

***COLVILLE TRIBAL GAMING COMMISSION***

***729 JACKSON STREET***

***P.O. BOX 1647***

***OMAK, WASHINGTON 98841***

***(509) 422-7715 / (509) 422-7719 FAX***



***Colville Gaming License Application***



# Colville Tribal Gaming Commission

729 Jackson Street, P.O. Box 1647, Omak, WA 98841  
(509) 422-7717 / (509) 422-7725 / (509) 422-7726 / Fax: (509) 422-7720

## OVERVIEW OF COLVILLE TRIBAL GAMING:

1. Pursuant to sovereign powers that predate the United States, the Confederated Tribes of the Colville Reservation (Tribes) have governmental authority over all gaming operations within their jurisdiction.
2. Currently, there are three Colville casinos (Okanogan, Coulee Dam, and Mill Bay), operated by the Colville Tribal Enterprises Corporation (CTEC), a wholly owned tribal corporation.
3. Pursuant to Colville law, responsibility for enforcing Colville tribal gaming law and regulations, as well as applicable federal and state laws and regulations, has been delegated to the Colville Tribal Gaming Commission. See Colville Tribal Code Section 6-5 (Gaming).
4. In accordance with Colville law, all tribal gaming licenses are issued by the Colville Tribal Gaming Commission.
5. The Indian Gaming Regulatory Act of 1988 (IGRA), 25 U.S.C. 2701 *et seq.*, is a federal law that applies to Class II and Class III Indian gaming. IGRA includes the following requirements for Colville tribal gaming operations:
  - a. All CTEC gaming employees are required to obtain a tribal gaming license as a condition of employment.
  - b. An extensive background investigation is required for each tribal gaming license.
  - c. An Indian Tribe may not issue a license to any person who poses a threat to the public interest or the effective regulation of tribal gaming.
  - d. A detailed report on each employee's suitability and qualifications for a gaming license must be submitted to the National Indian Gaming Commission.
  - e. Indian Tribes are required to enter into a Tribal-State Compact on Class III gaming.
6. The Tribes have entered into a Tribal-State Compact with the State of Washington which includes a review of Class III Colville tribal gaming licenses by the Washington State Gambling Commission.

# INSTRUCTIONS FOR THE GAMING LICENSE APPLICATION PROCESS

1. Review the Colville Individual Licensing Regulations (Regulations) and make sure that you meet the qualifications for a gaming license. Licensing requirements are strictly enforced by the Colville Tribal Gaming Commission.
2. Make sure you have completely and accurately filled out the application.
3.
  - a. **CTEC employees:** your completed application is forwarded to the Colville Tribal Gaming Commission Licensing Department by the CTEC Human Resources Analyst, who is processing your application for CTEC employment.
  - b. **Colville Tribal Gaming Commission employees:** your completed application is submitted directly to the Colville Tribal Gaming Commission Licensing Department.
4. Initial processing of gaming license applications takes place on Wednesdays of each week.
5. It may take up to 10 regular business days to complete a preliminary determination of your eligibility for a temporary gaming permit.  
*(See Section 2.050 of the Regulations for a description of the backgrounds investigation process.)*
6. Bring with you the following:
  - a. Driver's license or state-issued identification.
  - b. Current photograph
  - c. Social Security card.
  - d. Tribal identification, if applicable.
  - e. Alien or naturalization registration card, if applicable.
7. If you have recently been married, divorced, or changed your name and your identification documents have not been updated, bring your marriage certificate, divorce, or other court decree which shows a change of marital status and/or name.
8. If you have any documents which may affect your suitability for a gaming license, including court orders, bring them with you.

**NOTE: AN INCOMPLETE APPLICATION WILL NOT BE PROCESSED AND MAY RESULT IN THE AUTOMATIC DENIAL OF A GAMING LICENSE .**

*(See Section 2.060 of the Commission's "Individual Licensing Regulations")*



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## APPLICATION FOR COLVILLE GAMING LICENSE

