>STATE/PROVINCE</u>	<u>COUNTRY</u>	DATE OF BIRTH (MM/DD/YYYY)
WEIGHT (POUNDS)	HAIR COLOR	EYE COLOR	HEIGHT (FEET & INCHES)
HOME ADDRESS (NUMBER AND STREET)			
CITY	STATE/PROVINCE	COUNTRY	ZIP/POSTAL CODE
EMAIL ADDRESS		PHONE NUMBER	
BUSINESS ADDRESS (NUMBER AND STREET)			
CITY	STATE/PROVINCE	COUNTRY	ZIP/POSTAL CODE

CITIZENSHIP

If you are a citizen of the United States, initial here: _____

If you are citizen of the United States and have additional citizenship, state all additional countries of citizenship

If you are **not** a citizen of the United States, state your country(ies) of citizenship

NATURALIZED UNITED STATES CITIZENSHIP

If you are not a naturalized citizen of the United States, initial here: _____

PLACE OF NATURALIZATION	COURT GRANTING NATURALIZATION	DATE OF NATURALIZATION (MM/DD/YYYY)
PETITION NUMBER		CERTIFICATE NUMBER

UNITED STATES ALIEN

If you are not an alien of the United States, initial here: _____

If you are an US alien, state the "A" number from your Alien Registration Card	
If you are an alien authorized to be employed in the US but do not have an Alien Registration Card, state the "A" number of that authorization	

GAMING ENTITY AND POSITION INFORMATION
POSITION TITLE FOR WHICH THIS APPLICATION IS BEING SUBMITTED:
ASSOCIATED GAMING ENTITY LICENSEE OR GAMING ENTITY APPLICANT FOR WHICH THIS APPLICATION IS BEING SUBMITTED:
IS THIS POSITION A CORPORATE OR PROPERTY-LEVEL POSITION? FROM WHERE WILL THIS POSITION OPERATE?
DESCRIBE YOUR JOB DUTIES OF THE POSITION FOR WHICH YOU ARE APPLYING.
DESCRIBE YOUR QUALIFICATIONS FOR THE POSITION.
CURRENT EMPLOYER, IF ANY AND DIFFERENT FROM ABOVE:
CURRENT POSITION, IF ANY AND DIFFERENT FROM ABOVE:

EXHIBITS
PERSONAL
<p>1. Submit as Exhibit 1 the following information:</p> <ul style="list-style-type: none"> (a) Names used, legal or otherwise, other than the name stated on page 5, including married names, maiden names, and aliases, and specify the dates of use for each name; (b) Your physical characteristics, including your build, complexion, and any distinguishing marks, including scars and tattoos; (c) Related documents or explanation regarding gender identity if different than sex listed on page 5, if applicable; (d) Provide a color photograph of yourself taken within the last six (6) months.
<p>2. As Exhibit 2, provide a legible copy of your official United States birth certificate or approved alternate document. Approved alternate documents are outlined in instructions 8, 9, 10, and 11.</p>
<p>3. As Exhibit 3, provide two (2) completed fingerprint cards (Standard Blue FD-258 Cards) with your application.</p> <ul style="list-style-type: none"> ▪ Blank 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 on Standard Blue FD-258 Fingerprint Cards. ▪ If you are currently licensed at an Indiana casino and are applying at the same Indiana casino, make an appointment with the local Indiana Gaming Commission office to have your fingerprints submitted electronically and submit as Exhibit 3 the date you were fingerprinted by local gaming agents for this Application.
<p>4. Submit as Exhibit 4(a) a legible copy of your driver's license.</p> <p style="text-align: right;">If you have never held a driver's license, initial here: _____</p> <p>If you have ever had your motor vehicle registration certificate, chauffeur's license, driver's license, driver's permit, or operator's permit revoked or suspended, submit as Exhibit 4(b) the following information for each instance:</p> <p style="text-align: right;">If Exhibit 4(b) does not apply, initial here: _____</p> <ul style="list-style-type: none"> (1) Date action was taken; (2) Name and address of agency taking action; (3) Type of license; (4) Reason for suspension or revocation; (5) A written description of the incident; (6) Date restored, if any.
<p>5. Submit as Exhibit 5 all travel outside of your country of residence in the last five (5) years. For each trip provide the following:</p> <p style="text-align: right;">If Exhibit 5 does not apply, initial here: _____</p> <ul style="list-style-type: none"> (a) Date(s) of travel; (b) Destination(s); (c) Purpose of your travel; (1) If the purpose was business related, include a description of the business purpose.
EDUCATION
<p>6. List as Exhibit 6 all schools you have attended, starting with secondary school or its equivalent. For each school provide the following:</p> <ul style="list-style-type: none"> (a) Name of school and dates attended; (b) Type of school; (c) Location, including address; (d) Graduation date (month, day, year), if any; <ul style="list-style-type: none"> (1) If none, give reasons for leaving school; (e) Type of degree or certificate obtained, if any; (f) All official post-secondary school transcripts. If you do not have any post-secondary education, provide a copy of your high school diploma.

