

INDIVIDUAL HISTORY APPLICATION FORM FOR A  
SOUTH DAKOTA TRIBAL GAMING LICENSE

South Dakota Commission on Gaming  
87 Sherman Street  
Deadwood, SD 57732  
605-578-3074

DO NOT WRITE HERE  
FOR OFFICE USE ONLY

CONTROL # \_\_\_\_\_

Received by the YSTGC on

PLEASE READ: In compliance with the Privacy Act of 1974, the following information is provided: Solicitation of the information on this form is authorized by 25 U.S.C. 2701 *et seq.* The purpose of the requested information is to determine the eligibility of individuals to be granted a gaming license. The information will be used by the Tribal gaming regulatory authorities and by the National Indian Gaming Commission (NIGC) members and staff who have need for the information in the performance of their official duties. The information may be disclosed by the Tribe or the NIGC to appropriate Federal, Tribal, State, local, or foreign law enforcement and regulatory agencies when relevant to civil, criminal, or regulatory investigations or prosecutions or when pursuant to a requirement by a tribe or the NIGC in connection with the issuance, denial, or revocation of a gaming license, or investigations of activities while associated with a tribe or a gaming operation. Failure to consent to the disclosures indicated in this notice will result in a tribe's being unable to license you for a primary management official or key employee position. A false statement on any part of your license application may be grounds for denying a license or the suspension or revocation of a license. Also, you may be punished by fine or imprisonment (U.S. Code, title 18, section 1001). The disclosure of your Social Security Number (SSN) is voluntary. However, failure to supply a SSN may result in errors in processing your application.

ADDITIONAL INFORMATION: Information provided on this form in accordance with the above Privacy Act Notice may also be used by the South Dakota Commission on Gaming staff who have a need for the information in the performance of their official duties. Failure to provide your SSN may result in a denial of license if needed information cannot be found.

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

Name: \_\_\_\_\_  
FIRST MIDDLE LAST

Current Physical Address:

\_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Current Mailing Address (if different):

\_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Cellphone #: \_\_\_\_\_

Alias (Nickname, Maiden Name, Name Changes or any other Name known by):

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Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Sex: M F Social Security Number: \_\_\_\_\_

Color of Hair: \_\_\_\_\_ Color of Eyes: \_\_\_\_\_ Weight: \_\_\_\_\_ Height: \_\_\_\_\_

Driver's License number and state of issue for the past five (5) years: \_\_\_\_\_  
(Use Additional Information sheet (page 6) if necessary)



List all languages spoken or written:

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List names and current addresses of three personal references:

| Name | Address | City | State | Telephone # |
|------|---------|------|-------|-------------|
|      |         |      |       |             |
|      |         |      |       |             |
|      |         |      |       |             |

Bank Reference: \_\_\_\_\_

Bank Address: \_\_\_\_\_

List two (2) credit references. (Include account number and balance)

(1) \_\_\_\_\_

(2) \_\_\_\_\_

Describe any previous or existing business relationships with Indian tribes or the gaming industry, including ownership interests in those businesses.

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Have you ever held or applied for a privileged or professional license with any regulatory agency

( )Yes ( )No

If YES, list the name and address of each licensing or regulatory agency.

NAME

ADDRESS

CITY

STATE

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Do you consent to an investigation of your background and police records and to waive any rights or causes of action that you may have against the South Dakota Commission on Gaming and any other individual or agency disclosing or releasing said information to the South Dakota Commission on Gaming. ( )YES ( )NO

**\*\*\*NOTE: IF YOUR ANSWER IS YES TO ANY OF THE FOLLOWING QUESTIONS, PLEASE FURNISH DETAILS TO EACH YES ANSWER ON THE ADDITIONAL INFORMATION SHEET.\*\*\***

√ Arrests, Detentions and Litigations (Include arrests in which you were not convicted or charges were dismissed.)

Have you **EVER** been questioned, detained, indicted, arrested or summoned to answer for any criminal offense or violation for any reason whatsoever, regardless of the disposition of the event, **including Reckless Driving, DUI, and Eluding?**  
 (Do not include minor traffic violations ie: speeding or parking tickets) ( )YES ( )NO

Have you **EVER** been or are you now on parole or probation to any court? ( )YES ( )NO

Have you **EVER** received a pardon for any criminal act(s)? If so, list all cases without exceptions. ( )YES ( )NO

Has a criminal indictment, information or complaint **EVER** been returned against you, but for which you were not arrested or in which you were named as an unindicted co-party? ( )YES ( )NO

Have you **EVER** been subpoenaed to appear to testify before a federal, state or county Grand Jury, boards or commission? ( )YES ( )NO

Have you **EVER** had a civil or criminal record expunged by a court order? ( )YES ( )NO  
 If YES, list the date and jurisdiction below:

| Date | City | County | State |
|------|------|--------|-------|
|------|------|--------|-------|

Have you ever applied for a permit or license related to gaming? ( )YES ( )NO

Have you ever been denied a permit or license related to gaming? ( )YES ( )NO

Type of license: \_\_\_\_\_ State: \_\_\_\_\_

Agency issuing license: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

If license was revoked, provide details: \_\_\_\_\_

PLEASE ATTACH A PHOTOGRAPH OF YOURSELF OR A COPY OF YOUR PICTURE ID WITH THIS APPLICATION.