**Please Read In Compliance with the Federal Privacy Act of 1974, the following information is provided:**

Solicitation of the information on this form is authorized by 25 U.S.C. 2701, et seq. The purpose of the requested information is to determine the eligibility of individuals to be employed in a Tribal gaming operation. The information will be used by the Colville Tribal Gaming Commission, National Indian Gaming Commission and Washington State Gambling Commission in the performance of their official duties. The information may be disclosed to appropriate federal, Tribal, State, local or foreign law enforcement and regulatory agencies when relevant to civil, criminal or regulatory investigations or prosecutions or when pursuant to a tribal or federal requirement in connection with the hiring or firing of a gaming employee, the issuance or revocation of a gaming license, or investigations of activities while associated with a tribe or gaming operation. Failure to consent to the disclosures indicated in this notice will result in the Tribes being unable to hire you as a tribal gaming employee, including primary management official or key employee positions. The disclosure of your Social Security Number (SSN) is voluntary. However, failure to supply a SSN may result in errors in processing your application. A false statement on any part of your application may be grounds for not hiring you or firing you after you begin work. Also, you may be punished by fine or imprisonment under federal law (18 U.S.C. 1001).

### Section One

A. Full Legal Name:

Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Other names used: \_\_\_\_\_

*List all names used including aliases, maiden name, married names, nick names (written or oral)*

B. Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_

Gender: Male \_\_\_ Female \_\_\_ All languages (spoken or written): \_\_\_\_\_

Birthmarks, Scars, Tattoos, or distinguishing marks: \_\_\_\_\_

C. Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ SSN: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

City County State Country

D. Are you a citizen of the United States? Yes \_\_\_ No \_\_\_

E. If Alien, Registration Number: \_\_\_\_\_

F. If Naturalized, Naturalization Number: \_\_\_\_\_  
 Date: \_\_\_\_\_ Place: \_\_\_\_\_  
                     Month/day/year  
 Employment position(s) for which you are applying: \_\_\_\_\_  
 Date of your application: \_\_\_\_\_  
   Month/day/year  
 Marital Information: Single: \_\_\_\_\_ Married: \_\_\_\_\_ Separated: \_\_\_\_\_  
 Divorced: \_\_\_\_\_ Widowed: \_\_\_\_\_ Engaged: \_\_\_\_\_  
 Spouse's Full Name (family/maiden name): \_\_\_\_\_  
 Phone: \_\_\_\_\_ Residence Address: \_\_\_\_\_

**Section Two**

**A. Current Home Address**

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

Mailing Address \_\_\_\_\_  
                             (If different than physical address)

Telephone Numbers:  
 Home :( ) \_\_\_\_\_ Work, Cell, or Message: ( ) \_\_\_\_\_

If you rent or lease your residence, provide the name and address of the person responsible for collecting the rent/lease payments:

| Name | Complete Address | Telephone Number(s) |
|------|------------------|---------------------|
|------|------------------|---------------------|

**B. Previous home addresses during the past ten years**

(If you need additional space, use a separate page.)

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

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

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

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

**C. Current Business Address**

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

Business Telephone Number(s): ( ) \_\_\_\_\_

### Section Three

**A. Family.** List three relatives with whom you have a close personal relationship (including children). Provide a complete physical address and include name, mailing address, city, state, zip code, and phone numbers.

| Name and Relationship | Complete Current Address | Complete Phone Number |
|-----------------------|--------------------------|-----------------------|
|                       |                          |                       |
|                       |                          |                       |
|                       |                          |                       |

**B. Personal References – Not Related.** List at least three individuals who have knowledge of you and your qualifications. Exclude relatives and former employers. Include one personal reference who was acquainted with you during each period of residence listed in Section Two (B). Provide name, complete mailing address, and phone numbers for each person.  
(If you need additional space, use a separate page.)

| Name and Relationship | Complete Current Address | Complete Phone Number |
|-----------------------|--------------------------|-----------------------|
|                       |                          |                       |
|                       |                          |                       |
|                       |                          |                       |
|                       |                          |                       |

**C. Residents or Roommates.** List all individuals with whom you have resided during the past ten years. List no information prior to your 18<sup>th</sup> birthday. Do not include family members. Provide the name, complete mailing address, city, state, zip code, and phone numbers for each person.  
(If you need additional space, use a separate page.)

| Name and Relationship | Complete Current Address | Complete Phone Number |
|-----------------------|--------------------------|-----------------------|
|                       |                          |                       |
|                       |                          |                       |
|                       |                          |                       |

## **Section Four**

### **Experience and Employment**

Beginning with your most current employment, list all business and employment positions held during the previous five years (including part-time, temporary, and voluntary). For identification and verification, indicate the nature of the activity; i.e., full-time, part-time, or voluntary. Provide complete addresses and phone numbers. (Use a separate page if you need additional space).

