



192 Corriea Road Sequim, WA 98382
360-681-6772

BUSINESS DISCLOSURE FORM

To supply goods, services, or equipment to the 7 Cedars Casino, the following form requires completion in its entirety. If additional information is needed to answer any of the questions, additional documentation or explanations may be attached to this form.

Name of Business: _____
DBA or Trade Names: _____

Business Address:
Principal Street Address: _____
Mailing Address: _____
City: _____ State _____ Zip _____ E-mail _____
Telephone Number: _____ Cell/Mobile Number _____

Office Street Address: _____
Mailing Address: _____
City: _____ State _____ Zip _____ E-mail _____
Telephone Number: _____ Cell/Mobile Number _____

Name of Person to contact concerning this form
Name: _____ Title: _____
Cell/Telephone Number: _____ E-Mail: _____

Type of Business
 Sole Proprietor

Name of Owner: _____
Residence Address: _____
City: _____ State _____ Zip _____ E-mail _____
Telephone Number: _____ Cell/Mobile Number _____
Date of Birth: _____ Social Security Number: _____
Name of Spouse: _____ Date of Birth: _____
Spouse Social Security Number: _____

Partnership (Continue on a separate piece of paper if needed)

Name of Partner: _____
Residence Address: _____
City: _____ State: _____ Zip: _____ Email: _____
Telephone Number: _____ Cell/Mobile Number _____
Date of Birth: _____ Social Security Number: _____
Name of Spouse: _____ Date of Birth _____
Spouse Social Security Number: _____

Name of Partner: _____
Residence Address: _____
City: _____ State: _____ Zip: _____ Email: _____
Telephone Number: _____ Cell/Mobile Number _____
Date of Birth: _____ Social Security Number: _____
Name of Spouse: _____ Date of Birth: _____
Spouse Social Security Number: _____

Corporation

Fill out the attached Disclosure of Corporate Officers/Stockholders form

Limited Liability Company

Name of Partner: _____
Residence Address: _____
City: _____ State: _____ Zip: _____ Email: _____
Telephone Number: _____ Cell/Mobile Number: _____
Date of Birth: _____ Social Security Number: _____
Name of Spouse: _____ Date of Birth: _____
Spouse Social Security Number: _____

Name of Partner: _____
Residence Address: _____
City: _____ State: _____ Zip: _____ Email: _____
Telephone Number: _____ Cell/Mobile Number: _____
Date of Birth: _____ Social Security Number: _____
Name of Spouse: _____ Date of Birth: _____
Spouse Social Security Number: _____

Description of goods or services to be supplied to 7 Cedars Casino

Do you anticipate this to be a: cash sale charge lease or other?

Explain: _____

Provide copies of all sale, contract or financing documents.

List five businesses to which you have supplied the same goods or services

Name: _____
Street Address: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____ Email: _____
Telephone Number: _____ Cell/Mobile Number: _____
Contact Person: _____ Title: _____

Name: _____
Street Address: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____ Email: _____
Telephone Number: _____ Cell/Mobile Number: _____
Contact Person: _____ Title: _____

Name: _____
Street Address: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____ Email: _____
Telephone Number: _____ Cell/Mobile Number: _____
Contact Person: _____ Title: _____

Name: _____
Street Address: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____ Email: _____
Telephone Number: _____ Cell/Mobile Number: _____
Contact Person: _____ Title: _____

Name: _____
Street Address: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____ Email: _____
Telephone Number: _____ Cell/Mobile Number: _____
Contact Person: _____ Title: _____

**In addition to those listed above, list any/all companies with whom you have engaged in business that are involved in gaming operations:
(continue on a separate piece of paper if needed)**

Name: _____
Street Address: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____ Email: _____
Telephone Number: _____ Cell/Mobile Number: _____
Contact Person: _____ Title: _____

Name: _____
Street Address: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____ Email: _____
Telephone Number: _____ Cell/Mobile Number: _____
Contact Person: _____ Title: _____

If not listed above, list all Indian nations with whom you currently or have in the past conducted business:

Name of Tribe: _____
Street Address: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____ Email: _____
Telephone Number: _____ Cell/Mobile Number: _____
Contact Person: _____ Title: _____
Services or Supplies Provided: _____

**List all agencies that have granted your business a license/permit/authorization to supply equipment/goods/services to gaming operations.
(continue on a separate piece of paper if needed)**

Licensing Agency: _____
Street Address: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____ Email: _____
Telephone Number: _____ Cell/Mobile Number: _____
Date Issued: _____ Type of License: _____

Have you ever had a license or permit denied or suspended? [] Yes [] No

If yes, please explain:

Has the business, business owner(s), or, if a corporation, officers, directors, or any holder of more than five percent of the voting stock, ever been involved in any criminal or civil action? [] No [] Yes

If yes, attach a letter of explanation that includes the date, charges or reason for the litigation, court having jurisdiction, address of court including city, state, and zip code, case number, and disposition.