RESIDENCES

7. Submit as **Exhibit 7** the following information about each place you have resided or have been associated with during the last fifteen (15) years or since the age of eighteen (18), whichever is less. Work backward from the most current residence and include residences while attending college or while in military service.
- (a) Street address;
 - (b) City, county, and state;
 - (c) Country;
 - (d) Dates, by month and year, of residence;
 - (e) Names of other household members at each residence.

WORK HISTORY

8. Submit as **Exhibit 8(a)** the following information about your work history during the last twenty (20) years or since the age eighteen (18), whichever is less. Work backward from the most current employment and include all periods of self-employment, all periods of unemployment, and all businesses with which you have been a Substantial Owner or Key Person.
- (1) Dates, by month and year, when you held the position (if multiple positions were held with the same company, list each separately);
 - (2) Name, address and telephone number of the employer or business;
 - (3) Position title and salary;
 - (4) Description of the position duties;
 - (5) Name of your supervisor;
 - (6) Reason you left the position;
 - (7) If Gaming was part of the operations of any listed employer or business, a brief description of the company's products and services;

Submit as **Exhibit 8(b)** a copy of the official job description for the position for which this Application is being submitted.

9. Submit as **Exhibit 9** any additional business addresses you are currently associated with that are not disclosed on page 5 or Exhibit 8 of this Application.

If Exhibit 9 does not apply, initial here: _____

10. Submit as **Exhibit 10**, a complete explanation of the circumstances of any Business Entity that has made (either itself or through third parties acting for it) payments or gratuities to any employee, company, or organization to obtain a competitive advantage, or to any foreign or domestic government official, to obtain favorable treatment at any time during the past fifteen (15) years and while you were either a Substantial Owner or Key Person of the Business Entity.

If Exhibit 10 does not apply, initial here: _____

11. Submit as **Exhibit 11** the following information about any professional licenses:

If Exhibit 11 does not apply, initial here: _____

- (a) Type of license, describing the nature of the licensed conduct and activities;
- (b) State, or other jurisdiction, where the license was held;
- (c) Name of Associated Gaming Entity (if applicable);
- (d) Name, address, and telephone number of the licensing authority(ies) that issued and/or regulated the license;
- (e) Dates, by month and year, when the license was held;
- (f) All details concerning any disciplinary proceedings, disciplinary actions, restrictions, revocations, denials, or non-renewals to which you were subject concerning the license.

BUSINESSES

12. Submit as **Exhibit 12** a list of all Business Entities that you have been associated with as a Key Person, Substantial Owner, or Substantial Creditor for the last ten (10) years. For each entity provide the following:

If Exhibit 12 does not apply, initial here: _____

- (a) Dates, by month and year, that you were associated in any capacity with the Business Entity;
- (b) Name, address, company web address, and telephone number of the Business Entity;
- (c) Description of the Business Entity;
- (d) Description of your association in all capacities with the Business Entity, including titles and duties relating to the Business Entity;
- (e) Reasons you became associated with and, if applicable, the reasons you terminated your association with the Business Entity;
- (f) If Gaming was part of the operations of the Business Entity, describe how.

13. If you or any Business Entity that you currently or historically served as a Substantial Owner or Key Person have ever been adjudicated as bankrupt or filed a petition for any type of bankruptcy protection or insolvency, submit as **Exhibit 13** the following information for each instance:

If Exhibit 13 does not apply, initial here: _____

- (a) Date of the bankruptcy (month, day, year);
- (b) The discharge of the bankruptcy;
- (c) The bankruptcy case number;
- (d) A copy of the bankruptcy petition.

MILITARY

14. Submit as **Exhibit 14(a)**, the following information for any military service, including reserve service or National Guard service, that you have performed.

If Exhibit 14(a) does not apply, initial here: _____

- (1) Branch of service;
- (2) Date of entry (month, day, year);
- (3) Date of separation (month, day, year);
- (4) Type of discharge;
- (5) Rank at separation;
- (6) Serial number.

If you were ever the subject of any judicial or non-judicial investigation, disciplinary proceeding (including summary actions, trials, courts-martial, or Article 15 proceedings), or arrested during the course of your military service, submit as **Exhibit 14(b)** a written description of the incident, including disposition.

If Exhibit 14(b) does not apply, initial here: _____

Submit a copy of your military record (DD-214, DD-220, or NGB-22) as **Exhibit 14(c)**.

If Exhibit 14(c) does not apply, initial here: _____

GAMING

15. If you or any member of your Immediate Family have ever held an ownership, pecuniary, financial, or any other interest in a Gaming Entity, or if you or any member of your Immediate Family were ever affiliated as a Key Person, employee, Substantial Owner, or Substantial Creditor of a Gaming Entity, provide the following as **Exhibit 15** for each instance:

If Exhibit 15 does not apply, initial here: _____

- (a) Name, address and telephone number of the Gaming Entity;
- (b) Immediate Family member's name and relationship to you;
- (c) Dates, by month and year, that you or your Immediate Family member held any interest or affiliation in the Gaming Entity;
- (d) A detailed description of the Gaming Entity's business;
- (e) The approximate percentage of ownership held, if over one percent (1%);
- (f) Amount of debt owed to you or your Immediate Family member by the Gaming Entity;
- (g) Whether you or your Immediate Family member actively participates in the management or operation of the Gaming Entity.