*NOTE: If you have had intermittent periods of military service or unemployment, list those periods in sequence in the spaces provided.*

| <b>Dates of Employment:</b>                        | <b>Name and Address of Employer:</b> | <b>Name/Title of Supervisor:</b> |
|--|--------------------------------------|----------------------------------|
| From:<br>_____<br>/_____<br>To:<br>_____<br>/_____ |                                      |                                  |
|  |                                      | <b>Name(s) of Co-Workers:</b>    |
| Full-Time _____                                    | <b>Phone Number:</b>                 |                                  |
| Part-Time _____                                    | Title and Duties:                    |                                  |
| Voluntary _____                                    |                                      |                                  |
| <b>Reason for Leaving:</b>                         |                                      |                                  |

Military \_\_\_\_\_ Unemployed \_\_\_\_\_ From: \_\_\_\_\_/\_\_\_\_\_  
To: \_\_\_\_\_/\_\_\_\_\_

| <b>Dates of Employment:</b>                        | <b>Name and Address of Employer:</b> | <b>Name/Title of Supervisor:</b> |
|--|--------------------------------------|----------------------------------|
| From:<br>_____<br>/_____<br>To:<br>_____<br>/_____ |                                      |                                  |
|  |                                      | <b>Name(s) of Co-Workers:</b>    |
| Full-Time _____                                    | <b>Phone Number:</b>                 |                                  |
| Part-Time _____                                    | Title and Duties:                    |                                  |
| Voluntary _____                                    |                                      |                                  |
| <b>Reason for Leaving:</b>                         |                                      |                                  |

Military \_\_\_\_\_ Unemployed \_\_\_\_\_ From: \_\_\_\_\_/\_\_\_\_\_  
To: \_\_\_\_\_/\_\_\_\_\_

|  |                                      |                                  |
|--|--------------------------------------|----------------------------------|
| <b>Dates of Employment:</b>                        | <b>Name and Address of Employer:</b> | <b>Name/Title of Supervisor:</b> |
| From:<br>_____<br>/_____<br>To:<br>_____<br>/_____ |                                      |                                  |
|  |                                      | <b>Name(s) of Co-Workers:</b>    |
| Full-Time _____                                    | <b>Phone Number:</b>                 |                                  |
| Part-Time _____                                    | Title and Duties:                    |                                  |
| Voluntary _____                                    |                                      |                                  |
| <b>Reason for Leaving:</b>                         |                                      |                                  |

Military \_\_\_\_\_ Unemployed \_\_\_\_\_ From: \_\_\_\_\_/\_\_\_\_\_  
To: \_\_\_\_\_/\_\_\_\_\_

|  |                                      |                                  |
|--|--------------------------------------|----------------------------------|
| <b>Dates of Employment:</b>                        | <b>Name and Address of Employer:</b> | <b>Name/Title of Supervisor:</b> |
| From:<br>_____<br>/_____<br>To:<br>_____<br>/_____ |                                      |                                  |
|  |                                      | <b>Name(s) of Co-Workers:</b>    |
| Full-Time _____                                    | <b>Phone Number:</b>                 |                                  |
| Part-Time _____                                    | Title and Duties:                    |                                  |
| Voluntary _____                                    |                                      |                                  |
| <b>Reason for Leaving:</b>                         |                                      |                                  |

Military \_\_\_\_\_ Unemployed \_\_\_\_\_ From: \_\_\_\_\_/\_\_\_\_\_  
To: \_\_\_\_\_/\_\_\_\_\_

## **Section Five**

### **Education**

- A.** Did you graduate from high school or complete a G.E.D. program? Yes No
- B.** Have you ever been enrolled in college or a specialized technical training program? Yes No
- C.** For each school or college you have attended, provide the name of the school, address, contact person, telephone number, the date(s) of enrollment, course of study, and whether you graduated, received a degree or certificate, are currently taking classes, did not finish. Provide additional information, as needed.

|                |                   |                        |                                 |                                   |
|----------------|-------------------|------------------------|---------------------------------|-----------------------------------|
| School's Name: | School's Address: | School's Phone Number: | Attendance or Enrollment Dates: | Graduated (degree) Attending, DNF |
|                |                   |                        |                                 |                                   |
|                |                   |                        |                                 |                                   |
|                |                   |                        |                                 |                                   |

## **Section Six**

### **Military Experience**

**A.** Have you ever served in the Armed Forces, National Guard, or Reserve?

If "yes" provide the following information.

