

**MISSOURI GAMING COMMISSION**

**KEY PERSON AND LEVEL I RENEWAL**

**APPLICATION**

**(PERSONAL DISCLOSURE FORM 1)**

**You must make accurate statements and include all material facts. Any**

**misrepresentation, or the failure to provide requested information, may result**

**in the denial of your application and/or criminal charges being filed against you.**

**Any statement that is not true or not disclosed which becomes known at any later date is cause for revocation of you occupational license.**

Note: The Commission, notwithstanding the provisions of section 610.110, RSMo.,

has access to both closed and open records pursuant to section 313.004, RSMo.

Please answer all questions fully and thoroughly.

# APPLICATION INSTRUCTIONS

PLEASE READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS FORM.

1. **COMPLETING THIS FORM:**
2. The following questions in this application only need to be updated with the information occurring within the last 2 years, or since the last renewal/initial.

1. You must make accurate statements and include all material facts. Any misrepresentation, or the failure to provide requested information, may result in the denial of your application and/or criminal charges being filed against you.
2. Any statement that is not true or not disclosed and which becomes known at any later date is cause for revocation of your occupational gaming license. Notwithstanding the provisions of section 610.110, RSMo, the Commission has access to both open and closed records as provided under section 313.004, RSMo. Please be thorough and complete in response to these questions.

**Prohibited acts, penalties - commission to refer violations to attorney general and prosecuting attorney - venue for actions.**

313.830.4 A person commits a class E felony and, in addition, shall be barred for life from excursion gambling boats under the jurisdiction of the commission, if the person: (15) Knowingly makes a false statement of any material fact to the commission, its agents or employees.

1. Read each question carefully prior to answering. Answer every question completely. Do not leave blank spaces. If a question does not apply to you, indicate “Does Not Apply” in response to that question. If there is nothing to disclose in response to a particular question, indicate “None” in response to that question. Failure to provide a response to every question could result in the rejection of your application.
2. All entries on this form must be typed or printed using dark ink. If your application is not legible, it will not be accepted.
3. If the space available is insufficient to respond to a question, you are to supply the required information on an attachment page and clearly identify which question you are answering.
4. If you make any modification to the pre-printed questions, format or information contained in this form, your application will be rejected. Once your application is accepted, it becomes the property of the Missouri Gaming Commission and will not be returned.

# IMPORTANT NOTICES

**Persons submitting this form may be required to be fingerprinted. If you reside inside the state Missouri, please contact your Human Resources Department for guidance on where to obtain fingerprint services if requested.**

**You may be required to provide additional information or submit additional forms.**

**For those applicants who reside outside of the United States, please ensure completed local law enforcement/police clearances accompany this application. This form will not be processed until proper foreign police clearances are provided.**

**You must immediately notify the Missouri Gaming Commission of any changes in the information submitted in this form and related materials.**

1. **BE SURE TO:**
2. Attach a recent (within the past six months) color photograph of yourself in the space provided.
3. Sign the Verification forms in the presence of a notary public, justice of the peace or commissioner for declarations or other person legally authorized to notarize your signature.
4. Send only the original of the completed application and all required attachments.
5. **BEFORE YOU SUBMIT THIS FORM TO THE MISSOURI GAMING COMMISSION, BE SURE THAT:**
6. You have reviewed Missouri Gaming Commission’s filing instructions for the type of license, approval or qualification you are seeking.
7. You have included all required attachments listed in this form.
8. The verification forms are notarized on the original application.
9. Every question has been answered completely.
10. You retain a completed copy of your application package for your own records.

**IV. TIPS FOR COMPLETING THIS FORM:**

1. Keep a blank copy of the form. When you need to update information, you can use the appropriate pages from the blank form to provide the information.
2. Keep an unsigned copy of your completed application.

**V. Please submit this form to: Licensing Division**

**Missouri Gaming Commission**

**3417 Knipp Drive**

**P.O. Box 1847**

**Jefferson City, MO 65102**

A Key and Level I renewal application will be invoiced for the appropriate renewal fees. If you are found suitable for a renewal license, the Missouri Gaming Commission will issue a renewal license, which will enable you to perform any activity included within your level of Occupational License and any lower level of Occupational License.

# Definitions

For the purpose of this application, the following terms shall have the following meanings:

**Applicant:** Any individual or business entity that directly or indirectly has applied for a license.

**Application:** The total written materials, including the instructions, forms and other documents issued by the commission, comprising the applicant’s request for a license.

**Attributed:** Any direct or indirect interest in a business entity deemed to be held by an individual not through his/her actual holdings, but through holdings of his/her immediate family.