16. If you have ever had a gaming license, provide the following as **Exhibit 16** for each license:

If Exhibit 16 does not apply, initial here: _____

- (a) Jurisdiction and licensing agency that granted the license;
- (b) Type of license, describing the operations and activities licensed;
- (c) Name of the associated gaming entity;
- (d) Dates, by month and year, when the license was held;
- (e) 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 discipline, restriction, revocation, or non-renewal.

17. If you or any Business Entity in which you have been a Key Person or Substantial Owner has withdrawn an Application for a gaming license or had an Application for a gaming license denied, submit as **Exhibit 17** the following for each occurrence:

If Exhibit 17 does not apply, initial here: _____

- (a) Date and jurisdiction of withdrawal or denial;
- (b) Reason for withdrawal or denial of Application.

18. If you or any member of your Immediate Family are the Nominee, or hold any interest in trust, for any Gaming Entity, provide the following, as **Exhibit 18**, for each interest:

If Exhibit 18 does not apply, initial here: _____

- (a) Immediate Family member's name and relationship to you;
- (b) Number of shares or the amount of other interest held by you or your Immediate Family member;
- (c) A detailed description of the instrument creating the fiduciary obligation;
- (d) A detailed description of the Gaming Entity, and of the interest held by you or your Immediate Family member.

FAMILY

19. Submit as **Exhibit 19** the following information if you are currently, or previously have been, married, separated, divorced, widowed, engaged, or in a domestic partnership:

If Exhibit 19 does not apply, initial here: _____

- (a) Your relationship status, indicating whether you are married, separated, divorced, widowed, engaged, or in a domestic partnership;
- (b) For your current marriage, the date and place of your marriage;
- (c) For your current spouse, fiancé(e), or domestic partner their:
 - (1) Full name, including any maiden name or aliases;
 - (2) Driver's license number and state where licensed;
 - (3) Age, date, and place of birth;
 - (4) Residential address and telephone number;
 - (5) Occupation (if retired, the most recent occupation);
 - (6) Name, business address, and telephone number of employer.
- (d) For your previous marriages:
 - (1) Current name, age, address, and telephone number of all previous spouses;
 - (2) Date and location of marriage, and the date of any order or decree concerning each previous marriage, and description of the action, including the case number and the name and locations of the court.

20. Provide the following information, as **Exhibit 20**, about your Immediate Family (as defined in Definitions):

- (a) Full names, including any married and maiden names;
- (b) Relationship to you;
- (c) Age, date, and place of birth;
- (d) Current residential address (if deceased, the most recent address);
- (e) Occupation (if retired or deceased, the most recent occupation).

21. If you or any of your Immediate Family are, or have been within the last five (5) years, an Indiana Public Official or an officer or employee of any governmental entity in Indiana, provide the following, as **Exhibit 21**, for each Indiana Public Official, officer, or employee:

If Exhibit 21 does not apply, initial here: _____

- (a) Name;
- (b) Address;
- (c) Telephone number;
- (d) Relationship to you;
- (e) Title of office or job;
- (f) Dates, month and year, when the office or job was held;
- (g) Duties and responsibilities of the office or job.

LITIGATION

22. If you or any member of your Immediate Family have filed any claims in excess of \$100,000 under any insurance policy, except health and life insurance, within the past ten (10) year period, submit as **Exhibit 22**, for each claim:

If Exhibit 22 does not apply, initial here: _____

- (a) Date of Claim;
- (b) Name of the insurance carrier;
- (c) Address of the insurance carrier;
- (d) Nature of Claim;
- (e) Final Disposition of Claim.

23. If you as an Individual, a Key Person, or a Substantial Owner of any Business Entity have ever, in the last fifteen (15) years, been a party to a lawsuit (other than divorce proceedings) or to any administrative adjudicatory proceeding or claim, provide the following as **Exhibit 23**:

If Exhibit 23 does not apply, initial here: _____

- (a) For each lawsuit:
 - (1) Names of the parties;
 - (2) Case number;
 - (3) Name and location of the court;
 - (4) Brief description of the case;
 - (5) Disposition of the case.
- (b) For all pending litigation, unsatisfied judgments, decrees, restraining orders, protective orders, or injunctive orders:
 - (1) The type and amount of relief sought;
 - (2) An assessment of the impact, if any, that the action may have on you or any Gambling Operation.

CRIMINAL HISTORY

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

24. If you have ever been arrested, detained, charged, indicted, convicted, received a pretrial 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 as **Exhibit 24(a)** for each case. Traffic related misdemeanors or felonies that are not sealed or expunged by a court must be reported.