Yes No

|  |                            |                    |
|--|----------------------------|--------------------|
| Branch of Military Service / Service Number: | Dates of Service From: To: | Type of Discharge: |
|  | /                          |                    |

**B.** Are you currently participating in any Military Reserve or National Guard program? Yes No

## **Section Seven**

### **Charges, Arrests and Convictions**

**A.** For each criminal and non-criminal charge, arrest and conviction (including juvenile cases, traffic and civil infractions) within ten years of the date of this application, describe the charge, give the name and address of the court, including the county where the court is located, and state whether there is an ongoing prosecution or there was a disposition/conviction. Attach a copy of any court orders. (Use a separate page if you need additional space)

| Date | Charge | Name, Address, and County of the Court Involved | Finding, Judgment, Disposition |
|------|--------|---|--------------------------------|
|      |        |   |                                |
|      |        |   |                                |
|      |        |   |                                |
|      |        |   |                                |

**B. Have you ever been charged, arrested or convicted under any other name?** Yes No  
 If “yes,” provide the name, date, charge, name, address, and county of the court involved, and the findings, judgment, or disposition of the case.

**C. Have you ever testified before a federal, state, tribal, or county grand jury, board, or commission?** Yes No  
 If “yes,” provide contact information for the grand jury, board, or commission. Also explain what your involvement was and for what reason.

**D. Have you ever had a criminal or civil record expunged or sealed by a court order?** Yes No  
 If “yes,” provide the name, date, charge, court, address, and the county of the court involved.

**E. Do you currently have any civil cases pending for or against you?** Yes No

**F. Have you ever been placed on court probation?** Yes No

**G. Were you ever required to appear before a juvenile court for any act which would have been considered a crime if the act had been committed as an adult?** Yes No

**NOTE: If you answered “yes” to any question in this section, provide a complete explanation on a separate page.**

**Section Eight**

**A. Driving Record**

|                          |                                 |                  |
|--------------------------|---------------------------------|------------------|
| Driver’s License Number: | Issuing State/Province/Country: | Expiration Date: |
|                          |                                 |                  |

**B. Other states, provinces or countries where you have been licensed to operate a motor vehicle:**

|                                       |                                       |                                       |
|---------------------------------------|---------------------------------------|---------------------------------------|
| State/Province/Country:               | State/Province/Country:               | State/Province/Country:               |
| Name under which license was granted: | Name under which license was granted: | Name under which license was granted: |
| License Number:                       | License Number:                       | License Number:                       |
|                                       |                                       |                                       |

**C. Have you every had a driver’s license revoked?** Yes No

D. Have you ever been refused a driver's license by any state, province or country?

Yes No

*If you answered "yes" to C or D, provide a full explanation (include when, where, and why).*

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## **Section Nine**

### **Financial Record**

A. Have you ever filed for or declared bankruptcy?

Yes No

*If "yes," provide full details (include when, where, and why).*

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B. Have you ever been turned over to a collection agency?

Yes No

*If "yes," provide full details (include when, where, and why).*

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C. Have you ever had "purchased goods" repossessed?

Yes No

*"Purchased goods" include items such as cars, furniture, appliances, electronics, etc.*

*If "yes," provide full details (include what, when, where, and why).*

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D. Have your wages ever been garnished?

Yes No

*If "yes," provide full details (include when, where, why, and by what agency).*

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E. Have you ever been delinquent on income tax or other tax payments? Yes No  
*If "yes," provide full details (include when, where, and why).*

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## **Section Ten**

### **Gaming and Licensing**

A. Describe any previous or existing business relationships with Indian Tribes or with the gaming industry generally, including ownership interests in those businesses.

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B. Financial or any other interest in gaming activities:

*Indicate whether you have a financial interest in any gaming activity, including a non-Indian business or interest.*

Have you ever invested in or loaned money to any gaming facility or activity?

