

PERSONAL HISTORY RECORD FOR REGISTERING AS AN INDEPENDENT AGENT

Date _____

GENERAL INSTRUCTIONS

Type an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, continue on supplemental page or use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made herein is subject to verification. Applicant must initial each page, as provided in lower right hand corner. By placing his/her initials on each page, the applicant is attesting to the accuracy and completeness of the information contained on that page.

All applicants are advised that this Personal History Record is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or call forward for finding of suitability regarding the applicant.

All applicants are further advised that an application for filing as an independent agent, finding of suitability, or for other action may not be withdrawn without the permission of the licensing agency.

1. GENERAL INFORMATION

Name of Independent Agent's business (If Applicable) _____

From what geographic area will you draw your customer base? _____

2. PERSONAL INFORMATION

Last Name (Surname)	First Name (Given Name)	Middle Name
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Alias(es), Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise _____

Home Address (Street #, Street Name, City, State, Country, Zip Code): _____

Mailing Address (If Different Than Home Address): _____

Date of Birth (Month/Day/Year)	US Social Security #	Passport # & Country (If No SSN):
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Telephone Numbers: (Area/Country Code) and Number Residence: (____) _____ Business: (____) _____ Cellular: (____) _____ Fax: (____) _____	E-mail Address _____ Company Web Address _____
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Sex	Color of Eyes	Color of Hair	Complexion	Height	Weight	Build
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Country of citizenship _____ If a non-U.S. citizen, Registration No. _____

If naturalized U.S. citizen, Certificate No. _____ Date _____

Place _____ (If Naturalized, document must be verified.)

3. MARITAL INFORMATION

Single Married Separated Divorced Widowed Engaged Life Partner

A. Current Marriage:

Date of Marriage	Place of Marriage (City/County/State/Country)		
Spouse's/Partner's Full Name		Social Security #:	Passport # & Country (If no SSN):
Date of Birth	Place of Birth		

Residence Address:

Telephone

Residence (____) _____

Business (____) _____

Spouse's Employer	Occupation
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Address of Employer:

B. Previous Marriages: If ever legally separated, divorced, or annulled, indicate below:

Name of Spouse	Date of Order or Divorce Decree	Date and Place of Marriage	Nature of Action	City/County/State

4. ARREST INFORMATION

Arrests, Detentions and Litigations: (List all arrests regardless of disposition, expunged or sealed.)

A. Have you ever been arrested, detained, charged, indicted, or summoned to answer for any criminal offense or violation for any reason whatsoever, regardless of the disposition of the event? (Except **minor** traffic citations.) Yes No

Date of Arrest	Age	Charge	Location – City/State/Country	Disposition and Date	Arresting Agency

****International Applicants must submit a Certificate of Non-Criminal Conviction with this form.**

ARREST INFORMATION – Continued

- B. Has a criminal indictment, information, or complaint ever been returned against you, but for which you were not arrested or in which you were named as an unindicted co-party? Yes No If yes, furnish details.

- C. Have you ever been questioned or deposed by a city, state, federal, or law enforcement agency, commission or committee? Yes No

- D. Have you ever been subpoenaed to appear or testify before a federal grand jury, board or commission? Yes No

- E. Have you ever had a civil or criminal record expunged or sealed by a court order? Yes No

If yes, when?: _____ city, county, and state _____

- F. Have you ever received a pardon for any criminal offense? Yes No

If yes, when?: _____ city, county, and state _____

- G. Has any member of your family or of your spouse's family ever been convicted of a felony? Yes No

If yes, complete the following:

Name	Relationship	Date	Charge	Location

- H. Have you, as an individual, member of a partnership, or owner, director, or officer of a corporation or LLC, been a party to a lawsuit or arbitration as either a plaintiff or defendant? Yes No (Other than divorces.)

If yes, give details below.

Date Filed	Description of Lawsuit	Court and Case Number	City, County, and State	Disposition/Date

If your answer to any of the above questions (A through H) is yes, furnish details and provide copy of complaint.

