



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

Business Disclosure Checklist

Company 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 ☐

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

**JAMESTOWN S'KLALLAM TRIBAL GAMING AGENCY**

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Sequim, WA 98382

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 A FALSE STATEMENT ON ANY PART OF YOUR APPLICATION MAY BE GROUNDS FOR DENYING A LICENSE OR THE SUSPENSION OR REVOCATION OF A LICENSE. ALSO, YOU MAY BE PUNISHED BY FINE OR IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001).

Name _____ **Title** _____
(First, Middle Initial, Last)

Signature _____ **Date** _____



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

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 A FALSE STATEMENT ON ANY PART OF YOUR APPLICATION MAY BE GROUNDS FOR DENYING A LICENSE OR THE SUSPENSION OR REVOCATION OF A LICENSE. ALSO, YOU MAY BE PUNISHED BY FINE OR IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001).

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 Licensing, Shipping and Remote
Policies and Procedures

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VENDOR LICENSE RESPONSIBILITIES - *(Procedures to Follow)*

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

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 TGA, that I must promptly notify the TGA Licensing Department if any of the following occur (check boxes to acknowledge each requirement):

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 Jamestown TGA.

I understand that failure to properly notify 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 Jamestown TGA. TGA must provide prior approval for any system or modification installations.

Any manufacturer representative performing work on property must be licensed by Jamestown TGA and Class III equipment must be licensed by the Washington State Gaming Commission.

1. Gaming System Servers

- a. Servers will be shipped without any controlled software installed and controlled as nongaming associated equipment.

2. Machines

- a. Submit machine serial numbers for shipping approval by TGA via e-mail.
Contact: jstgc@jamestowntribe.org
- b. A minimum of seven days' notice for delivery is required.
- c. Upon receipt of request and serial numbers. TGA will approve shipping and installation of Class II and Class III machines.
- d. Coordinate with 7 Cedars Casino Operations on delivery location, storage, or placement upon arrival on property.
- e. The truck must be secured with a serial numbered, tamper resistant, and a one-time use security seal.
- f. The Serial number of the security seal must be on the delivery documentation for verification and removed by the Tribal Gaming Agent upon arrival.

3. Software

- a. Notification for replacement software, field advisories or conversions will be provided to TGA.
- b. All gaming software (controlled software) will ship separately from gaming hardware and will be received on-site a minimum of seven days before scheduled install.
- c. Software shipping packaging must be sealed in a way that ensures safe shipment from loss or tampering.

4. Miscellaneous

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

5. Contact

- a. Any questions should be directed to: Kevin Harmon; Regulatory Manager at (360) 681-6725. or
- b. Rachel Mueller; TGA Audit Supervisor at (360) 681-6743.

Vendor Sanction Guidelines

Manufacturers and/or their representatives agree to the following schedule of sanctions and civil fines for any violation of terms conditions and provisions of this document within 12 months of the first offense.

- 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

Remote Access

Emergency Situations/Technical Support: Necessary security protocols to ensure protection of Gaming Systems 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@7cedars.com.

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 and

implementation of the sanctions listed above.

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)