Yes No

Have you ever had an option to purchase or a contract to provide services to any gaming facility or activity?

Yes No

Do you own or have an ownership interest in any equipment being leased or otherwise provided to any gaming facilities?

Yes No

Do you have investment or ownership interests in any business involved in any activities listed herein?

Yes No

Have you ever worked in any capacity for a gaming operation? Yes No

*If you answered "yes" to any of the above questions, provide a full explanation on a separate page.*

C. Have you ever applied for a permit or a license related to gaming? Yes No

Have you ever had a permit or license related to gaming denied, revoked, or suspended? Yes No

*If you answered "yes," to either of the above questions, provide the following information:*

|   |                         |
|---|-------------------------|
| <b>Type of License:</b>   | <b>State:</b>           |
| <b>License Number:</b>  | <b>Expiration Date:</b> |
| <b>Agency Issuing License:</b>  |                         |
| <b>Agency Address:</b>  |                         |
| <i>If this license was denied, revoked, or suspended, provide all the details, and explain why:</i> |                         |
|   |                         |

D. Have you ever held or applied for, or been denied a privileged or professional license with any regulatory agency? Yes No  
 (This includes a liquor license, realtor's license, nursing license/certification, law license, etc.)  
 If "yes," provide the following information, including the issuing agency, address, etc.

| Type of License: | Issuing Agency and Address | License Number: | Expiration Date: (date of denial) |
|------------------|----------------------------|-----------------|-----------------------------------|
|                  |                            |                 |                                   |
|                  |                            |                 |                                   |

**Important**

I certify that all statements made by me in this document are TRUE, COMPLETE, and CORRECT to the best of my knowledge and belief, and are made in good faith. I am aware that the purpose of this investigation is to determine my eligibility and suitability for a gaming license. I authorize and grant my consent to permit any law enforcement agency and any other person, business or agency deemed necessary, to release any information to the National Indian Gaming Commission and the Washington State Gambling Commission. I understand that failure to answer any question on this application completely and truthfully may result in the denial of a gaming license.

**Full Legal Name:**

*(Please print)*

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

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



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## **AUTHORIZATION TO RELEASE INFORMATION**

As an applicant for a gaming license with the Colville Gaming Commission, I am required to furnish information for use in determining my qualifications and suitability for a Colville Gaming License. The Colville Tribal Gaming Commission is authorized to ask for this information pursuant to authority granted by federal and Colville tribal law. The release of the information requested is voluntary. However, failure to complete this release may result in an incomplete application. The purpose of this request for information, and the authorization of this release, is for the sole purpose of determining my gaming license qualifications and suitability.

As a license applicant, I understand that this release will remain in effect for the duration of my license with the Colville Tribal Gaming Commission. This release will expire upon my termination of employment through CTEC with the Colville Gaming Division or with the Colville Tribal Gaming Commission. I also understand that periodic review of my background will continue after a Colville Tribal Gaming License is granted, and that I am responsible for maintaining current information in my application file.

This document authorizes release of requested information, whether or not such information would otherwise be protected from disclosure by any constitutional, statutory or common law privilege. I authorize review and copying of all documents.

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 of determining my qualifications and suitability for a Colville Tribal Gaming License.

I authorize release of any information related to my activities, including schools, property interests (real and personal), employment, criminal justice agencies, regulatory agencies, businesses, financial and lending institutions. I acknowledge and agree that any inquiry may include information as to my character, general reputation, personal characteristics, and mode of living.

I relinquish any right that I may otherwise have to pursue a cause of action against any person (or his or her agent) to whom this request is presented when such cause of action arises out of response to a request for information pursuant to the Indian Gaming Regulatory Act (25 U.S.C.2701, *et seq.*). I further agree to indemnify and hold harmless any person to whom this request is lawfully presented. Such indemnification and holding harmless includes all claims, damages, losses and expenses, including reasonable attorney fees.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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## MEMORANDUM OF UNDERSTANDING

I, \_\_\_\_\_, understand that I am being accepted on a preliminary basis for a Temporary Gaming Permit by the Colville Tribal Gaming Commission. I understand that I will be asked questions pertaining to my background investigation which I must answer truthfully and completely. If at any time throughout my background investigation it is determined that I did not provide material information or that the information I provided was false or misrepresented in any manner, further consideration for a Gaming License by the Colville Tribal Gaming Commission must be reviewed by the Director of the Gaming Commission and my application may be denied.