If Exhibit 24(a) does not apply, initial here: _____

- (1) Date (month, day, year);
- (2) Your age at the time;
- (3) Name and location, including city, county, state, and country, of the court and/or the arresting and/or prosecuting agencies;
- (4) Case number;
- (5) Offense;
- (6) Whether felony or misdemeanor charge;
- (7) Final disposition;
- (8) Location and length of incarceration, if any.

If you have ever been named as an unindicted co-party or granted immunity in a criminal prosecution, provide as **Exhibit 24(b)**, all details.

If Exhibit 24(b) does not apply, initial here: _____

If you have ever been investigated by a city, county, state, or federal agency, board, commission, or committee, or voluntarily provided testimony or information during an investigation, provide as **Exhibit 24(c)** all details.

If Exhibit 24(c) does not apply, initial here: _____

If you have ever been subpoenaed to appear, testify, or provide documents for an investigation or court case provide as **Exhibit 24(d)** all details including relevant documentation.

If Exhibit 24(d) does not apply, initial here: _____

If you have ever had a civil record sealed by court order, provide as **Exhibit 24(e)** all details.

If Exhibit 24(e) does not apply, initial here: _____

If you have ever received a pardon or executive clemency, provide as **Exhibit 24(f)** all details.

If Exhibit 24(f) does not apply, initial here: _____

If any member of your Immediate Family or of your spouse's Immediate Family has ever been convicted of a Felony, (except for arrests which have been sealed or convictions which have been expunged by a court) provide the following as **Exhibit 24(g)**, for each Felony.

If Exhibit 24(g) does not apply, initial here: _____

- (1) Date (month, day, year);
- (2) The Immediate Family member's name, date of birth, current address, telephone number, and age at the time of offense;
- (3) Name and location, including city, county, state, and country, of the court and/or the arresting and/or prosecuting agencies;
- (4) Case number;
- (5) Offense;
- (6) Final Disposition;
- (7) Location and length of incarceration, if any.

25. For those Applicants whose legal residence(s) are outside the United States or who reside the majority (six months of the calendar year or more) of their time outside of the United States, submit as **Exhibit 25** recent national law enforcement/police clearance(s) for those jurisdiction(s).

If Exhibit 25 does not apply, initial here: _____

FINANCIAL

26. Submit as **Exhibit 26** the compensation, including bonus structure if applicable, that you expect to receive for the position for which this Application is being submitted, as listed and described on page 5 of this Application.

27. Submit as **Exhibit 27** your monthly household income after taxes, from all sources, including spousal income.

28. If, during the last five (5) years, you or any member of your Immediate Family have given or received any gift(s), whether tangible or intangible, that either individually or in the aggregate exceeded \$5,000 in value in any given twelve (12) month period, submit as **Exhibit 28** the following information for each gift:

If Exhibit 28 does not apply, initial here: _____

- (a) Name of recipient or donor;
- (b) Description of gift;
- (c) Approximate value of gift;
- (d) Approximate date that the gift was received.

29. If your wages, earnings, or other incomes have ever been subject to garnishment, attachment, charging order, or other court-ordered deduction during the past ten (10) years, submit as **Exhibit 29** the following information, for each instance:

If Exhibit 29 does not apply, initial here: _____

- (a) Name and address of the court or agency entering judgment;
- (b) Nature and amount of the obligation;
- (c) Docket number of any litigation involved.

30. If, in other than in a professional capacity, during the past ten (10) years, you have been a beneficiary under, settlor, trustee, or other fiduciary of or grantor or transferor to any trust, submit as **Exhibit 30** the following information, for each instance:

If Exhibit 30 does not apply, initial here: _____

- (a) Nature and terms of your connection with the trust;
- (b) Whether the trust is domestic or foreign;
- (c) Location of the trust assets.

31. If you control, manage, or hold in trust any assets or liabilities for any Person, submit as **Exhibit 31** the following information, for each instance:

If Exhibit 31 does not apply, initial here: _____

- (a) List of the assets and/or liabilities;
- (b) Your duties and responsibilities;
- (c) The owner of the trust.

32. If, in the past ten (10) years, you have ever made a **cash** transaction of \$10,000 or more, or multiple **cash** transactions totaling \$10,000 or more within a thirty (30) day period, submit the following as **Exhibit 32** for each transaction or set of multiple transactions:

If Exhibit 32 does not apply, initial here: _____

- (a) Date the transactions(s) occurred;
- (b) Amount of the transactions(s);
- (c) With whom you made the transaction(s) (if applicable);
- (d) The purpose for the transaction(s).

33. If you have any safe deposit box or other depository, or have access to or use any other Person's safe deposit box or depository, submit as **Exhibit 33**, for each:

If Exhibit 33 does not apply, initial here: _____

- (a) Name(s) in which the safe deposit box or depository is held;
- (b) Box number or type of depository;
- (c) A general description of contents of box or depository;
- (d) The location of the box or depository, including the name, address, and telephone number of any bank that maintains the box or depository.