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

I, \_\_\_\_\_, being first duly sworn depose and state that all of the statements, attachments, enclosures, supporting schedules, and information provided herein to the South Dakota Commission on Gaming through the Application process is true and correct. Information submitted upon my knowledge and belief is believed by me to be true and correct, and is otherwise so qualified by me in the Application. I understand that a false answer to any question which was posed in the Application process, can subject the undersigned and the Applicant to a denial, suspension, revocation or non-reissuance of a license. Further, I understand that all information provided herein is provided with the knowledge that misrepresentation thereof, or misrepresentation by failing to reveal relevant information requested by the Commission on Gaming may be deemed as sufficient cause for the refusal to issue a license. I am aware that later discovery of an omission or misrepresentation of the facts by the applicant provided herein may be grounds for the revocation of a license.

Further, I am voluntarily submitting this Application under oath with full knowledge that I could be charged with the perjury laws of this State as provided by SDCL 42-7B-19.2

Further, I acknowledge my obligation to furnish all processes and pleadings to which I am a party as required by SDCL 42-7B-65

\_\_\_\_\_  
Signature of Applicant

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

\_\_\_\_\_  
Notary Public

Notary Printed Name: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

{AFFIX SEAL}



INVESTIGATION AUTHORIZATION  
AUTHORIZATION TO RELEASE INFORMATION

I, \_\_\_\_\_, hereby authorize the State of South Dakota through its authorized representative, Commission on Gaming or the Office of the Attorney General, Division of Criminal Investigation, to conduct an investigation into my personal background, using whatever legal means it deems appropriate. Persons requested to provide information which the South Dakota Commission on Gaming or Division of Criminal Investigation determines necessary, are hereby authorized to provide such information.

I also authorize and consent to the South Dakota Commission on Gaming disclosing or releasing information collected in the investigation to appropriate federal, tribal, state, local or foreign law enforcement or regulatory agencies and waive any rights or causes of actions I may have against the South Dakota Commission on Gaming for releasing said information.

I understand that by signing this authorization, a financial record check will be performed. I authorize any financial institution to surrender to the Commission on Gaming or the Division of Criminal Investigation a complete and accurate record of such transactions that may have occurred with that institution, not limited to, but to include, internal banking memoranda, past and present loan applications, financial statements and any other documents relating to the applicants personal or business financial records in whatever form and wherever located.

It is hereby understood that the Commission on Gaming or the Division of Criminal Investigation will conduct a complete and comprehensive investigation to determine the accuracy of all information gathered. However, the State of South Dakota and the authorized representative, Division of Criminal Investigation, Commission on Gaming and other employees of the State of South Dakota shall not be held liable for inaccurate information.

The Commission on Gaming and the Division of Criminal Investigation reserves the right to investigate all relevant information and facts to its satisfaction.

INFORMATION GATHERED AS A RESULT OF THIS INVESTIGATION WILL BE HELD CONFIDENTIAL BY THE COMMISSION ON GAMING AS REQUIRED BY SDCL 42-7B-58.

(Please Print)

FULL LEGAL  
NAME: \_\_\_\_\_

LAST

FIRST

MIDDLE

SIGNATURE: \_\_\_\_\_







# YANKTON SIOUX TRIBE

## Gaming Commission

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P.O. Box 77 • Pickstown, SD 57367  
Phone: (605) 487-6022 • Fax: (605) 487-7116

### INVESTIGATION AUTHORIZATION AUTHORIZATION TO RELEASE INFORMATION

I, \_\_\_\_\_, hereby authorize the Yankton Sioux Tribe Gaming Commission to conduct an investigation into my personal background, using whatever legal means it deems appropriate. Persons requested to provide information which the Yankton Sioux Tribe Gaming Commission deems necessary, are hereby authorized to provide such information.

I understand that by signing this authorization, a financial record check will be performed. I authorize any financial institution to surrender to the Yankton Sioux Tribe Gaming Commission a complete and accurate record of such transactions that may have occurred with that institution, not limited to but to include, internal banking memoranda, past and present loan applications, financial statements and any other documents relating to the applicant's personal or business financial records in whatever form and wherever located.

It is hereby understood that the Yankton Sioux Tribe Gaming Commission will conduct a comprehensive investigation to determine the accuracy of all information gathered. However, the Yankton Sioux Tribe Gaming Commission will not be held liable for any inaccurate information.

The Yankton Sioux Tribe Gaming Commission reserves the right to investigate all relevant information and facts to its satisfaction.

FULL LEGAL NAME: \_\_\_\_\_  
(PLEASE PRINT)                      LAST    FIRST    MIDDLE

SIGNATURE: \_\_\_\_\_



**\*\*LEAVE BLANK: TO BE FILLED OUT BY THE REPRESENTATIVE OF THE YANKTON SIOUX TRIBE GAMING COMMISSION OR LAW ENFORCEMENT AGENCY TAKING YOUR FINGERPRINTS.**

**VERIFICATION OF FINGERPRINTS**

The enclosed fingerprint cards are the prints of \_\_\_\_\_  
taken by me.

NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

OFFICE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_