I understand that my Temporary Gaming Permit is conditional until my background investigation is completed. By signing below, I am stating that the information I have provided to the Colville Commission Licensing Department is complete, true and correct to the best of my knowledge. I also understand that inquiries regarding my continued qualification and suitability for a Gaming License may be made as needed. I hereby authorize any such inquiries to be made, as determined necessary by the Colville Commission Licensing Department, including criminal and credit history checks.

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

Background Investigator: \_\_\_\_\_ Date: \_\_\_\_\_



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## **PRIVACY ACT NOTICE**

The federal Privacy Act of 1974, 5 U.S.C. 552a, as amended, applies to the information provided in your application for a Colville Tribal Gaming License. This federal law is also known as the Freedom of Information Act (FOIA).

The Indian Gaming Regulatory Act (IGRA), 25 U.S.C. 2701, *et seq.*, and IGRA regulations, rules and procedures apply to tribal gaming licenses. IGRA requires that this information be provided to the National Indian Gaming Commission, a federal agency under the Privacy Act. The Privacy Act requires that documents submitted by tribes to federal agencies be treated the same as any other records under FOIA. This means that these documents are public information unless they fall under one of nine exemptions.

The purpose of the requested information is to determine the eligibility and suitability of individuals to be employed in a Tribal gaming operation. The information is used by the Colville Tribal Gaming Commission, the National Indian Gaming Commission and the Washington State Gambling Commission in the performance of their official duties. The information may be disclosed to appropriate federal, tribal, state, local or foreign law enforcement and regulatory agencies when relevant to civil, criminal or regulatory investigations or prosecutions. The information may also be disclosed pursuant to a tribal or federal requirement in connection with the hiring or firing of a gaming employee, the issuance or revocation of a gaming license, or investigations of activities while associated with a tribe or a gaming operation. Failure to consent to the disclosures indicated in this notice will result in the Tribes being unable to hire you as a tribal gaming employee, including primary management official or key employee positions.

The disclosure of your Social Security Number (SSN) is voluntary. However, failure to supply your SSN may result in errors in processing your application.

## **FALSE STATEMENT NOTICE**

A false statement on any part of your application may be grounds for not hiring you, or firing you after you begin work. You may also be punished by fine or imprisonment (18 U.S.C. 1001).

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_



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## **APPLICANT ASSURANCES**

I \_\_\_\_\_ have received a copy of the Colville Tribal Gaming Commission Individual Licensing Regulations (“Regulations”). I have read the Regulations and I understand them.

### **I acknowledge, accept, and understand the following:**

1. The purpose of these regulations is to ensure the honesty, integrity, fairness and good character of the Colville Tribal Casinos and their employees, to protect the health, safety, good order and general welfare of the people of the Colville Reservation and the State of Washington, and to protect the public trust and the assets of the Casinos and the Confederated Tribes of the Colville Reservation. 1.020
2. It is my responsibility to prove that I am qualified under these regulations. 2.010.3
3. I am responsible for payment of licensing fees. 1.060
4. A license is a privilege and not a right. 2.010.2
5. I have no vested property rights in a license and I cannot assign or transfer a license issued to me. 2.010.2
6. A license is issued for no longer than 12 months and is subject to renewal requirements. 1.030.1; 2.120
7. A license is issued for a specific position and may not be transferred to another position. 1.030.1
8. I have the right to claim any privilege afforded by Colville law in refusing to answer questions. However, if I choose to exercise this right, my refusal to answer questions constitutes sufficient grounds for denial of a license. 2.020
9. It is my responsibility to be informed of Colville law and these regulations, currently in effect or as they may be amended. My ignorance of these laws and regulations will not excuse any violations and will not prevent appropriate prosecution, disciplinary action or licensing sanctions, including revocation of my license. 2.010.7