**Best of Knowledge:** The applicant’s knowledge after substantial inquiry.

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

**Compensation:** Anything of value, including salary, wages, commission, tips, gratuities, fees, bonuses, and distribution from (S) corporations, in any form including cash, securities, real property, and tangible and intangible personal property.

**Contingent liability:** Any obligation, indebtedness or claim, the amount of which cannot be definitely ascertained until the occurrence or nonoccurrence of some future event.

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

**Debt instrument:** Any bond, loan, mortgage, trust deed, note, debenture, subordination, guaranty, letter of credit, surety agreement, pledge, chattel mortgage or other form of indebtedness.

**Dependent:** Any individual who received over half of his/her support in a calendar year from any other individual.

**Dependent child:** A son, daughter or descendent of either, whether by marriage, adoption or natural relationship, over half of whose support for the calendar year was received from the individual.

**Dock:** The locations where a riverboat moors for the purpose of embarking passengers for and disembarking passengers from an excursion.

**Domestic partnership:** A relationship between two adults residing together and sharing a common domestic life through a Civil Union or other type of legal partnership recognized in the state of the person’s domicile.

**FEIN:** Federal Employer Identification Number.

**Felony:** A criminal offense for which a sentence of imprisonment for one year or more may be imposed under the laws of any jurisdiction, or which is designated a felony by the laws of a jurisdiction.

**Financial statement:** Any balance sheet, income statement, profit and loss statement, statement of cash flow, and sources and uses of funds statement.

**Game:** Any banking, wagering, gaming or percentage game or activity, including those played with cards, chips, tokens, dice implements, devices or any electronic, electrical, mechanical device or machine, which is played for money, property, or anything of value, including without limitation, baccarat, twenty-one, poker, craps, slot machines, video game of chance, roulette, Klondike table, punchboard, faro layout, keno layout, numbers ticket, bingo, push card, jar ticket, pull tab, horse racing, dog racing and jai alai.

**Gaming operations manager:** The individual or business entity who has the ultimate responsibility to manage, direct or administer the gaming operation on a riverboat.

**Immediate family:** Spouse (other than a spouse who is legally separated from the individual under a decree of divorce or separate maintenance), parents, grandparents, children, grandchildren, whether by the whole or half blood, marriage, adoption or natural relationship.

**Indirect:** Any interest in a business entity that is deemed to be held by the holder, not through the holder's actual holdings in the business entity, but through the holder's holdings in other business entities.

**Individual:** Any natural person.

**Key Person:**

1. An officer, director, trustee, proprietor, or managing agent, or general manager of an applicant or licensee or of a business entity key person of any applicant or licensee;
2. A holder of any direct or indirect legal or beneficial publicly traded interest whose combined direct, indirect or attributed publicly traded interest is five percent (5%) or more in an applicant or licensee or in a business entity key person of an applicant or licensee;
3. A holder of any direct or indirect legal or beneficial privately held interest whose combined direct, indirect or attributed privately held interest is one percent (1%) or more in an applicant or licensee or in a business entity key person of an applicant or licensee;
4. A holder of any direct or indirect legal or beneficial interest in an applicant or licensee or in a business entity key person of an applicant or licensee if the interest was required to be issued under agreement with or authority of a government entity;
5. An owner of an excursion gambling boat; and
6. Anyone so designated by the commission or director.

**Nominee:** Any individual or business entity 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/its behalf with respect to such property.

**Public official:** An individual who is elected to office pursuant to Missouri statute, or who is appointed to an office which is established under and the qualifications and duties of which are prescribed by Missouri statute to discharge a public duty for the state or any of its political subdivisions.

**Registered agent:** Any individual or business entity against whom service of process may be made on behalf of any business entity or that is designated as such by any articles of incorporation or other corporate filings in any state.

**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 fifty thousand dollars ($50,000) or more.

**Support facility:** A place of business which is part of or operates in connection with a riverboat gaming operation, including, without limitation, riverboats, offices, docking facilities, parking facilities, and land-based hotels or restaurants.