34. If you, at any time, have been court-ordered or agreed to pay child support or alimony, include as **Exhibit 34**, the following for each order:

If Exhibit 34 does not apply, initial here: _____

- (a) Name of other parties involved;
- (b) Name and location of issuing court;
- (c) Date order was issued (month, day, year);
- (d) Schedule of payments and amount to be paid;
- (e) Copy of court order;
- (f) The date of each instance when you were more than thirty (30) days late with the payment;
- (g) Whether you are current on your payments, or the order has been satisfied.

ASSETS

35. As **Exhibit 35**, provide copies of the last thirty-six (36) monthly bank statements for all of your personal checking and savings accounts. This includes, but is not limited to, individual and joint accounts and any account closed within the thirty-six (36) month period.

36. As **Exhibit 36**, provide the most recent annual copy of all retirement plan statements for the last three (3) years. This includes 401(k) and IRA statements.

If Exhibit 36 does not apply, initial here: _____

37. As **Exhibit 37**, provide copies of the last thirty-six (36) monthly statements for all of your personal brokerage accounts. This includes, but is not limited to, individual and joint accounts.

If Exhibit 37 does not apply, initial here: _____

38. Submit as **Exhibit 38**, the following information for any assets or liabilities maintained outside the United States.

If Exhibit 38 does not apply, initial here: _____

- (a) Type;
- (b) Value or amount;
- (c) Location.

39. As **Exhibit 39**, provide a listing of all of your accounts utilized for gambling or wagering purposes not previously disclosed in Exhibits 35, 36, and 37. This includes any virtual accounts or those held or provided by a specific Gaming Entity. For each account, provide the following:

If Exhibit 39 does not apply, initial here: _____

- (a) Type of account;
- (b) Where or with whom the account is held;
- (c) Current balance.

40. As **Exhibit 40**, provide a listing of all other asset and financial accounts not listed in previous exhibits, including virtual and/or cryptocurrency accounts. For each account, provide the following:

If Exhibit 40 does not apply, initial here: _____

- (a) Type of account;
- (b) Type of cryptocurrency (when applicable);
- (c) Where or with whom the account is held (including digital wallets);
- (d) Account number;
- (e) Current Balance.

LIABILITIES

41. As **Exhibit 41**, provide copies of your and your spouse's most recent year-end mortgage statements for all properties owned.

If Exhibit 41 does not apply, initial here: _____

42. As **Exhibit 42**, provide a copy of the most recent twelve (12) months of credit card statements for all accounts. This includes, but is not limited to, individual and joint accounts.

If Exhibit 42 does not apply, initial here: _____

43. For the past ten (10) years or since the age of eighteen (18), whichever is less, provide the following, as **Exhibit 43**, for each instance you have given a guarantee, co-signed, or otherwise insured payment of a loan, debt, or other financial obligation:

If Exhibit 43 does not apply, initial here: _____

- (a) Nature of the obligation;
- (b) Date the obligation was made (month, day, year);
- (c) Name(s) of the person responsible for the obligation;
- (d) Current status of the underlying obligation.

TAXES

44. Submit as **Exhibit 44** true and accurate copies of your personal state, federal, and/or foreign tax returns for the last three (3) years. Include all W-2s, K-1s, schedules, and attachments.

45. If you owed any payment on the tax returns submitted as Exhibit 44, or you have any state, federal, or foreign tax liabilities, submit as **Exhibit 45** detailed information regarding the liabilities, including amount owed, and proof of payment or proof of established payment plan.

If Exhibit 45 does not apply, initial here: _____

46. In the last ten (10) years, if you have ever had any municipal, state, federal, or foreign tax returns audited or adjusted, submit as **Exhibit 46**, a description of the facts, circumstances, and results of each audit or adjustment.

If Exhibit 46 does not apply, initial here: _____

47. If you have filed tax returns in the United States, submit as **Exhibit 47** Tax Account Transcripts from the IRS for the last three (3) years, or proof that transcripts have been requested.

For more information, visit [HTTPS://WWW.IRS.GOV/INDIVIDUALS/GET-TRANSCRIPT](https://www.irs.gov/individuals/get-transcript).

If you have not filed tax returns in the US in the last three (3) years, initial here: _____

48. As **Exhibit 48**, provide copies of any tax returns that are associated with the filing of your individual tax return, including but not limited to Partnership Tax Returns (Form 1065) and/or Sub S Corporation Tax Returns (Form 1120S) for the last three (3) years. This does not apply to Passive Investors.

If Exhibit 48 does not apply, initial here: _____

49. As **Exhibit 49**, submit the following attachments to this Application: Assets (Schedules A-G), Liabilities (Schedules H-K), the Balance Sheet, and the Annual Income Statement.

