



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 _____
 Social Security Number _____

Partnership *(Continue on a separate piece of paper if needed)*
 Name of Partner _____
 Residence Address _____
 City _____ State ____ Zip _____ E-mail _____
 Telephone Number _____ Cell/Mobile Number _____
 Date of Birth _____ Social Security Number _____
 Name of Spouse _____ Date of Birth _____
 Social Security Number _____

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

Name of Partner _____
Residence Address _____
City _____ State ____ Zip _____ E-mail _____
Telephone Number _____ Cell/Mobile Number _____
Date of Birth _____ Social Security Number _____
Name of Spouse _____ Date of Birth _____
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 _____ E-mail _____
Telephone Number _____ Cell/Mobile Number _____
Contact Person _____ Title _____

Name _____
Street Address _____
Mailing Address _____
City _____ State ____ Zip _____ E-mail _____
Telephone Number _____ Cell/Mobile Number _____
Contact Person _____ Title _____

Name _____
Street Address _____
Mailing Address _____
City _____ State ____ Zip _____ E-mail _____
Telephone Number _____ Cell/Mobile Number _____
Contact Person _____ Title _____

Name _____
Street Address _____
Mailing Address _____
City _____ State ____ Zip _____ E-mail _____
Telephone Number _____ Cell/Mobile Number _____
Contact Person _____ Title _____

Name _____
Street Address _____
Mailing Address _____
City _____ State ____ Zip _____ E-mail _____
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 _____ E-mail _____
Telephone Number _____ Cell/Mobile Number _____
Contact Person _____ Title _____

Name _____
Street Address _____
Mailing Address _____
City _____ State ____ Zip _____ E-mail _____
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 _____ E-mail _____
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 a separate piece of paper if needed)

Licensing Agency _____
Street Address _____
Mailing Address _____
City _____ State ____ Zip _____ E-mail _____
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? Yes No

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** _____

(First, Middle Initial, Last)

Signature _____ **Date** _____



DISCLOSURE OF CORPORATE OFFICERS/STOCKHOLDERS FORM

Name of Corporation _____
 Trade Name _____
 Licensing Agency _____
 Street Address _____
 Mailing Address _____
 City _____ State ____ Zip _____ E-mail _____
 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 _____ **Title** _____
(First, Middle Initial, Last)

Signature _____ **Date** _____



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 _____ E-mail _____

Social Security Number _____ Date of Birth _____

TRIBAL AUTHORIZATION

I hereby authorize the applicant to submit this application to renew their License as Vendor Employee.

Signature of Authorized Tribal Gaming Agent _____



VENDOR LICENSE RESPONSIBILITIES - (Procedures to Follow)

*Vendor shipping and remote polices are for gaming equipment only.
Please disregard if this doesn't apply to you.*

I, _____, of _____
(Name) (Company)

understand that if granted a license by the Jamestown S'Klallam Tribal Gaming Agency (TGA) to provide services or equipment for the casino or bingo facility under the jurisdiction of the TGA, that I must promptly notify the TGA Licensing Department if any of the following occur:

Licensing Requirements of Technicians

1. Any change of address or phone number
2. Any change in name, this includes name changes from marriage, divorce, and other legal name changes recognized by a court of law.
3. Any arrest, pending charges, or convictions that occur while licensed by the TGA.

I understand that failure to properly notify the TGA of any of the preceding events **within 48 hours** of the occurrence could cause action against my license up-to-and-including revocation depending upon the severity.

Shipping Requirements

Manufacturer must be licensed by the TGA.

Any manufacturer representative performing work on property must be licensed by TGA.

1. Machines

- a. Submit machine serial numbers for shipping approval by TGA via e-mail.
Contact:
lstqc@jamestowntribe.org
- b. A minimum of seven (7) days' notice for delivery is required.
- c. Class III: Upon receipt of request and serial numbers, TGA will submit approval for shipping documentation to Washington State Gambling Commission's Electronic Games Laboratory.
- d. Class II: Upon receipt of request and serial numbers, TGA will approve shipping.
- e. A copy will be forwarded to the manufacturer for their records and delivery driver.



- f. Coordination with 7 Cedars Casino Operations on delivery location, storage or placement upon arrival on property.
- g. The truck must be secured with: serial numbered, tamper resistant, one-time use seal.
- h. Serial number of seal must be on delivery documentation for verification and removal by the Tribal Gaming Agent upon arrival.

2. Software

- a. All game software will ship separately.
- b. Notification on replacement software, field advisories or conversions will be seven (7) days before install.
- c. Software must be sealed with evidence tape.

3. Miscellaneous

- a. TGA must be present to receive any Class II or Class III equipment or software.
- b. Any delivery arriving with broken seal or tape will be returned to the manufacturer.
- c. Shipping address: 7 Cedars Casino 270756 Highway 101 Sequim, WA 98382. "Attention Tribal Gaming Agency and Slots Department".

4. Contact

- a. Any questions should be directed to: Kevin Harmon; Regulatory Supervisor at (360) 681-6725.
- b. In his absence, contact Rochelle Blankenship; TGA Executive Director at (360) 681-6702.

Vendor Sanction Guidelines

1. Established steps for sanctions

- a. First offense – verbal notification
- b. Second offense – written notification
- c. Third offense - \$100 fine
- d. Fourth offense - \$500 fine
- e. Fifth offense - \$1,000 fine
- f. Sixth offense – suspension or revocation of Tribal license

2. The second through sixth offense will occur within 12 months of the first offense.



Remote Access

Emergency Situations/Technical Support: Necessary security protocols to ensure protection of the Tribal Lottery System (TLS) will require Authorized Vendors to adhere to structured policies and procedures regarding remote access. Please contact the Casino's IT department for a copy of the current procedures at ist@7cedarsresort.com.

If my company or the casino/bingo facilities terminate the services provided, I agree and understand that I must return my identification badge, as it is the property of the TGA.

I understand that if I furnish untrue or misleading information on my application, or fail to comply with applicable ordinances, statutes, administrative rules, or court orders at the Tribal, Local, State, or Federal level, or fail to report to the Jamestown S'Klallam Tribal Gaming Licensing Agency immediately a known violation of applicable laws or regulations involving gaming activities that this is grounds for denial, suspension or revocation of my gaming license.

I further acknowledge and agree, while my license is pending with the TGA, that I may not provide service/equipment, in any capacity at the facility.

(Signature)

(Date)