**MISSOURI GAMING COMMISSION**

**PERSONAL DISCLOSURE FORM 1**

**PLEASE PRINT OR TYPE THE ANSWERS TO THE**

**FOLLOWING QUESTIONS IN THE SPACES PROVIDED**

**PERSONAL DATA**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| NAME:  LAST (INCLUDE SR., JR., ETC., IF APPLICABLE) | | | | | | | | FIRST | | | | | MIDDLE | |
|  | | | | | | | |  | | | | |  | |
| *MAILING ADDRESS/POSTAL ADDRESS:* | | | | | | | | | | | | | | |
| NUMBER AND STREET | | | | | APT# /  FLAT # | CITY/TOWN | | | STATE/PROVINCE | | | | ZIP/POSTAL CODE | |
|  | | | | |  |  | | |  | | | |  | |
| PRESENT BUSINESS ADDRESS:  NUMBER AND STREET | | | | | APT# /  FLAT # | CITY/TOWN | | | STATE/PROVINCE | | | | ZIP/POSTAL CODE | |
| HOME ADDRESS: (IF DIFFERENT THAN MAILING ADDRESS/POSTAL ADDRESS) | | | | | | | | | | | | | | |
| NUMBER AND STREET | | | | | APT# /  FLAT # | CITY/TOWN | | | STATE/PROVINCE | | | | ZIP/POSTAL CODE | |
|  | | | | |  |  | | |  | | | |  | |
| HOME PHONE NUMBER: AREA CODE       NUMBER | | | | | | | | | | | | | | |
| MOBILE PHONE NUMBER: AREA CODE       NUMBER | | | | | | | | | | | | | | |
| CURRENT BUSINESS TELEPHONE NO. AT PLACE OF EMPLOYMENT: | | | | | | | | | | | FAX NUMBER: | | | |
| AREA CODE: | | NUMBER: | | | | | (EXTENSION) | | | | (AREA CODE) | | | (NUMBER) |
| ­ | |  | | | | |  | | | |  | | |  |
| DATE OF BIRTH: MO/DAY/YEAR | | | EMAIL ADDRESS: | | | | | | | SOCIAL SECURITY NUMBER OR INTERNATIONAL NUMBER: | | | | |
|  | | |  | | | | | | |  | | | | |
|  | | | | | | | | | | | | | | |
| SEX | COLOR OF EYES | | | COLOR OF HAIR | | | | HEIGHT | | | | WEIGHT | | |
| Male  Female |  | | |  | | | | FT      IN/      CM | | | | LBS/       KG | | |

Please indicate below the type of renewal license for which this form is submitted.

Company Name:

()**Key Person**

Title:

() **Occupational License, Level I**

Title:

**IMPORTANT**

**AFFIX A COLOR**

**PHOTOGRAPH**

**ON PLANE BACKGROUND**

**HERE THAT WAS TAKEN**

**WITHIN**

**THE PAST SIX MONTHS.**

1.a. Have you been issued a new passport within the last two (2) years, or since the last renewal/initial? Yes  No

If yes, submit a copy of the new passport and provide the following information about your passport:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| PASSPORT NUMBER | COUNTRY OF ISSUE | PLACE ISSUED | DATE ISSUED | EXPIRATION DATE |
|  |  |  |  |  |
|  |  |  |  |  |

1.b. List details regarding all foreign business travel during the past two (2) years, or since the last renewal/initial.

|  |  |  |  |
| --- | --- | --- | --- |
| DATES  FROM - TO | DESTINATION | PURPOSE  (BUSINESS, PLEASURE, ETC.) | IF FOR BUSINESS DESCRIBE  BUSINESS PURPOSE |
| From:  To: |  |  |  |
| From:  To: |  |  |  |

**RESIDENCE DATA**

1. In the chart below, provide updated information regarding your residence for the past two (2) years, or since the last renewal/initial.

| DATES | | ADDRESS  (NO., STREET, APT#/FLAT#, CITY/TOWN, COUNTY/PARISH, STATE/PROVINCE, COUNTRY & ZIP/POSTAL CODE) | OWN OR RENT | NAME, ADDRESS & TELEPHONE NO. OF LANDLORD/MANAGER OR MORTGAGE/BOND HOLDER, IF KNOWN | NAME AND CONTACT INFORMATION OF ROOMMATES, IF ANY |
| --- | --- | --- | --- | --- | --- |
| FROM: (MO/YR) | TO: (MO/YR) |  |  |  |  |
|  |  |  | Rent  Own |  |  |
|  |  |  | Rent  Own |  |  |

**EMPLOYMENT AND LICENSING DATA**

3. In the chart below, provide the updated information regarding your employment for the past two (2) years, or since the last renewal/initial.

| DATES | | NAME, MAILING ADDRESS, AND  TELEPHONE NUMBER OF EMPLOYER(S) | TITLE/POSITION HELD AND  DESCRIPTION OF DUTIES | NAME OF  SUPERVISOR | REASON FOR LEAVING/  COMPENSATION AT DEPARTURE | GAMING RELATED EMPLOYMENT? |
| --- | --- | --- | --- | --- | --- | --- |
| FROM:  (MO/YR) | TO:  (MO/YR) |
|  |  |  |  |  |  | Yes  No |
|  |  |  |  |  |  | Yes  No |

*If additional space is needed, please provide an attachment*

4. With regard to the previously listed employment:

1. Within the last two (2) years, or since the last renewal/initial were you discharged, suspended or asked to resign from employment? Yes  No
2. During the last two (2) years, or since the last renewal/initial were you charged with any infraction

in relation to any employment, which was the subject of any disciplinary action? Yes  No