VERIFICATION

STATE OF _____ SS:

COUNTY OF _____

I, _____ BEING FIRST DULY SWORN UPON OATH OR AFFIRMATION, DEPOSE AND STATE:

PRINTED NAME OF APPLICANT

- (1) I AM THE INDIVIDUAL WHO IS SUBMITTING THIS APPLICATION.
- (2) I PERSONALLY SUPPLIED THE INFORMATION CONTAINED IN THIS APPLICATION.
- (3) I SWEAR (OR AFFIRM) THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE, COMPLETE, AND ACCURATE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

SIGNATURE OF APPLICANT

DATE (MM/DD/YYYY)

BEFORE ME, THE UNDERSIGNED, A NOTARY PUBLIC IN AND FOR SAID COUNTY AND STATE, PERSONALLY APPEARED

PRINTED NAME OF APPLICANT

AND ACKNOWLEDGED THE EXECUTION OF THE FOREGOING INSTRUMENT AT THEIR VOLUNTARY ACT AND DEED.

WITNESS, MY HAND AND NOTARIAL SEAL, THIS _____ DAY OF _____ , _____ YEAR .
DAY MONTH YEAR

SIGNATURE OF NOTARY PUBLIC

PRINTED NAME OF NOTARY PUBLIC

DATE COMMISSION EXPIRES (MM/DD/YYYY)

COUNTY OF RESIDENCE

PLACE NOTARY SEAL/STAMP ABOVE

TO: _____

FROM: _____
PRINTED NAME OF APPLICANT

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 THIRTY-SIX (36) 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 STATE

ON THE _____ DAY OF _____ , _____
DAY MONTH YEAR

SIGNATURE OF APPLICANT

PRINTED NAME OF APPLICANT

BEFORE ME, THE UNDERSIGNED, A NOTARY PUBLIC IN AND FOR SAID COUNTY AND STATE, PERSONALLY APPEARED

PRINTED NAME OF APPLICANT

AND ACKNOWLEDGED THE EXECUTION OF THE FOREGOING INSTRUMENT AT THEIR VOLUNTARY ACT AND DEED.

WITNESS, MY HAND AND NOTARIAL SEAL, THIS _____ DAY OF _____ , _____ .
DAY MONTH YEAR

SIGNATURE OF NOTARY PUBLIC

PRINTED NAME OF NOTARY PUBLIC

DATE COMMISSION EXPIRES (MM/DD/YYYY)

COUNTY OF RESIDENCE

PLACE NOTARY SEAL/STAMP ABOVE

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 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 STATE

ON THE _____ DAY OF _____ , _____
DAY MONTH YEAR

SIGNATURE OF APPLICANT

PRINTED NAME OF APPLICANT

BEFORE ME, THE UNDERSIGNED, A NOTARY PUBLIC IN AND FOR SAID COUNTY AND STATE, PERSONALLY APPEARED

PRINTED NAME OF APPLICANT

AND ACKNOWLEDGED THE EXECUTION OF THE FOREGOING INSTRUMENT AT THEIR VOLUNTARY ACT AND DEED.

WITNESS, MY HAND AND NOTARIAL SEAL, THIS _____ DAY OF _____ , _____ .
DAY MONTH YEAR

SIGNATURE OF NOTARY PUBLIC

PRINTED NAME OF NOTARY PUBLIC

DATE COMMISSION EXPIRES (MM/DD/YYYY)

COUNTY OF RESIDENCE

PLACE NOTARY SEAL/STAMP ABOVE

ASSET SCHEDULES								
Schedule A								
Cash on Hand and in Banks								
Cash on hand, personally and at your home?								
List all foreign and domestic Bank Accounts maintained by you, your spouse, or your dependent children.								
NAME OF BANK	ADDRESS	TELEPHONE NUMBER	NAMES ON ACCOUNT	ACCOUNT NUMBER	DATE OPENED	TYPE OF ACCOUNT	INTEREST RATE	CURRENT BALANCE
	STREET ADDRESS, CITY, STATE, COUNTRY, AND ZIP CODE				(MM/DD/YYYY)			
TOTAL:								

Schedule B							If none, initial here:	
Accounts and Notes Receivable								
List all Accounts and Notes Receivable held by you, your spouse, or your dependent children.								
NAME OF DEBTOR	ADDRESS	TELEPHONE NUMBER	PURPOSE	DATE OPENED	INTEREST RATE	COLLATERAL	ORIGINAL AMOUNT	AMOUNT OUTSTANDING
	STREET ADDRESS, CITY, STATE, COUNTRY, AND ZIP CODE			(MM/DD/YYYY)				
TOTAL:								

Schedule C							If none, initial here:	
Non-Retirement Investments								
List all Accounts held by you, your spouse, or your dependent children.								
BROKERAGE INSTITUTION	ADDRESS	ACCOUNT NUMBER	TYPE OF ACCOUNT	NAME ON ACCOUNT	NAME OF BROKER	TELEPHONE NUMBER	DATE OF BALANCE	ACCOUNT BALANCE
	STREET ADDRESS, CITY, STATE, COUNTRY, AND ZIP CODE						(MM/DD/YYYY)	
TOTAL:								