OATH OF APPLICANT

I DECLARE UNDER PENALTY OF PERJURY THAT ALL THE ANSWERS AND STATEMENTS ARE TRUE, CORRECT AND COMPLETE. I UNDERSTAND THAT UNTRUTHFUL OR MISLEADING ANSWERS ARE CAUSE FOR DENIAL AND/OR REVOCATION OF ANY CERTIFICATION GRANTED.

Name _____

Title _____

Signature _____

Date _____

DISCLOSURE OF CORPORATE OFFICERS/STOCKHOLDERS FORM

Name of Corporation: _____
Trade Name: _____
Street Address: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____ Email: _____
Telephone Number: _____ Cell/Mobile Number: _____

Total Stock of Corporation: _____ Total Shares Issued: _____

Corporate Officers/Stockholders: (Complete the below information on each officer and/or stockholder having 10% or more of corporate stock.)

President:

Name: _____ Date of Birth: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____ County: _____
Social Security Number: _____ Shares Owned: _____
Percentage of Stock Ownership: _____ Date Acquired: _____

Treasurer:

Name: _____ Date of Birth: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____ County: _____
Social Security Number: _____ Shares Owned: _____
Percentage of Stock Ownership: _____ Date Acquired: _____

Chairperson of the Board:

Name: _____ Date of Birth: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____ County: _____
Social Security Number: _____ Shares Owned: _____
Percentage of Stock Ownership: _____ Date Acquired: _____

Stockholders: (10% or more)

Name: _____ Date of Birth: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____ County: _____
Social Security Number: _____ Shares Owned: _____
Percentage of Stock Ownership: _____ Date Acquired: _____

Name: _____ Date of Birth: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____ County: _____
Social Security Number: _____ Shares Owned: _____
Percentage of Stock Ownership: _____ Date Acquired: _____

Name: _____ Date of Birth: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____ County: _____
Social Security Number: _____ Shares Owned: _____
Percentage of Stock Ownership: _____ Date Acquired: _____

Name: _____ Date of Birth: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____ County: _____
Social Security Number: _____ Shares Owned: _____
Percentage of Stock Ownership: _____ Date Acquired: _____

Name: _____ Date of Birth: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____ County: _____
Social Security Number: _____ Shares Owned: _____
Percentage of Stock Ownership: _____ Date Acquired: _____

Note: In addition to the above, please submit in the format shown, a list of all other 10% stockholders, directors or trustees, showing the amount and percentage of stock owned as well as date of stock purchase or acquisition.

DECLARATION/SIGNATURE OF CHIEF EXECUTIVE OFFICER

I DECLARE THAT THE FOREGOING CORPORATE INFORMATION IS TRUE, ACCURATE AND COMPLETE. I UNDERSTAND THAT UNTRUTHFUL OR MISLEADING ANSWERS ARE CAUSE FOR DENIAL OF THE APPLICATION AND/OR REVOCATION OF ANY GAMBLING LICENSE(S) GRANTED.

Name: _____
First, Middle Initial, Last

Title: _____
Date: _____

Signature _____



Jamestown S'Klallam Tribal Gaming Commission
Release of Information Authorization

I, _____, representative of _____, authorize any investigator, special agent, or other representative of the United States Department of the Interior, the Federal Bureau of Investigation, National Indian Gaming Commission, Washington State Gambling Commission, or the Jamestown S'Klallam Gaming Commission or any tribal, state or local law enforcement or investigatory agencies, to obtain any information requested, related to my activities including; employment, schools, criminal justice agencies, financial or lending institutions, residential management agents, business, regulatory agencies, property interests (real or personal), and other sources in order to determine my suitability for involvement in Indian Gaming. This information includes, but is not limited to, my academic, residential, performance, disciplinary, financial, employment, and criminal history records, whether or not such information would otherwise be protected from disclosure by any constitutional statutory or common law privilege.

I authorize custodians of such records and sources of information to release such information, including permitting the review and copying of any and all documents, records, or correspondence pertaining to me, upon request of the representative of the agencies listed above, regardless of any previous agreement to the contrary. I do, for myself, my heirs, administrators, successors and assigns, hereby release, and forever discharge any person to whom this request is presented and his/her agents and employees from any and all manner of actions, causes 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 his/her agents or employees arising out of or by reason of complying with this request.

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

I agree to indemnify and hold harmless any person to whom this request is lawfully presented and his/her agents and employed 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 released by records custodians, and other sources of information, is for required background investigations to process my license application for gaming employment or management, or providing goods or services to a gaming operation. Copies of this authorization that show my signature are as valid as the original release signed by me. I understand that this authorization remains valid while under the employment of the Jamestown S'Klallam Tribe and/or 7 Cedars Resort and Casino.

I, _____, do hereby certify that I have read the foregoing and understand and authorize release of personal, financial, and criminal information about myself.

Signature: _____ Date: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____ County: _____
Social Security Number: _____ Date of Birth: _____
Email Address: _____

Tribal Authorization

I hereby authorize the applicant to submit this application to renew their License as Vendor Employee.
Signature of Authorized Tribal Gaming Agent: _____