If yes to either question, complete the following chart as to each such time you were discharged, suspended, asked to resign or disciplined:

| DATE OF DISCHARGE, SUSPENSION, RESIGNATION OR DISCIPLINARY ACTION | NAME OF EMPLOYER | REASON FOR DISCHARGE, SUSPENSION, RESIGNATION OR DISCIPLINARY ACTION | SEVERANCE PACKAGE RECEIVED? IF SO, SPECIFY. | WERE UNEMPLOYMENT BENEFITS RECEIVED SUBSEQUENT TO SEPARATION? |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  |  |  |  |  |

5. Within the last two (2) years, or since the last renewal/initial, have you, your spouse or domestic partner made application for, been granted or held, currently have pending, or had denied, a license, permit, registration, finding of suitability, qualification or other authorization to participate in any form or type of casino, gaming/gambling related operation (including any manufacturer of gaming/gambling equipment, junket operation, horse racing, dog racing, pari-mutuel operation, lottery, sports betting, Internet gaming, etc.) or alcoholic beverage operation in any jurisdiction? You must answer “YES” to this question if your application was returned to you by the gaming agency for any reason, or you withdrew your application from consideration.

Yes  No

If yes, complete the following chart:

| NAME & ADDRESS OF LICENSING AGENCY/ORGANIZATION  (INCLUDING COUNTRY, STATE/PROVINCE, COUNTY OR MUNICIPALITY/TOWN) | TYPE OF LICENSE,  PERMIT, APPROVAL  OR REGISTRATION | DATE OF APPLICATION | DISPOSITION  (GRANTED, DENIED  OR PENDING, ETC.) | LICENSE, PERMIT,  APPROVAL OR REGISTRATION NUMBER | NAME OF APPLICANT |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

6. List any additional group, firm, partnership, corporation or any other businesses in which you have held an ownership interest of 5% or more for the past two (2) years, or since the last renewal/initial. (Do ***not*** include publicly traded corporations in which you owned stock.)

| DATES | | NAME(S) & ADDRESS(ES)  OF BUSINESS(ES) | CURRENT STATUS  OF BUSINESS(ES) | % INTEREST  HELD BY YOU | NAME(S) OF  OTHER OWNERS | ADDRESS(ES)  OF OTHER OWNERS | STATE/PROVINCE  AND COUNTRY OF ORGANIZATION OR INCORPORATION |
| --- | --- | --- | --- | --- | --- | --- | --- |
| FROM:  (MO/YR) | TO:  (MO/YR) |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

7. Within the last two (2) years, or since the last renewal/initial, has any entity in which you, your spouse or domestic partner is/was a director, officer, partner or an owner of a 5% or greater interest had any license, permit or certificate issued by a governmental agency in any jurisdiction denied, suspended, revoked, or subject to any conditions?

Yes  No

If yes, complete the following chart as to each denial, suspension or revocation:

| NAME OF ENTITY | POSITION HELD BY  YOU/YOUR SPOUSE/DOMESTIC PARTNER | TYPE OF LICENSE, PERMIT OR CERTIFICATE | TYPE OF ACTION TAKEN | NAME AND ADDRESS OF GOVERNMENT AGENCY/ORGANIZATION TAKING ACTION | DATE OF ACTION | REASON(S)  FOR  ACTION |
| --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

**FAMILY/SOCIAL DATA**

8. Has your current relationship status changed since your last application: Yes  No

If Yes, what is your current relationship status:

Single Married Legally Separated Divorced Widow/Widower Domestic Partnership Engaged

**CURRENT RELATIONSHIP**

If your current relationship status has changed provide the information below regarding your current spouse or domestic partner if applicable:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date of Marriage: | | |  | | |  | Where Married: | | |  | | | | | | | | |  |  | | | | | | | |  |  | |  |  | | |
|  | | |  | | |  |  | | | CITY/TOWN | | | | | | | | |  | COUNTY | | | | | | | |  | STATE/PROVINCE | |  | COUNTRY | | |
| Name: |  | | | | |  |  | | | | |  |  | | | | | | | |  | Occupation: | | |  |  | | | | | | | | |
|  | FIRST | | | | |  | MIDDLE | | | | | | MAIDEN | | | | | | | |  |  | | |  |  | | | | | | | | |
| Date of Birth: | |  | | |  |  | | | |  |  | | |  | Place of Birth: | | | |  | | | | | | | | |  |  | | | |  |  |
|  | | DAY | | |  | MONTH | | | | | YEAR | | | |  | | | | CITY/TOWN | | | | | | | | |  | STATE/PROVINCE | | | |  | COUNTRY |
| Home Address: | | |  | | | | | | |  |  | | | | | | |  |  | | | | | | | | |  |  | | | |  |  |
|  | | | STREET | | | | | | |  | CITY/TOWN | | | | | | |  | COUNTY/PARISH | | | | | | | | |  | STATE/PROVINCE | | | |  | ZIP/POSTAL CODE |
| Telephone Number: | | | |  | | | |  |  | | | | |  |  |  | Social Security Number: | | | | | |  |  | | | | | |
|  | | | | AREA CODE | | | |  | NUMBER | | | | |  |  | | | | | | | | | | |  |  | | | |  |  | | |