Schedule D							If none, initial here:	
Retirement Investments								
List all Accounts held by you, your spouse, or your dependent children.								
BROKERAGE INSTITUTION	ADDRESS	ACCOUNT NUMBER	TYPE OF ACCOUNT	NAME ON ACCOUNT	NAME OF BROKER	TELEPHONE NUMBER	DATE OF BALANCE	ACCOUNT BALANCE
	STREET ADDRESS, CITY, STATE, COUNTRY, AND ZIP CODE						(MM/DD/YYYY)	
TOTAL:								

Schedule E						If none, initial here:	
Business Investments							
List all businesses wholly or partially owned by you, your spouse, or your dependent children.							
NAME OF BUSINESS	ADDRESS	TELEPHONE NUMBER	BUSINESS PURPOSE	YOUR TITLE	% OF OWNERSHIP	YEARS ASSOCIATED	APPROXIMATE VALUE
	STREET ADDRESS, CITY, STATE, COUNTRY, AND ZIP CODE						
TOTAL:							

Schedule F							If none, initial here:	
Real Estate								
List any direct, indirect, vested, or contingent interest in any Real Estate held or controlled by you, your spouse, or your dependent children.								
OWNER OF RECORD	ADDRESS	TYPE	PURPOSE	% OF OTHERS OWNERSHIP	CURRENT VALUE	SIZE	PURCHASE PRICE	ANNUAL INCOME
	STREET ADDRESS, CITY, STATE, COUNTRY, AND ZIP CODE							
TOTAL:								

Schedule G					If none, initial here:		
Other Assets							
List the Other Assets in excess of \$3,000 owned by you, your spouse, or your dependent children. Include any sports wagering or virtual currency accounts, regardless of balance.							
ASSET TYPE	OTHER INFORMATION	DATE OF PURCHASE	VALUATION METHOD	APPROXIMATE MARKET VALUE	IS IT INSURED?	PURCHASE PRICE	
		(MM/DD/YYYY)			(Y/N)		
TOTAL:							

LIABILITY SCHEDULES								
Schedule H							If none, initial here:	
Short Term Notes and Credit Cards Payable (Not Including Mortgage)								
List all Short-Term Notes and Credit Cards Payable that you, your spouse, or your dependent children are obligated								
NAME OF CREDITOR	ADDRESS	TELEPHONE NUMBER	PURPOSE	COLLATERAL	AMOUNT OUTSTANDING	MATURITY DATE	INTEREST RATE	AUTHORIZED AMOUNT
	STREET ADDRESS, CITY, STATE, COUNTRY, AND ZIP CODE					(MM/DD/YYYY)		
TOTAL:								

Schedule I							If none, initial here:	
Mortgages Payable								
List all Mortgages Payable that you, your spouse, or your dependent children are obligated								
NAME OF CREDITOR	ADDRESS	TELEPHONE NUMBER	PURPOSE	COLLATERAL	INTEREST RATE	MATURITY DATE	ORIGINAL AMOUNT	AMOUNT OUTSTANDING
	STREET ADDRESS, CITY, STATE, COUNTRY, AND ZIP CODE					(MM/DD/YYYY)		
TOTAL:								

Schedule J							If none, initial here:	
Other Liabilities								
List all Other Liabilities or indebtedness in excess of \$3,000 that you, your spouse, or your dependent children are obligated								
NAME OF CREDITOR	ADDRESS	TELEPHONE NUMBER	PURPOSE	COLLATERAL	INTEREST RATE	MATURITY DATE	ORIGINAL AMOUNT	AMOUNT OUTSTANDING
	STREET ADDRESS, CITY, STATE, COUNTRY, AND ZIP CODE					(MM/DD/YYYY)		
TOTAL:								

Schedule K							If none, initial here:	
Contingent Liabilities								
List the Contingent Liabilities that you, your spouse, or your dependent children are obligated								
NAME OF PARTY	ADDRESS	TELEPHONE NUMBER	PURPOSE	COLLATERAL	INTEREST RATE	MATURITY DATE	ORIGINAL AMOUNT	AMOUNT OUTSTANDING
	STREET ADDRESS, CITY, STATE, COUNTRY, AND ZIP CODE					(MM/DD/YYYY)		
TOTAL:								

BALANCE SHEET	
Assets	
<i>Current Assets</i>	
Cash on Hand	\$
Cash in Banks	\$
Accounts and Notes Receivable	\$
<i>Investments</i>	
Non-Retirement Investments	\$
Retirement Investments	\$
Business Investments	\$
<i>Fixed Assets</i>	
Real Estate	\$
<i>Other Assets</i>	
	\$
	\$
	\$
ASSETS TOTAL:	\$
Liabilities	
<i>Current Liabilities</i>	
Notes and Credit Cards Payable	\$
<i>Long Term Liabilities</i>	
Mortgages Payable	\$
<i>Other Liabilities</i>	
	\$
	\$
	\$
Contingent Liabilities	\$
LIABILITIES TOTAL:	\$
Net Worth [(Assets Total) - (Liabilities Total)]:	\$

ANNUAL INCOME STATEMENT			
YEAR:			
	ONE YEAR PRIOR	TWO YEARS PRIOR	THREE YEARS PRIOR
Wage Income			
Taxable Interest (IRS Schedule B)			
Dividends			
Alimony Received			
Business Income (IRS Schedule C, C-EZ, and E)			
Capital Gains/(Losses)			
Qualified Plan Distributions			
Other Income			
TOTAL:			

PAGE TO BE RETAINED BY APPLICANT

Privacy Act Statement

This privacy act statement is located on the back of the FD-258 fingerprint card.