5. BANKRUPTCY:

- A. Have you ever filed for bankruptcy? Yes No

If yes, provide a copy of the bankruptcy filing and subsequent discharge.

Date of Bankruptcy	Location of Filing	Date of Discharge

6. MILITARY INFORMATION:

Have you ever served in any armed forces? Yes No Country: _____

Branch _____ Date of entry – active service _____

Date of separation _____ Type of discharge _____

Rating at separation _____ Serial number _____

While in the military service were you ever arrested for an offense which resulted in summary action, a trial, or special or general court martial? Yes No

If yes, furnish details below. (List all incidents regardless of where they occurred – foreign or domestic.)

7. EDUCATION:

Name of School	Location	Dates Attended	Graduate
High School			Yes <input type="checkbox"/> No <input type="checkbox"/>
College/ University			Yes <input type="checkbox"/> No <input type="checkbox"/>
Other			

Type of degree obtained, if any _____

College or University where obtained _____

8. FAMILY INFORMATION:

A. Children and Dependents:

List all children, including step-children and adopted children and give the following information:

Name	Birth Date	Birth Place	Residence Address

B. Child Support Information:

Please mark the appropriate response:

- I am not subject to a court order for the support of a child.
- I am subject to a court order for the support of one or more children and am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or
- I am subject to a court order for the support of one or more children and am NOT in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

District attorney or public agency responsible for enforcing the child support order:

Name _____

Address _____

Contact Person _____

FAMILY INFORMATION – Continued:

C. Parents:

List names, residence address, dates of birth, and most recent occupations of parents, parents-in-law, or legal guardian. **If retired or deceased, list last address and occupation.**

Name	Birth Date	Address	Occupation
Father			
Mother			
Father-in-Law			
Mother-in-Law			

D. Brothers and Sisters:

List names, residence address, dates of birth, and most recent occupations of brothers and sisters and of their respective spouses.

Name	Birth Date	Address	Occupation
Sibling			
Spouse			
Sibling			
Spouse			
Sibling			
Spouse			
Sibling			
Spouse			

9. RESIDENCES

Beginning with your current residence, list all residences you have had for the last ten (10) years:

Month and Year (From – To)	Street and Number	City	State or Country
-			
-			
-			
-			
-			
-			
-			
-			
-			
-			

10. EMPLOYMENT

A. Beginning with your current employment, list your work history, all businesses with which you have been involved, and/or all periods of unemployment for the past fifteen (15) years.

Month and Year (From – To)	Name/Mailing Address/Type of Business/Phone Number		Reason for Leaving
-			
Title	Description of Duties	Name of Supervisor/Title	Gaming Present: Yes <input type="checkbox"/> No <input type="checkbox"/>
Month and Year (From – To)	Name/Mailing Address/Type of Business/Phone Number		Reason for Leaving
-			
Title	Description of Duties	Name of Supervisor/Title	Gaming Present: Yes <input type="checkbox"/> No <input type="checkbox"/>
Month and Year (From – To)	Name/Mailing Address/Type of Business/Phone Number		Reason for Leaving
-			
Title	Description of Duties	Name of Supervisor/Title	Gaming Present: Yes <input type="checkbox"/> No <input type="checkbox"/>
Month and Year (From – To)	Name/Mailing Address/Type of Business/Phone Number		Reason for Leaving
-			
Title	Description of Duties	Name of Supervisor/Title	Gaming Present: Yes <input type="checkbox"/> No <input type="checkbox"/>
Month and Year (From – To)	Name/Mailing Address/Type of Business/Phone Number		Reason for Leaving
-			
Title	Description of Duties	Name of Supervisor/Title	Gaming Present: Yes <input type="checkbox"/> No <input type="checkbox"/>
Month and Year (From – To)	Name/Mailing Address/Type of Business/Phone Number		Reason for Leaving
-			
Title	Description of Duties	Name of Supervisor/Title	Gaming Present: Yes <input type="checkbox"/> No <input type="checkbox"/>

11. CHARACTER REFERENCES

List three (3) character references who have known you five years or more. Do not include relatives, present employer, or employees.