**MILITARY SERVICE DATA**

9. Since your last renewal/initial have you or an immediate family member served in a military organization of any country, or have you been an active or inactive member of a reserve force of any country?

Yes  No

If yes, provide the following information:

Country of Service:

Branch of Service:       Service Serial #:

Highest Rank Held:

Period(s) of Active Service: From:       To:

From:       To:

Date and type of discharge or separation (Honorable, Dishonorable, Honorable Conditions, Medical, etc.) from Military Service(s):

Date of each discharge/separation and rank held:

Type of discharge(s):

Attach a copy of any updated military records\* labeled as Exhibit 19M from previous application. If unavailable, attach a copy of a letter to the appropriate branch of the military requesting a copy of your military records\* labeled as an Exhibit 19M. If in reserves, please attach a copy of your discharge papers.

\*In the United States, a military record is called a DD214. If you have served in the U.S. military, you should provide a copy of this record. If your military service was in another country, you should provide a copy of whatever official documentation was provided to you at the time of your discharge.

\* Would you like information about the military-related services in Missouri? If so, please contact:

Missouri Veterans Commission

www.veteranbenefits.mo.gov

573-522-4061

OR

The U.S. Department of Veteran Affairs (VA) [www.va.gov](http://www.va.gov) 800-698-2411

## EDUCATIONAL DATA

10. Provide any new information within the last two (2) years, or since the last renewal/initial, for each school, college, graduate or postgraduate school you have attended.

| DATES | | NAME AND ADDRESS OF SCHOOL,  TRAINING PROGRAM, ETC. | DESCRIPTION OF  EDUCATION PROGRAM | LIST ANY DEGREE OR CERTIFICATION ATTAINED | GRADUATED  YES OR NO |
| --- | --- | --- | --- | --- | --- |
| FROM:  (MO/YR) | TO:  (MO/YR) |  |  |  |  |
|  |  |  |  |  | Yes  No |
|  |  |  |  |  | Yes  No |

**CIVIL, CRIMINAL AND INVESTIGATORY PROCEEDINGS**

Provide any new information within the last two (2) years, or since the last renewal/initial, about any arrests, charges or offenses you, your spouse, domestic partner or your children may have committed. Prior to answering this question, carefully review the definitions and instructions that follow.

DEFINITIONS: For purposes of this question:

1. “Arrest” includes any detaining, holding, or taking into custody by any police or other law enforcement authorities to answer for the alleged performance of any “offense.”
2. “Charge” includes any indictment, complaint, information, summons, ticket, or other notice of the alleged commission of any “offense.”
3. “Offense” means all felonies, crimes, misdemeanors, municipal ordinance violations, military court-martials, and violations of probation or other court order. An “offense” does not include traffic or parking violations, except for driving while revoked/suspended, alcohol/drug-related traffic violations, and leaving the scene of an accident.

INSTRUCTIONS: 1. Answer “YES” and provide all information to the best of your ability EVEN IF:

1. You did not commit the offense charged;
2. The charges were dismissed or subsequently downgraded to a lesser charge;
3. You completed a Pretrial Intervention (PTI) or equivalent diversionary program in other jurisdictions;
4. You were not convicted; or
5. You did not serve any time in prison or jail.

**NOTE:** Pursuant to 313.004, RSMo, Missouri Gaming Commission has access to both open and closed records.

# IMPORTANT

**Missouri Gaming Commission investigators will make inquiries to establish whether the applicant has had any involvement with law enforcement agencies.**

11. Within the last two (2) years, or since the last renewal/initial, have you been arrested or charged with any crime or offense in any jurisdiction?

Yes  No

If yes, complete the following chart:

**(Provide a copy of the documentation of criminal cases)**

| NATURE OF CHARGE OR OFFENSE/  LOCATION OF WHERE INCIDENT OCCURRED | DATE OF CHARGE OR OFFENSE | NAME AND ADDRESS  OF LAW ENFORCEMENT AGENCY  OR COURT INVOLVED | DISPOSITION  (CONVICTED, ACQUITTED, DISMISSED, PENDING,  PARDONED, ETC.) | SENTENCE |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  |  |  |  |  |

1. To the best of your knowledge, has a criminal indictment, information or complaint been filed or returned against you, but for which you were not arrested or in which you were named as an unindicted party or unindicted co-conspirator in any criminal proceeding in any jurisdiction within the last two (2) years, or since the last renewal/initial?