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your Application, supplemental authorities include federal statutes, state statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your Application.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this Application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this Application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

Updated 03/30/2018

Agency Privacy Requirements for Noncriminal Justice Applicants

Authorized governmental and non-governmental agencies/officials that conduct a national fingerprint-based criminal history record check on an Applicant for a noncriminal justice purpose (such as employment or a license, immigration or naturalization matter, security clearance, or adoption) are obligated to ensure the Applicant is provided certain notices and that the results of the check are handled in a manner that protects the Applicant's privacy. All notices must be provided in writing.¹ These obligations are pursuant to the Privacy Act of 1974, Title 5, United States Code (U.S.C.), Section 552a, and Title 28, Code of Federal Regulations (CFR), Section 50.12, among other authorities.

- Officials must ensure that each Applicant receives an adequate written FBI Privacy Act Statement (dated 2013 or later) when the Applicant submits his/her fingerprints and associated personal information.²
- Officials must advise all Applicants in writing that procedures for obtaining a change, correction, or update of an FBI criminal history record are set forth at 28 CFR 16.34. Information regarding this process may be found at <https://www.fbi.gov/services/cjis/identity-history-summary-checks> and <https://www.edo.cjis.gov>.
- Officials must provide the Applicant the opportunity to complete or challenge the accuracy of the information in the FBI criminal history record.
- Officials should not deny the employment, license, or other benefit based on information in the FBI criminal history record until the Applicant has been afforded a reasonable time to correct or complete the record or has declined to do so.
- Officials must use the FBI criminal history record for authorized purposes only and cannot retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.³

The FBI has no objection to officials providing a copy of the Applicant's FBI criminal history record to the Applicant for review and possible challenge when the record was obtained based on positive fingerprint identification. If agency policy permits, this courtesy will save the Applicant the time and additional FBI fee to obtain his/her record directly from the FBI by following the procedures found at 28 CFR 16.30 through 16.34. It will also allow the officials to make a more timely determination of the Applicant's suitability.

Each agency should establish and document the process/procedures it utilizes for how/when it gives the Applicant the FBI Privacy Act Statement, the 28 CFR 50.12 notice, and the opportunity to correct his/her record. Such documentation will assist state and/or FBI auditors during periodic compliance reviews on use of FBI criminal history records for noncriminal justice purposes.

Updated 11/06/2019

¹ Written notification includes electronic notification but excludes oral notification.

² See <https://www.fbi.gov/services/cjis/compact-council/privacy-act-statement>

³ See 5 U.S.C. 552a(b); 28 U.S.C. 534(b); 34 U.S.C. § 40316 (formerly cited as 42 U.S.C. § 14616), Article IV(c); 28 CFR 20.21(c), 20.33(d), 50.12(b) and 906.2(d).

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Noncriminal Justice Applicant's Privacy Rights

As an Applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an Application for employment or a license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below. All notices must be provided to you in writing.¹ These obligations are pursuant to the Privacy Act of 1974, Title 5, United States Code (U.S.C.) Section 552a, and Title 28 Code of Federal Regulations (CFR), 50.12, among other authorities.

- You must be provided an adequate written FBI Privacy Act Statement (dated 2013 or later) when you submit your fingerprints and associated personal information. This Privacy Act Statement must explain the authority for collecting your fingerprints and associated information and whether your fingerprints and associated information will be searched, shared, or retained.²
- You must be advised in writing of the procedures for obtaining a change, correction, or update of your FBI criminal history record as set forth at 28 CFR 16.34.
- You must be provided the opportunity to complete or challenge the accuracy of the information in your FBI criminal history record (if you have such a record).
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the employment, license, or other benefit based on information in the FBI criminal history record.
- If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at <https://www.fbi.gov/services/cjis/identity-history-summary-checks> and <https://www.edo.cjis.gov>.
- If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI by submitting a request via <https://www.edo.cjis.gov>. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.)
- You have the right to expect that officials receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.³

Updated 11/06/2019

¹ Written notification includes electronic notification but excludes oral notification.

² See <https://www.fbi.gov/services/cjis/compact-council/privacy-act-statement>

³ See 5 U.S.C. 552a(b); 28 U.S.C. 534(b); 34 U.S.C. § 40316 (formerly cited as 42 U.S.C. § 14616), Article IV(c); 28 CFR 20.21(c), 20.33(d) and 906.2(d).