

# Little River Band of Ottawa Indians Gaming Commission

---

2840 Orchard Highway, Suite A, Manistee, MI 49660  
(231) 723-7755 or (888) 540-7084



## KEY AND NON-GAMING EMPLOYEE LICENSE APPLICATION

**REPORT SUSPICIOUS OR ILLEGAL GAMBLING-RELATED ACTIVITY, THEFT, MISUSE, ABUSE,  
ETC. ANONYMOUSLY ON THE GAMING COMMISSION'S TIP HOTLINE:**

**1-866-398-2210**

## Gaming Commission Use Only

**Position Title:**

☐ Key Employee

☐ Non-Gaming Employee

## License Application Notice

By completing and signing this application, you hereby understand that the information you supplied in your application will be used by the Little River Band of Ottawa Indians Gaming Commission to request any documents or other information required to completely investigate your background, including but not limited to, your national criminal record, civil actions, criminal judgments, credit history, education, employment history, or any other information the Little River Band of Ottawa Indians Gaming Commission deems necessary to determine your eligibility to receive a license. The Little River Band of Ottawa Indians Gaming Commission may use other agents, consultants, or professionals in conducting the background investigation.

**Authority:** The Indian Gaming Regulatory Act – 25 U.S.C. § 2701, CFR § 556, and the Little River Band of Ottawa Indians Tribal Gaming Ordinance #10-400-01 (Key Employee License). The Little River Band of Ottawa Indians Gaming Commission Regulation – Chapter #R400-04:GC-03 – Non-Gaming Employee Licensing (Non-Gaming Employee License).

**Purpose:** To protect the gaming enterprise, its employees, patrons, and the public by ensuring that all gaming activities are free from criminal activities and corrupt influences. The required information is used to determine the eligibility of the applicant to be licensed for employment at a gaming enterprise of the Little River Band of Ottawa Indians.

**Disclosure of Information:** In signing this application, you understand that your license may be subject to denial, revocation, suspension, or other adverse action if you fail to provide all information, documentation, and assurances as required or requested, or if you fail to disclose any material facts, or provide misleading or deceptive information. The Gaming Commission reserves the right to request additional information at any time.

**Waiver of Claim for Damages:** By completing and signing this application for a license, you accept all risks of adverse reaction, financial loss, or public notice, which may result from any action taken or not taken with respect to the background investigation, and you expressly waive any claim for damages as a result of any action taken or not taken with respect to the investigation or the license application.

**Notice Regarding False Statements:** In signing this application, you understand that a false statement on any part of this application may be grounds for denying a license or the suspension and/or revocation of a license. You also understand that you may be punished for making a false statement by fine or imprisonment under 18 U.S.C. § 1001.

**Privacy Act 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 be granted a license. The information will be used by the Tribe's regulatory agency or 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 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 inability to license you for a Primary Management Official, Key Employee or Non-Gaming 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.

**Identification Requirements:** Proof of your identity will be required. You must provide two (2) forms of identification and one (1) must include a photo: •Valid Birth Certificate •Social Security Card •Tribal Identification Card •Valid Driver's License •State Identification Card •Valid passport •Alien registration card (if you are a registered alien).

**License Validity:** In signing this application, you understand that your license is valid for one year, and that you must apply for renewal of your license at least sixty (60) days prior to the expiration of your license.

**Authorization for Release of Information Form:** The Authorization for Release of Information Form must be completed and submitted with your application.

--

**Reporting Requirements:** In signing this application, you understand that during the time you are employed at the gaming enterprise you must notify the Little River Band of Ottawa Indians Gaming Commission **within five (5) calendar days** of the date that you were involved in any of the following events:

- **ALL ARRESTS, DETENTIONS, AND LITIGATIONS.** (This includes any **criminal arrest or civil action** in which you were involved whether convicted in criminal court or settled in civil court.) All arrests, detentions, charges, indictments, court orders and / or summons to answer for any criminal offense for any reason whatsoever, regardless of the outcome (disposition) of the event
- **ANY information that changes your original application.**

**Replacement License:** In signing this application, you understand that there will be a \$10.00 fee to replace a lost or stolen license.