Yes  No

If yes, complete the following chart:

| NAME AND ADDRESS OF  GOVERNMENTAL AGENCY/ORGANIZATION INVOLVED | NATURE OF PROCEEDING | DATE |
| --- | --- | --- |
|  |  |  |
|  |  |  |

1. Within the last two (2) years, or since the last renewal/initial, have you been the subject of an investigation conducted by any governmental agency/organization, court, commission, committee, grand jury or investigatory body (local, state, county, provincial, federal, national, etc.) other than in response to traffic summons?

Yes  No

If yes, complete the following chart:

| NAME AND ADDRESS OF  COURT OR OTHER AGENCY/ORGANIZATION | NATURE OF PROCEEDING  OR INVESTIGATION | WAS TESTIMONY  GIVEN? | DATE ON WHICH TESTIMONY  WAS GIVEN | APPROXIMATE  TIME PERIOD OF  INVESTIGATION |
| --- | --- | --- | --- | --- |
|  |  | Yes  No |  |  |
|  |  | Yes  No |  |  |

14. Within the last two (2) years, or since the last renewal/initial, have you received a pardon, or have any government agency/organization agreed to dismiss, suspend or defer any criminal investigation or prosecution against you for any criminal offense?

Yes  No

If yes, complete the following chart:

| DATE OF PARDON, DISMISSAL, SUSPENSION, OR DEFERRAL | TYPE OF ACTION TAKEN | NAME AND ADDRESS OF GOVERNMENT AGENCY/ORGANIZATION GRANTING PARDON, DISMISSAL, SUSPENSION OR DEFERRAL |
| --- | --- | --- |
|  |  |  |
|  |  |  |

15. Within the last two (2) years, or since the last renewal/initial, have you been barred or otherwise excluded, for any reason, other than for the denial, suspension or revocation of a license or registration, from any form or type of casino or gaming/gambling related operation in any jurisdiction? (Check “YES” even if the disbarment or exclusion is no longer in effect or has been lifted.)

Yes  No

If yes, complete the following chart:

| GAMING/GAMBLING AGENCY | DATE OF EXCLUSION | REASON FOR EXCLUSION |
| --- | --- | --- |
|  |  |  |
|  |  |  |

**FINANCIAL DATA**

**Submit copies of your state and federal tax returns for the last two (2) years, or since the last renewal/initial,** **along with all forms used to determine the income reported on any such returns. This includes all W2’s you and your spouse received.**

16. Within the last two (2) years, or since the last renewal/initial, have any individual, local, city, county, provincial, state, Federal, national, or any other governmental liens/debts been filed against you as an individual, sole proprietor, member of a partnership, or owner of a corporation in any jurisdiction?

Yes  No

If yes, complete the following chart:

| NATURE OF LIEN/DEBT | WHEN FILED | WHERE FILED | CURRENT STATUS |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |

17. Within the last two (2) years, or since the last renewal/initial, have you personally been adjudicated bankruptcy or filed a petition for any type of bankruptcy, insolvency or liquidation under any bankruptcy or insolvency law in any jurisdiction?

Yes  No

If yes, complete the following chart:

| DATE FILED | DOCKET/CASE NUMBER | NAME AND ADDRESS OF COURT | NAME AND ADDRESS OF TRUSTEE |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |

18. Within the last two (2) years, or since the last renewal/initial, has any business entity in which you held a 5% or greater ownership interest, or in which you served as an officer or director been adjudicated bankrupt or filed a petition for any type of bankruptcy or insolvency under any bankruptcy or insolvency law?

Yes  No

If yes, complete the following chart:

| DATE FILED | DOCKET/CASE NUMBER | NAME AND ADDRESS OF COURT | NAME AND ADDRESS OF FILING PARTY | NAME AND ADDRESS OF TRUSTEE |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  |  |  |  |  |

19. Within the last two (2) years, or since the last renewal/initial, have you had any real or personal property repossessed by a finance company in any jurisdiction?

Yes  No

If yes, complete the following chart:

| TYPE OF PROPERTY | DATE REPOSSESSED | NAME AND ADDRESS OF COMPANY  REPOSSESSING PROPERTY | REASON FOR REPOSSESSION |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |

1. As indicated in the instructions of this form, this page is to be used by you for any questions which require additional space to answer. The number of the question must be stated immediately prior to your answer. If additional pages are needed, photocopy this page or add paper of similar size and identify these pages with corresponding numbers and letters.