### **By applying for license:**

1. I authorize the Commission to obtain and to rely on information pertaining to my suitability to be an employee in Colville gaming operations. I understand that I do not have a right to see or otherwise obtain or access such information. 2.010.4; 2.030.2
2. I consent to the jurisdiction and decision-making authority of the Colville Tribal Gaming Commission. 2.010.5
3. I accept any risk of adverse publicity, embarrassment, criticism, or other action or financial loss and I expressly waive any claim for damages as a result. 2.010.3
4. I agree to be bound by the laws of the Confederated Tribes of the Colville Reservation in addition to the Colville Tribal Gaming Commission rules and regulations and I specifically consent to the jurisdiction of the Colville Tribal court system. 2.010.7
5. I agree to be bound by applicable laws and regulations of the United States and the State of Washington. 1.010

6. I understand that the licensing process may also require approval by federal and/or state agencies. 2.050

**Temporary permit**

If I am issued a temporary permit, I understand that this permit is subject to immediate revocation for failure to successfully complete a background and financial investigation and obtain a license. 2.080.2

**Conditional license**

If I am issued a conditional license, I understand the following:

1. I am responsible for complying with conditions placed on my license. 2.090.2
2. I am responsible for providing information required to address ongoing issues of concern. 2.090.3
3. I am responsible for appearing before the Colville Tribal Gaming Commission before the expiration of my conditional license and providing any information required to address conditional issues. If I fail to do so, my conditional license will expire and will no longer be valid. 2.090.4
4. If I fail to comply with my license conditions, my license may be suspended or revoked. 2.090.5

**Continuous duty to provide information**

If I am issued a license or a permit, I have a continuing duty to provide the following information to the Colville Tribal Gaming Commission: 2.110

1. Change of name, address, phone number or other licensing information.
2. Any occurrences which may reflect on my eligibility and suitability to be licensed under these regulations.
3. Any act or failure to act which I believe would constitute a violation of these regulations and/or Colville law.

**Suspensions/Revocations**

I understand that a license may be revoked or suspended for reasons deemed to be in the Tribal or public interest and for any other reason authorized by applicable tribal, federal, or state law and regulation. 3.010

**Appeals**

I understand that I may have the right to appeal licensing decisions to the Colville Tribal Gaming Commission. In accordance with Colville Tribal law, also understand that I have the right to appeal a final decision by the Colville Tribal Gaming Commission to the Colville Tribal Court. CTC 6-5-246.

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Applicant Signature

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Date

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Print Applicant Name



# Colville Tribal Gaming Commission

729 Jackson Street, P.O. Box 1647, Omak, WA 98841  
(509) 422-7717 / (509) 422-7725 / (509) 422-7726 / Fax: (509) 422-7720

## COLVILLE TRIBAL CREDIT REPORT REQUEST

TO: Colville Tribal Credit  
ATTN: Kary Nichols

FAX #: (509) 634-4707  
TITLE: Manager

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

FROM: \_\_\_\_\_ TITLE: Background Investigator

COMPANY: Colville Tribal Gaming Commission FAX #: (509) 422-7720

RE: Request for Colville Tribal Credit History

### COMMENTS:

We are requesting a Colville Tribal Credit History print out for the following person: \_\_\_\_\_ (Fill In)

Clearly Print Full Name

Please fax this information back to me at (509) 422-7720. If you have any questions you may contact Backgrounds at tribal extension #7717, 7725, or 7726.

X: \_\_\_\_\_ (Fill In) X: \_\_\_\_\_ (Fill In)  
Date Signature

TOTAL NUMBER OF PAGES: 1



# Colville Tribal Gaming Commission

729 Jackson Street, P.O. Box 1647, Omak, WA 98841  
 (509) 422-7717 / (509) 422-7725 / (509) 422-7726 / Fax: (509) 422-7720

## COLVILLE TRIBAL POLICE SERVICES CRIMINAL HISTORY REQUEST AND BACKGROUND INQUIRY

For Records Clerk only:

**Information of person being cleared:**

Name: \_\_\_\_\_ (Fill In)

**Last**

**First**

**Middle**

Alias or Maiden Name: \_\_\_\_\_ (Fill In)

DOB: \_\_\_\_\_ (Fill In) SSN: \_\_\_\_\_ (Fill In)

**I hereby authorize the Colville Tribal Police Services Records Clerk to release any criminal history maintained by your office to the Colville Tribal Gaming Commission's Backgrounds Department.**

X: \_\_\_\_\_ (Fill In) X: \_\_\_\_\_ (Sign)

**Date**

**Signature**

For Records Clerk only:

Record Clerk's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

| DATE | CHARGE | DISPOSITION |
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