



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

Vendor Employee License Application

Initial Fee - \$100

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

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 LICENSE APPLICATION

License Number _____ DB _____
Exp Date _____ Badging _____

INSTRUCTIONS

- You must complete the entire application and submit all attachments
- Indicate "N/A" if not applicable
- Additional documentation or explanations may be attached to clarify any answer

GENERAL INFORMATION

(1) Applicant _____

_____	_____	_____
Last Name	First Name	Middle Name

_____ Social Security _____

_____	_____
Cell Phone	Work Number

(A) Home Mailing Address _____

_____	_____	_____	_____	_____
City	State	County	Zip	Email Address

(B) Place of Employment _____ Position _____

Employer's Address (*Street Address*) _____

_____	_____	_____	_____	() _____
City	State	County	Zip	Current Telephone Number

If applicable, for what reasons will you be onsite or accessing remotely _____

(C) Date of Birth _____ Place of Birth _____ County _____

Other Names Used (*including Maiden Name*) _____

Sex _____ Race _____ Height _____ Weight _____

Eye Color _____ Driver's License # and State of Issue _____

Are you a US Citizen? () YES () NO

If no, give an alien registration/entry visa/work

Permit #'s _____ Port of Entry _____ Date of Entry _____

(D) Military Information - Have you ever served with any branch of the armed forces? YES NO

If YES, complete the following

Branch _____ Date and type of service _____
(Active, Reserve, National Guard)

Date of Separation _____ Type of Discharge _____

Rank at Separation _____ Serial Number _____

While in the military service, were you ever charged with an offense which resulted in any...

Disciplinary action, and/or special or general court martial? YES NO

If YES please furnish details _____

(2) Do you know or have you ever entered into an agreement with an Indian Nation to be a service supplier or act as a consultant as an employee? *(attach additional sheets if necessary)*

() YES () NO

If YES, complete below

Name of Tribe _____ State _____ Dates From _____ To _____

Name of Tribe _____ State _____ Dates From _____ To _____

(3) Have you ever applied for/or been granted any license/permit authorization to be a services supplier or act as a consultant, in any capacity, regarding gaming at/with/for an Indian Nation or facility? *(attach additional sheets if necessary)*

() YES () NO

If YES, complete below

City _____ County _____ State _____ Dates From _____ To _____

City _____ County _____ State _____ Dates From _____ To _____

If YES, please explain _____

(4) Were any of the Licenses/Permits/Authorizations Granted, Revoked, Suspended, or Denied?

() YES () NO

If YES, attach a letter of explanation including all dates, locations, and circumstances

EMPLOYMENT HISTORY

List employment, self-employment, military service, unemployment and school attendance for the last five years using month and year format - No Gaps.

Dates From _____ To _____ Job Title _____

Supervisor _____ Current Phone Number (_____) _____

Employer/School/Military Service/Unemployment _____

Current Address of Employer _____

.....

Dates From _____ To _____ Job Title _____

Supervisor _____ Current Phone Number (_____) _____

Employer/School/Military Service/Unemployment _____

Current Address of Employer _____

.....

Dates From _____ To _____ Job Title _____

Supervisor _____ Current Phone Number (_____) _____

Employer/School/Military Service/Unemployment _____

Current Address of Employer _____

Residence Information

List all places of residence for the last five years starting with the most current – No Gaps.
(attach additional sheets if needed)

Dates From _____ Street Address _____

To: _____ City _____ County _____ State ____ Zip Code _____

Dates From _____ Street Address _____

To: _____ City _____ County _____ State ____ Zip Code _____

Dates From _____ Street Address _____

To: _____ City _____ County _____ State ____ Zip Code _____

Criminal History

Have you **ever** been charged with a felony for which there is an ongoing prosecution? YES NO

Have you **ever** been charged with a felony for which you were convicted? YES NO

If YES, please answer the following questions for **each offense** (*attach additional sheets if needed*)

Charged with _____ Date and Disposition _____

Name and address of the court involved _____

Have you been charged with a misdemeanor or any form of criminal charges, whether or not there has been a conviction within the last ten years? () YES () NO

If YES, please answer the following questions for **each offense** (*attach additional sheets if needed*)

Charged with _____ Date and Disposition _____

Name and address of the court involved _____

Have you been charged with any form of criminal charges, whether or not there has been a conviction within the past 10 years? YES NO

If YES, please answer the following questions for **each offense** (*attach additional sheets if needed*)

Charged with _____ Date and Disposition _____

Name and address of the court involved _____

.....
Criminal Charge _____ Date and Disposition _____

Name and address of the court involved _____

Criminal Charge _____ Date and Disposition _____

Name and address of the court involved _____



Vendor License Responsibilities

I, _____, understand that if granted a license by the Jamestown S'Klallam Gaming Commission to provide services or equipment for the casino under the jurisdiction of the Jamestown S'Klallam Gaming Commission, that I must promptly notify the Jamestown S'Klallam Gaming Commission Licensing Department if any of the following occur...

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 Jamestown S'Klallam Gaming Commission.

I understand that failure to properly notify the Jamestown S'Klallam Gaming Commission 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.

I further acknowledge and agree that while my license is pending with the Jamestown S'Klallam Gaming Commission that I may not provide service/equipment, in any capacity at the facility.

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 Jamestown S'Klallam Gaming Commission.

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 Commission 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.

Signature _____ Date _____



JAMESTOWN S'KLALLAM TRIBAL GAMING 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 _____

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 _____



JAMESTOWN S'KLALLAM TRIBAL GAMING COMMISSION
Certification & Oath of Applicant Form

I, _____, the applicant, being duly sworn, depose and say that the statements made and information provided on this application are true and correct and contain a full and true account of the information requested to the best of my knowledge and belief, that statements provided by me to the Gaming Commission, the Tribe, or its agents in and during the course of the background investigations of me conducted pursuant to the IGRA, the Jamestown S'Klallam Gaming Commission Ordinance, and other applicable laws and regulations are true and correct and contain a full and true account of the information requested to the best of my knowledge and belief. I am aware that the purpose of this investigation is to determine my suitability for employment in or association with gaming activities and consent to the release of all information necessary. I have read and understand the Privacy Act Notice and the Notice Regarding False Statements above and consent to the requirements of these notices and disclosures of any background information. This statement is executed with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for the refusal to issue a gaming license by the Gaming Commission, and that later discovery of a material omission or material misrepresentation made in the above statements may be grounds for the revocation of any gaming license granted.

Applicants Signature _____ Date _____

Release of All Claims (Individual)

I, _____ the undersigned "Applicant" am filing with the Jamestown S'Klallam Gaming Commission my application for a gaming license. In consideration of the Commission's review of my application, I hereby, for myself and my successors and assigns, release and forever discharge the Jamestown S'Klallam Gaming Commission, and their respective members, agents, and employees from any and all manner of actions, causes of action, suits, debts, judgments, executions, claims and demands whatsoever, known or unknown, in law or equity, which I now have, may have, or may claim to have against any or all of said entities or individuals arising out of or by reason of the processing or investigation of or other action relating to my gaming application. I, the Applicant, have read this release and understand all its terms. I execute it voluntarily and with full knowledge of its significance.

I witness whereof, I have executed this release at _____, on
the _____ day of _____, 20_____.

Applicant Signature