**IDENTIFY ALL ANSWERS BY ORIGINAL QUESTION NUMBERS**

**USE ADDITIONAL PAGES IF NECESSARY**

**VERIFICATION**

STATE/PROVINCE OF:

SS:

COUNTY/PARISH/DISTRICT OF:

      (Applicant’s Name), being duly sworn according to law deposes and says:

1. I am the applicant who is submitting this application form.
2. I personally supplied the information contained in this form.
3. I understand and read the English language or I have had an interpreter read, explain

and record the answer to each and every question on this application form.

1. Any document accompanying this Missouri Gaming Commission Personal Disclosure Form that is not an original document is a true copy of the original document.
2. I swear (or affirm) that the foregoing statements made by me are true, complete and accurate to the best of my knowledge. I am aware that if any of the foregoing statements made by me are knowingly false, I am subject to criminal charges.

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

*(Applicant’s Signature)*

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

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

*(Notary Public)*

**(Notarial Seal**)

My commission expires: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notary Public in and for the County of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Individual's Request to Release Information**

To:

From:      *(Applicant’s Name)*

1. I hereby authorize and request all persons or entities to whom this request is presented having information relating to or concerning me to furnish such information to a duly appointed agent of the Missouri Gaming Commission or Missouri Highway Patrol, whether or not such information would otherwise be protected from disclosure by any constitutional, statutory or other legal privilege.
2. I hereby authorize and request all persons or entities to whom this request is presented having documents relating to or concerning me to permit a duly appointed agent of the Missouri Gaming Commission or Missouri Highway Patrol to review and copy any such documents, whether or not such documents would otherwise be protected from disclosure by any constitutional, statutory or other legal privilege.
3. If the person or entity to whom this request is presented is a brokerage firm, bank, savings and loan, or other financial institution or an officer of same, I hereby authorize and request that a duly appointed agent of the Missouri Gaming Commission or Missouri Highway Patrol shall be permitted to review and obtain copies of any and all documents, records or correspondence pertaining to me, including, but not limited to, past loan information, notes cosigned by me, checking account records, savings deposit records, safe deposit box records, passbook records, and general ledger folio sheets.

I hereby authorize disclosure of all financial records pertaining to my relationship with any financial institution pursuant to the Missouri Right to Financial Privacy Act, sections 408.675 to 408.700, RSMo, for twenty-four (24) months from the date of execution or at the termination of all licenses issued to me by the Missouri Gaming Commission, whichever occurs later. I understand that I may revoke this authorization at any time before the financial records are disclosed. I authorize disclosure of the financial records identified above to the Missouri Highway Patrol and/or Missouri Gaming Commission for the purpose of evaluating my application for a gaming license and acknowledge that said agencies have complied with and afforded all applicable rights under sections 408.675 to 408.700, RSMo.

1. I do hereby make, constitute and appoint any duly appointed agent of the Missouri Gaming Commission or Missouri Highway Patrol my true and lawful attorney-in-fact, for me in my name, place, stead, and on my behalf and for my use and benefit:

(a) To request, review, copy, sign for, or otherwise act for investigative purposes with respect to documents and information in the possession of the person or entity to whom this request is presented as I might;

(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; and

(c) To place the name of the Missouri Gaming Commission or Missouri Highway Patrol agent presenting this request in the appropriate location on this request.

1. I grant to said attorney-in-fact full power and authority to do, take, and perform all and every act and thing whatsoever requisite, proper, or necessary to be done, in the exercise of any of the rights and powers herein granted, as fully to all intents and purposes as I might or could do if personally present, with full power of substitution or revocation, hereby ratifying and confirming all that said attorney-in-fact, or his/her substitute(s), shall lawfully do or cause to be done by virtue of this power of attorney and the rights and powers herein granted.
2. This power of attorney ends twenty-four (24) months from the date of execution or at the termination of all licenses issued to the applicant /me by the Missouri Gaming Commission, whichever occurs later.
3. I do, for myself, my heirs, executors, administrator, successors and assigns, hereby release, remise, and forever discharge the person or entity to whom this request is presented, and his/her/its agents and employees from any and all manner of actions, causes of action, suits, debts, judgments, executions, claims and demands whatsoever, known or unknown, in law or equity, which I ever had, now have, may have, or claim, to have against the person or entity to whom this request is presented or his/her/its agents or employees arising out of or by reason of complying with this request.
4. I agree to indemnify and hold harmless the person or entity to whom this request is presented and his/her/its agents and employees from and against all claims, damages, losses, and expenses, including reasonable attorney's fees arising out of or by reason of complying with this request.
5. A reproduction of this request by photocopy shall be for all intents and purposes as valid as the original.