Name and Employer	Street, City, State, Country, Zip Code	Telephone	Years Known
Name	Home	() _____	
Employer	Business	() _____	
Name	Home	() _____	
Employer	Business	() _____	
Name	Home	() _____	
Employer	Business	() _____	

12. Have you registered as an Independent Agent with the Nevada Gaming Control Board in the last ten (10) years?

Yes No

A. If you were previously registered, but are not currently registered, list all casino properties where you were previously registered.

13. List all jurisdictions OUTSIDE the State of Nevada where you have been registered or licensed as an Independent Agent in the last ten (10) years.

14. Have you ever held a privileged or professional license in any state, including but not limited to the following:

- | | | | | |
|--------------------------------|-----------------|---------------------------|-------------------|-----------|
| Liquor | Lawyer | Race horse/race dog owner | Securities dealer | Insurance |
| Real estate broker or salesman | Doctor | Jockey | Contractor | Gaming |
| Accountant | Boxing promoter | Trainer or manager | Pilot | |

Yes No

If yes, state the type, where, dates held, and the nature of any disciplinary actions taken against you:

15. Have you ever held a financial interest in a gambling venture, including a race track, dog track, race horse or dog, lottery, casino, bookmaking operation, or pari-mutuel operation, OUTSIDE the State of Nevada?

Yes No

A. If yes, state when and where and give names and locations of the businesses in which you were involved and the names and addresses of all partners.

B. Have you ever appeared before any licensing agency or similar authority in or outside the State of Nevada, for any reason whatsoever? Yes No

If yes, submit details.

16. Have you ever been refused a gaming or liquor license or related finding of suitability or been a participant in any group which has been denied a gaming or liquor license or related finding of suitability? Yes No

If yes, state where, when, and for what reason.

17. Have you ever been granted a gaming license or been a participant in any group which has been issued a gaming license by the State of Nevada? Yes No

If yes, state type of license, name of establishment, location, and period held.

18. Do you have any relatives associated with or employed in the gaming or liquor industry? Yes No

If yes, state name, relationship, and association or employment.

19. If currently or previously employed in Nevada gaming, provide place of employment and dates of service.

20. Are you currently indebted to a gaming licensee?

Yes No

If yes, describe the nature of the debt and the amount.

21. Have you had any personal indebtedness to a gaming licensee written off in the past three (3) years?

Yes No

If yes, describe the nature of the write-off and the amount.

**ATTACH PHOTOGRAPH
TAKEN WITHIN LAST 30
DAYS HERE**

STATE OF _____ }
COUNTY OF _____ } ss.

I, _____, being duly sworn, depose and say that I have read the foregoing
(Registrant's Name)
application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; **that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of a state gaming license;** that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 463.140(5) provides "any person making false oath in any matter before either the Board or Commission is guilty of perjury."; and, further, that I have familiarized myself with the contents of the Nevada Gaming Control Act, as amended, and the Regulations of the Nevada Gaming Commission as promulgated thereunder and agree, if licensed, to abide thereby.

I hereby expressly waive release, and forever discharge the State of Nevada, the licensing agency and their agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall, or may have against the State of Nevada, the licensing agency and their agents, as a result of my applying for a gaming license in the State of Nevada.

Signature of Registrant

SUBSCRIBED AND SWORN TO BEFORE ME

THIS _____ DAY OF _____, _____

Signature of Notary Public

(SEAL/STAMP)

CERTIFICATION OF FORM

Nevada Gaming Regulation 10.010 requires that every attorney, certified public account, or other agent who prepares this document on behalf of the registrant be properly enrolled with the Commission. Regulation 10.110 requires any such representative to certify such document. If this document was prepared by such a representative, please have that person complete the following:

I, _____, do hereby certify that I am enrolled to practice before the Nevada
(Representative's Name)
Gaming Commission and am fully knowledgeable of my responsibilities under Regulation 10. I further certify that I have prepared this document on behalf of the registrant in conformity with the Nevada Gaming Control Act and the Regulations of the Nevada Gaming Commission.

(Signature of Attorney, C.P.A. or Agent)

(Business Address)

(Telephone)