**Application Processing:** The processing of your application requires full and complete disclosure. Do not falsify, misstate, or omit any material fact. **Each statement made in this application is subject to verification.** Any corrections, changes, or other alterations must be initialed and dated by you. Each page, including additional pages, must be initialed in the lower right-hand corner. By placing your initials on each page, you are attesting to the truth, accuracy, and completeness of the information contained on that page. **DO NOT** initial the lower right-hand corner of the application until your interview with the Background Investigator (or designee).

--

<b>Personal Information:</b> If any section below does not apply to you, so state by entering N/A in the field. If space is insufficient, continue on a separate sheet of paper and precede each answer with the appropriate field title (and number if applicable). All fields must be completed.				
Last Name		First Name		Middle Name (if none, enter NMN)
Current Address (Street, City, <u>County</u> , State, and Zip Code)			Mailing Address (if different)	
Alias(es) (nickname, maiden name, other name changes (legal or otherwise) and dates used)				
Social Security Number	Date of Birth	Place of Birth (City, County, State, and <u>Country</u> )		
Home Telephone Number	Mobile Telephone Number	Email Address		
Eye Color	Hair Color	Height	Weight	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Distinguishing Marks (scars, tattoos, etc.). Describe and indicate location.				
Driver's License (or State ID) Number		State Issued	Expiration Date	
List all foreign languages spoken and/or written.				
<b>Marital Information:</b>				
<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Legally Separated		Current Marriage: _____ Date _____ Place (City, County, and State) _____		
Spouse's Full <u>Maiden</u> Name (Last, First, Middle Initial)		Spouse's Social Security Number		
Spouse's Date of Birth		Spouse's Place of Birth (City, County, State, and <u>Country</u> )		
Spouse's Address (if different)		Spouse's Telephone Number		
<b>Previous Marriages:</b> Please indicate whether legally separated, divorced, or annulled in the "Nature of Action" field. <input type="checkbox"/> Not Applicable				
Name of Spouse (Last, First, Middle Initial)		Date and Place of Marriage (City, County, and State)	Date of Order or Decree	
Nature of Action		Action Filed in (City, County, and State)		
Name of Spouse (Last, First, Middle Initial)		Date and Place of Marriage (City, County, and State)	Date of Order or Decree	
Nature of Action		Action Filed in (City, County, and State)		
<b>Tribal Affiliation:</b> If you are a citizen of federally recognized Indian Tribe, bring your Tribal ID for your interview and attach a copy with the submission of this application.				
Affiliation Type <input type="checkbox"/> None <input type="checkbox"/> Citizen	Tribe Name		Tribal Enrollment Number	City and State

--

<b>Citizenship:</b> If not a citizen of the United States, bring your native passport and alien registration card when submitting the application. If a naturalized citizen, bring your US passport and your naturalization certificate with you to your interview and attach a copy with the submission of this application. <input type="checkbox"/> Not Applicable			
Passport Number		Alien Registration Number	
Place Naturalized		Expiration Date	
Naturalization Certificate Number			
<b>Military Service Information:</b> If you have served in the military, complete the information below. Please bring your DD-214 (Service 2 copy or Member 4 copy) to your interview and attach a copy with the submission of this application.			
Branch <input type="checkbox"/> None (Never Served) <input type="checkbox"/> Army <input type="checkbox"/> Navy <input type="checkbox"/> Air Force <input type="checkbox"/> Marines <input type="checkbox"/> Coast Guard <input type="checkbox"/> National Guard		Current Status <input type="checkbox"/> Inactive Reserve <input type="checkbox"/> Active Duty <input type="checkbox"/> Active Reserve <input type="checkbox"/> Retired <input type="checkbox"/> Other: _____	
Start Date  		EAOS Date  	
Type of Discharge <input type="checkbox"/> Honorable <input type="checkbox"/> Other: _____		Rating/Rank at Separation  	
Locations Stationed			
List any offenses you were charged with or disciplined for:			
<b>Family Members Employed by Gaming Enterprise or Related Enterprises:</b> List all immediate family members employed at the gaming enterprise or the Gaming Commission or any vendor who conducts business with the gaming enterprise. <input type="checkbox"/> Not Applicable			
Full Name (Last, First, Middle Initial)	Relationship	Position	Address (Street, City, State, and Zip Code)
<b>Residences:</b> List all your residences (current first) for the past <b>seven (7) years</b> .			
From (month/year)	To (month/year)	Street and Number	City, County, State, and Zip Code
	<b>Present</b>		
<b>Applicant's Family Information:</b> List all children and dependents, including stepchildren and those not living with you.			
Full Name (Last, First, Middle Initial)	Relationship	Date of Birth	Address (Street, City, State, and Zip Code)

