



**JAMESTOWN S'KLALLAM TRIBAL GAMING AGENCY**  
270756 HWY 101  
Sequim, WA 98382

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## **Vendor Employee License Application**

### ***Renewal Fee - \$50***

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

Employee Name: \_\_\_\_\_ Date: \_\_\_\_\_

#### **Indicate type of license:**

Gaming

Non-Gaming

#### **If Gaming was selected please select classification below:**

Class II

Class III

Major Sports Wagering

Mid-Level Sports Wagering

Ancillary Sports Wagering

#### **Checklist**

Completed Application – *Incomplete applications will not be accepted*

Included check or money order for above fee      or made an ACH deposit

Included copy of valid driver's license and Washington Gaming State License

Included employment & residence history (*for initial application only*)

All items from this checklist, along with the attached application should be emailed to...

**[jamestownvendorlicensing@jamestowntribe.org](mailto:jamestownvendorlicensing@jamestowntribe.org)**

If you have any questions, you may contact Jamestown S'Klallam Tribal Gaming Agency at (360) 681-6772 or (360) 681-6720.

Thank you!  
Jamestown Licensing



## VENDOR EMPLOYEE RENEWAL APPLICATION

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

- Indicate "N/A" if not applicable
- Complete all information and requirement.  
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: \_\_\_\_\_

Driver's License: \_\_\_\_\_ DL Expiration: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

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

<b>A: Charged with a crime?</b>	Yes	No	<b>D: Jailed?</b>	Yes	No
<b>B: Arrested?</b>	Yes	No	<b>E: Placed on Probation?</b>	Yes	No
<b>C: Convicted?</b>	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 name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Job Title: \_\_\_\_\_ Name & Title of Supervisor: \_\_\_\_\_

### 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 issued to me by the Jamestown S'Klallam Tribal Gaming Agency immediately.*

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

### TRIBAL AUTHORIZATION

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 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 the release of personal, financial, and criminal information about myself.

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

Full Name (Printed): \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Address: \_\_\_\_\_