Employees renewing license, **must** contact the Gaming Commission (G.C.) at:

405-878-4838

Failure to contact the G.C. 30 days in advance of expiration could result in fines.

The completed application can be submitted using one of the following options:

1. In person –GC office located at
   1 DNEKI, Shawnee, OK 74801

2. Fax: 405-275-1198

3. Email to: licensing@cpngc.org

Subject line: Renewal Application

GAMING LICENSE
RENEWAL APPLICATION

☐ **FIRELAKE CASINO**

☒ **GRAND CASINO HOTEL & RESORT**

☐ **ADMINISTRATION**

NAME: _____

POSITION: _____

DATE: _____

Citizen Potawatomi Nation Gaming Commission
AUTHORIZATION TO RELEASE INFORMATION

Daniel LeClaire
Executive Director

Name: _____ Employee ID: _____ Agent ID: _____

I expressly authorize the Citizen Potawatomi Nation Gaming Commission and their authorized agents, for the purpose of determining my suitability for involvement in Indian Gaming activities, including operational and regulatory, to obtain any and all information and records requested which are related to my activities including past, present and future criminal investigations and law enforcement matters; administrative and internal investigations; regulatory and disciplinary proceedings, medical records and claims; military activites and records. Educational and other information sources may include but are not limited to employers, educational institutions, criminal justice, law enforcement and court records, investigation and regulatory agencies, tax records, financial and lending institutions, consumer credit reports, businesses, residential management agents, property interests (real and personal), medical facilities, health care professionals and relatives and acquaintances.

The Federal Fair Credit Reporting Act, consistent with the Consumer Credit Reform Act of 1996, mandates that the Citizen Potawatomi Nation Gaming Commission make written disclosure to you, the applicant, that the Citizen Potawatomi Nation Gaming Commission may procure a consumer credit report for employment and licensing purposes.

I authorize custodians of such records and sources of information to release such documents, records, correspondence and information, and to permit the review and copying of any and all documents, reports, records, correspondence, and information pertaining to my activities, upon request of the representative of the agencies indicated above, regardless of any previous agreement to the contrary.

For myself, my heirs, administrators, successors, and assigns, i hereby release, remise and forever discharge any person or entity to whom this request is presented and their agents and employees from any an all manner of actions, cause of actions, suits, debts, judgments, executions, claims and demands whatsoever, known or unknown in law or equity, which I ever had, now have, may have or may claim to have against such person or entity or their agents and employees arising out of or by reason of complying with this request.

I agree to accept any risk of adverse public notice, embarrassment, critisicm, or financial loss that may result from use of information that is obtained in connections with a background investigation for any purpose listed in this document.

I agree to indemnify and hold harmless any person or entity to whom this request is lawfully presented and their 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.

I understand that the information and records released by records custodians and other sources of information is for the purpose of conducting a background investigation to process my license or license renewal application related to employment, management, or providing goods, services, or financing in conjunction with gaming activities, operations, or regulations.

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

My initials below shall be considered full acceptance, acknowledgment and agreement to the terms above.

Date _____ Applicant's Initials _____

Citizen Potawatomi Nation Gaming Commission

Privacy Act and Notice Regarding False Statements

Privacy notice:
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 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.
The disclosure of your Social Security Number (SSN) is voluntary. However, failure to supply a SSN may result in errors in processing your application.

Notice regarding false statements:
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).

☐ I understand that checking this box and initializing in the space provided constitutes a legal signature. I have read the above info and fully understand all of its terms. My electronic signature shall be considered full acceptance, acknowledgment, and agreement to the terms above. It is my right to request a paper copy of the signed document.

Applicant's Initials _____

CPN GAMING LICENSE RENEWAL APPLICATION

Full Name: _____ _____ _____
First Middle Last

Current Address: _____
Address City State Zip

Previous address(s) if you have moved in the last two (2) years:

_____

Home Phone #: _____ Mobile Phone #: _____

Are you: ○ Single ○ Engaged ○ Married ○ Separated ○ Divorced ○ Widowed

If your marital status has changed in the last two (2) years, please list Date of Marriage/Divorce: _____

Spouse/Partners Full Name: _____

List your current job title: _____ Facility: _____

Do you have any relatives and/or roommates employed by or associated in a business relationship with any Citizen Potawatomi Nation Enterprises? YES ○ NO ○

If YES, complete the following.

Persons Name : _____ Persons Job Title: _____

Relationship to you: _____

In the past two years, have you served or been deployed by the Military? YES ○ NO ○

If YES, please provide supporting documentation.

Have you been arrested and/or charged with any offenses in the past two (2) years? (Excluding traffic)

YES ○ NO ○

If YES, you must provide court documents, written statements, and any other information deemed necessary or requested by the CPN Gaming Commission.

Signature: _____ Date: _____