**References:** List name, address, email address, and telephone number of at least five (5) personal references who are **not** related to you. Include at least one (1) reference you were acquainted with during each period of residence above. **Do not include your present employer.**

Full Name and Email Address	Telephone Number	Address (Street, City, State, and Zip Code)	Years Known

**Employment History:** Beginning with your current (or most recent) employment, list all your employers, assignments, volunteer activities, military experience, and periods of unemployment during the last seven (7) years. ☐ Not Applicable

Employer Name		Employer Address (Street, City, State, and Zip Code)		Phone Number	
From (month/year)	To (month/year)	Job Title	Immediate Supervisor Name and Title		
Reason for leaving					Casino Related <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer Name		Employer Address (Street, City, State, and Zip Code)		Phone Number	
From (month/year)	To (month/year)	Job Title	Immediate Supervisor Name and Title		
Reason for leaving					Casino Related <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer Name		Employer Address (Street, City, State, and Zip Code)		Phone Number	
From (month/year)	To (month/year)	Job Title	Immediate Supervisor Name and Title		
Reason for leaving					Casino Related <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer Name		Employer Address (Street, City, State, and Zip Code)		Phone Number	

--

From (month/year)	To (month/year)	Job Title	Immediate Supervisor Name and Title		
Reason for leaving					Casino Related <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Business Interests:</b> List all businesses, corporations, and partnerships with which you are currently associated, or with which you have been associated in the past seven (7) years, whether as an owner, officer, director, and active shareholder of 10% or more, partner, or other similar capacity. <input type="checkbox"/> Not Applicable					
Business Name		Official Title		Address (Street, City, State, and Zip Code)	
Telephone Number				Dates of Involvement	
Primary Purpose				Amount of Investment	Casino Related <input type="checkbox"/> Yes <input type="checkbox"/> No
Business Name		Official Title		Address (Street, City, State, and Zip Code)	
Telephone Number				Dates of Involvement	
Primary Purpose				Amount of Investment	Casino Related <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Tribal Business Interests:</b> Describe all previous or existing business relationships with any Native American Indian Tribe, including any ownership interest in any business. <input type="checkbox"/> Not Applicable					
<b>Gaming Licenses:</b> List all gaming licenses that you have applied for, have been issued, denied, suspended, surrendered, or revoked. Include State or Tribal issued licenses. List any disciplinary action taken against a license, certification, or permit. If more space is needed, please use the sheet provided. Note if the application was approved, denied, withdrawn, and/or pending under "Action Taken". <input type="checkbox"/> Not Applicable					
Type of License		Issuing Agency Name		Address (Street, City, State, and Zip Code)	
Telephone Number		Issuance Date		License/Permit/Certificate Number	Action Taken
List any disciplinary action taken and the final disposition					
Type of License		Issuing Agency Name		Address (Street, City, State, and Zip Code)	
Telephone Number		Issuance Date		License/Permit/Certificate Number	Action Taken
List any disciplinary action taken and the final disposition					
Type of License		Issuing Agency Name		Address (Street, City, State, and Zip Code)	
Telephone Number		Issuance Date		License/Permit/Certificate Number	Action Taken
List any disciplinary action taken and the final disposition					

