



192 Corriea Road  
Sequim, WA 98382

## Vendor Employee License Renewal

Company Name \_\_\_\_\_ Date \_\_\_\_\_

Employee Name \_\_\_\_\_ Position \_\_\_\_\_

INITIAL FEE:        \$75.00                RENEWAL        \$50.00       

Indicate type of license:    Gaming        Non-Gaming

### Checklist

Completed Application- *Incomplete applications will not be accepted*

Check or Money Order for above fee

Copy of valid Driver's License and Washington State Gaming License

Employment & Residence History (for initial application only)

All items from this checklist, along with the attached application should be mailed to Jamestown S'Klallam Tribal Gaming Agency ATTN: Vendor Licensing at 192 Corriea Road, Sequim, WA 98382

If you have any questions, you may contact Jamestown S'Klallam Tribal Gaming Agency (360) 681-6772 or (360) 681-6743



# VENDOR EMPLOYEE RENEWAL APPLICATION

### \*\* INSTRUCTIONS \*\*

- Indicate "N / A" if not applicable
- Type or print. Use Black ink.
- Ensure that you be very specific about your position and the name of the company you work for.

### \*\*\* NOTICE \*\*\*

Complete all information and requirements. Failure to do so will cause delays and/or suspension or revocation of your license.

## APPLICANT INFORMATION

(1) Full Name:

Last	First	Middle Initial

Address	City	State	Zip	

Social Security: _____	Date of Birth: _____
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Driver's License: _____	DL Expiration: _____
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Telephone Number:	Cell : ( ) -		Work Phone: ( ) -	
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Email: \_\_\_\_\_

(2) During the past twelve (12) months have you been: (Check as Appropriate)

- |                          |     |     |     |    |                     |     |     |     |    |
|--------------------------|-----|-----|-----|----|---------------------|-----|-----|-----|----|
| A: Charged with a crime? | ( ) | Yes | ( ) | No | D: Jailed?          | ( ) | Yes | ( ) | No |
| B: Arrested?             | ( ) | Yes | ( ) | No | E: Placed on probat | ( ) | Yes | ( ) | No |
| C: Convicted?            | ( ) | Yes | ( ) | No |                     |     |     |     |    |

*If you answered YES to any of these questions, provide a statement of explanation and attach it to this application.*

## EMPLOYMENT INFORMATION

Company _____		
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Job Title: _____	Name & Title of Supervisor: _____	Phone Number _____
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## OATH OF APPLICANT

I declare under the penalty of perjury that all the above answers and statements are true, correct and complete. I understand that untruthful or misleading answers are cause for revocation of my badge or denial of my application. **I further understand that upon termination of my services I must return the badge issued to me to the Jamestown S'Klallam Tribal Gaming Agency immediately.**

Signature: \_\_\_\_\_

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

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

**Jamestown S'Klallam Commission  
Release of Information Authorization**

I, \_\_\_\_\_, 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 Signed

\_\_\_\_\_  
Full Name (Printed) Social Security Number Date of Birth

Address: \_\_\_\_\_  
Street City State Zip Code

**TRIBAL AUTHORIZATION**

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