IN WITNESS WHEREOF, I have executed this request at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_

*(City)* *(State)*

on the \_\_\_\_\_\_\_\_\_\_\_day of , 20

*(Applicant's Signature)*

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

*(Notary Public)*

**(Notarial Seal)**

My commission expires: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notary Public in and for the county of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**IMPORTANT**

**Request IRS Account Transcripts**

You can request your IRS account transcripts at the following site:

<http://www.irs.gov/Individuals/Get-Transcript>

* You will need to request IRS account transcripts for each of the past **2 years**
* You can download and print your IRS account transcripts immediately by clicking on **“Get Transcript Online”**
* Please place a copy of your IRS account transcripts behind this page in the application

If you do not file US Tax Returns, fill out and notarize the Foreign Tax Affidavit on the following page indicating the country where tax returns are filed.

Foreign Tax Affidavit

State of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

County of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

BEFORE ME, the undersigned Notary, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, on this \_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_, personally appeared \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , known to me to be a creditable person, who being duly sworn, on oath, deposes and says:

1. This affidavit is based on my personal knowledge, and if called to testify, I would competently testify to the matters set forth herein.
2. I am in compliance with all applicable \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ tax laws and liabilities and there are no outstanding tax obligations due.

Country where tax returns are filed

I declare under penalty of perjury, that to the best of my knowledge and belief, the foregoing is true and correct.

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

Applicant’s Name

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

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

Notary Public

My commission expires: \_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_

**Missouri Department of Revenue**

**Authorization and Release**

|  |  |
| --- | --- |
| I,      , born at | |
| (City)      , | (County) |
| (State)      , | on (Date)      , and now residing at |
| (Street)      , | (City, State & Zip)      , |

hereby consent to the release of information to the Missouri Gaming Commission as follows:

I authorize and request that every person, firm, company, corporation, government agent, law enforcement agency, court, association, or institution having control of any document, records or other information pertaining to me, furnish to the Missouri Gaming Commission any such information, including a credit report or documents, records, and files regarding charges or complaints filed against me, including any complaints erased by law, whether formal or informal, pending or closed, or any other pertinent date, and to permit the Missouri Gaming Commission or any of its agents or representatives to inspect and make copies of such documents, records, or other information.

I authorize and request the Missouri Department of Revenue to release confidential tax records for all tax period(s) to the Missouri Gaming Commission. This tax information may include, but is not limited to, individual income tax, sales tax, use tax, withholding tax, or any other tax that is administered or collected by the Department of Revenue. The Director of Revenue and Department personnel are hereby released from any and all liability pursuant to authorized disclosure of confidential tax information resulting from release of information covered by section 32.057, RSMo, under this document.

I, along with my spouse/domestic partner/partner in legal civil union (Name)      , hereby release, discharge and exonerate the Missouri Gaming Commission, the Missouri State Highway Patrol, the Missouri Department of Revenue, the State of Missouri, its agents and representatives, and any person so furnishing information from any and all liability of every nature and kind arising out of the furnishing or inspection of such documents, records, and other information or any investigation or report made by the above persons or entities.

|  |  |
| --- | --- |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Applicant’s Signature Spouse/Domestic Partner/Partner in Legal

Civil Union Signature

|  |  |
| --- | --- |
|  |  |

Applicant’s Social Security Number Spouse/Domestic Partner/Partner in Legal

Civil Union Social Security Number

State Tax Affidavit

State of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

County of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

BEFORE ME, the undersigned Notary, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, on this \_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_, personally appeared \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , known to me to be a creditable person, who being duly sworn, on oath, deposes and says:

1. This affidavit is based on my personal knowledge, and if called to testify, I would competently testify to the matters set forth herein.
2. I am in compliance with all applicable \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ state tax laws and liabilities, and there are no outstanding tax obligations due to my state of residence.

*State of residence*

I declare under penalty of perjury, that to the best of my knowledge and belief, the foregoing is true and correct.

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

*Applicant’s Name*

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

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

Notary Public

My commission expires: \_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_

**Public Disclosure Verification**

State of

County of

I,      **,** being first duly sworn upon oath or affirmation, depose and state--

1. I am the applicant or licensee submitting this Public Disclosure Section;

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;

4. I understand and agree that the Public Disclosure Form will be provided to any member of the public who requests this information from the Missouri Gaming Commission. I further understand my continuing obligations to update and supplement this form if any of the information provided changes; and

5. I swear or affirm that I have read and agree to abide by the terms of the Riverboat Gaming Act and any rules promulgated by the commission, including any emergency rules and proposed rules.

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

*(Applicant’s Signature)*

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

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

*(Notary Public)*

**(Notarial Seal**)

My commission expires: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notary Public in and for the County of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_