--

<b>Other Licenses:</b> List below any licensing or regulatory agency to which you have applied for an occupational license, permit, registration, or certificate whether such license, permit, registration, or certificate was granted. Note if the application was approved, denied, withdrawn, and/or pending under "Action Taken". <input type="checkbox"/> Not Applicable			
Type of License	Issuing Agency	Address	
Telephone Number	Issuance Date	License/Permit/Certificate Number	Action Taken
List any disciplinary action taken and the final disposition			
Type of License	Issuing Agency	Address	
Telephone Number	Issuance Date	License/Permit/Certificate Number	Action Taken
List any disciplinary action taken and the final disposition			
<b>Licensing Agency Appearances:</b> Provide complete details of all appearances before any licensing agency or similar authority. <input type="checkbox"/> Not Applicable			
<b>Casino Exclusion or Barring:</b> Provide complete details of all exclusions or barring's from any casino, Tribal gaming facility, or Tribal lands. <input type="checkbox"/> Not Applicable			
<b>Felony Arrests:</b> List <u>all</u> felony arrests (even if not convicted). <b><u>In the disposition column, enter dismissed, not guilty, guilty, amount of fine(s) and length and dates of confinement and/or probation. If you have received a pardon or expungement for any felony criminal offense, list the details below. All pardons, expungements, deferred/dismissed charges, and "sealed" cases must all be disclosed.</u></b> Attach all court documents including probation/parole or other pertinent paperwork with the submission of this application. <input type="checkbox"/> Not Applicable			
Arrest Date	Arresting Agency and Location	Original Charge(s)	
Final Charge(s)		Disposition	
Arrest Date	Arresting Agency and Location	Original Charge(s)	
Final Charge(s)		Disposition	
Arrest Date	Arresting Agency and Location	Original Charge(s)	
Final Charge(s)		Disposition	



<b>Misdemeanor Arrests:</b> List <u>all</u> misdemeanor arrests (even if not convicted). <u>In the disposition column, enter dismissed, not guilty, guilty, amount of fine(s) and length and dates of confinement and/or probation. If you have received a pardon or expungement for any misdemeanor criminal offense, list the details below. All pardons, expungements, deferred/dismissed charges, and "sealed" cases must all be disclosed.</u> Attach all court documents including probation/parole or other pertinent paperwork with the submission of this application. <input type="checkbox"/> Not Applicable				
Arrest Date		Arresting Agency and Location		Original Charge(s)
Final Charge(s)				Disposition
Arrest Date		Arresting Agency and Location		Original Charge(s)
Final Charge(s)				Disposition
Arrest Date		Arresting Agency and Location		Original Charge(s)
Final Charge(s)				Disposition
Arrest Date		Arresting Agency and Location		Original Charge(s)
Final Charge(s)				Disposition
Arrest Date		Arresting Agency and Location		Original Charge(s)
Final Charge(s)				Disposition
<b>Civil Suits:</b> List <u>all</u> civil suits in which you were a plaintiff or defendant and/or occurrences of judgements or liens rendered against you. <input type="checkbox"/> Not Applicable				
Plaintiff or Defendant		Case Number		Court
Court Address (Street, City, State, and Zip Code)				Disposition
Plaintiff or Defendant		Case Number		Court
Court Address (Street, City, State, and Zip Code)				Disposition
<b>Financial Institutions:</b> List <u>all</u> financial institutions in which you have a personal account. <input type="checkbox"/> Not Applicable				
Name of Institution		Type of Account	Account Number	Address (City, State, and Zip Code)
<b>Bankruptcy:</b> List all bankruptcies filed in any jurisdiction. Provide the discharge of debtor documentation with the submission of this application. <input type="checkbox"/> Not Applicable				
Date Filed	Date Discharged	Case Number	Jurisdiction Name and Address	Disposition

--

<b>Delinquent Taxes:</b> List all existing and past federal, state, and/or local tax delinquencies. Include specific details including the amounts, dates, and status. <input type="checkbox"/> Not Applicable
<b>Tax Liens:</b> List all tax liens placed on any/all your assets. Include specific details including dates and status. <input type="checkbox"/> Not Applicable
<b>Federal and/or State Income Tax Return Adjustments and/or Audits:</b> List the year(s) for which your income tax returns were adjusted and/or audited provide details to the outcome, including specific details as to the date and status. <input type="checkbox"/> Not Applicable
<b>Collections:</b> List all collections against you. Please provide specific details. <input type="checkbox"/> Not Applicable
<b>Other Information:</b> Please list below any additional information you wish to have considered as part of this application:

I hereby affirm and attest that all the information in this application is complete and accurate to the best of my knowledge.

---

 Printed Name

---

 Signature/Date