



Nevada Gaming Control Board
Investigations Division
Attention: Applicant Services
PO Box 8003
Carson City, NV 89702
[\(775\) 684-7840](tel:7756847840)

Personal History Record
REGISTRATION ONLY

Please read all instructions carefully before completing this form.

1. Typed answers are preferred. All hand written answers must be in **BLACK** ink and in block lettering. Illegible application(s) WILL NOT be accepted.
2. 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 objection of a registration.
3. Read each question carefully prior to answering and answer every question completely. Do not leave blank spaces, type an answer to every question. If a question does not apply to you, state with "N/A." If there is nothing to disclose, indicate "None." **Failure to provide a response to every question could result in the rejection of your application and/or lengthen the amount of time needed to complete the investigation.**
4. If space available is insufficient, continue on page 12 or use a separate sheet and precede each answer with the appropriate title.
5. Do not misstate or omit any material fact(s) as each statement made herein is subject to verification.
6. 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.
7. **Additional information may be required and failure to provide the requested documents in a timely manner could result in objection of your application.**
8. Once your application is submitted, it becomes the property of the Nevada Gaming Control Board. The applicant is advised to make copies before submitting the application.
9. It is the responsibility of each applicant for registration to thoroughly familiarize himself/herself with all applicable statutes, regulations, and local ordinances, rules and regulations pertaining to the applied for registration.
10. Attach a recent (within the past 30 days) passport size color photograph of yourself.
11. Sign and notarize all applicable forms and pages.
12. Include all required attachments.
13. Provide a copy of your driver's license or state issued identification card and/or passport.

PERSONAL HISTORY RECORD REGISTRATION

Date Completed _____

Registration for: _____

1. PERSONAL INFORMATION:

Last Name (Include Sr., Jr., etc., if applicable)	First Name	Middle Name
---	------------	-------------

Alias (ie, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise) _____

Home Address:	Apt. #	City/Town	Country	State	Zip Code
---------------	--------	-----------	---------	-------	----------

Mailing Address (If Different Than Home Address)	Apt. #	City/Town	Country	State	Zip Code
--	--------	-----------	---------	-------	----------

Present Business Name _____

Present Business Address:	Apt. #	City/Town	State	Zip Code
---------------------------	--------	-----------	-------	----------

Home Telephone Number	Business Telephone Number	Cellular Phone Number	Fax Telephone Number
-----------------------	---------------------------	-----------------------	----------------------

E-Mail Address (Required)	Company Web Address (Required)
---------------------------	--------------------------------

Date of Birth (Month/Day/Year)	Age	Place of Birth (City/County/State/Country)
--------------------------------	-----	--

US Social Security Number	Country and Passport Number
---------------------------	-----------------------------

Sex	Color of Eyes	Color of Hair	Complexion	Height	Weight	Build
-----	---------------	---------------	------------	--------	--------	-------

Scars, Tattoos, or Distinguishing Marks and/or Characteristics _____

Are you a citizen of the United States? Yes No

If you are a naturalized citizen of the United States or a non-citizen, you must attach a copy (front and back) of any Certificate of Naturalization, Resident Alien Card, Permanent Resident Card, Employment Authorization Document/Card, Refugee Travel Document, Form I-94, or other U.S. travel and identity document, as applicable, **AND** a copy (front and back) of your driver's license.

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

2. MARITAL/FAMILY INFORMATION:

A. Marital Information

Single Married Separated Divorced Widowed Engaged Life Partner

B. Current Marriage

Date of Marriage	Place (City/County/State/Country)
------------------	-----------------------------------

Spouse's Full Name (Maiden)	Social Security Number
-----------------------------	------------------------

Date of Birth	Place of Birth
---------------	----------------

Residence Address	Apt. #	City/Town	State	Zip Code
-------------------	--------	-----------	-------	----------

Telephone Residence	Business
------------------------	----------

Spouse's Employer	Occupation
-------------------	------------

Address of Employer	City	State	Zip Code
---------------------	------	-------	----------

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

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

D. List the names and current address of each previous spouse

Name	Address	Street	State	Zip	Telephone

E. Children and Dependents: *List all children, including step-children and adopted children and give the following information:*

Name	Birth Date	Birth Place	Residence Address

F. 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 _____

G. 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 (Maiden)	Birth Date	Address	Occupation
Father			
Mother			
Father-in-Law			
Mother-in-Law			

H. Brothers and Sisters

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

Name (Maiden)	Birth Date	Address	Occupation
Sibling			
Spouse			
Sibling			
Spouse			
Sibling			
Spouse			
Sibling			
Spouse			

3. ARRESTS, DETENTIONS, LITIGATIONS, AND ARBITRATIONS

For the purpose of these questions:

- “Arrested” include any detaining, holding, or taking into custody by any police or other law enforcement authorities to answer for the alleged performance of any “offense.”
- “Detained” to be kept in official custody, typically for questioning about a crime.
- “Charged” includes any indictment, complaint, information, summons, or other notice of the alleged commission of any offense.
- “Indicted” to charge with a crime by the finding or presentment of a jury (such as a grand jury) in due form of law.
- “Offense” is all crimes to include: felonies, gross misdemeanors, misdemeanors, disorderly person offenses, petty disorderly offenses, driving while intoxicated/impaired motor vehicle offenses, violations of probations or any other court order.

Answer “Yes” and provide all information to the best of your ability even if:

- You did not commit the offense charged.
- The charges were dismissed or subsequently downgraded to a lesser charge.
- You completed a pretrial intervention or equivalent diversionary program in other jurisdictions.
- You were not convicted.
- You did not serve any time in prison or jail.
- The charges or offenses happened a long time ago.

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

- 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

If yes, give details in the space provided below **AND** attach a full written narrative of your recollection of each event.
List all cases without exception. Go to page 12 if additional space is required.

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

- 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 on page 12.

- C. Have you ever been questioned or deposed by a city, state, federal, or law enforcement agency, commission or committee? (Except Nevada Gaming Control Board and Commission.) Yes No If yes, furnish details on page 12.

- D. Have you ever been subpoenaed to appear or testify before a federal, state, or county grand jury, board or commission? Yes No If yes, furnish details on page 12.

- E. Have you ever been subpoenaed to testify for any civil, criminal, or administrative proceeding or hearing? Yes No If yes, furnish details on page 12.

- F. Have you ever had a civil or criminal record expunged or sealed by a court order? Yes No If yes, furnish details on page 12.

If yes, when: City, County, and State

G. Have you ever received a pardon or deferred prosecution for any criminal offense? Yes No If yes, furnish details on page 12.
 If yes, when: _____ City, County, and State _____

H. 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	Charge	Location	Date

I. Have you, as an individual, member of a partnership, or owner, director, or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant or an arbitration as either a claimant or respondent? (Other than divorces.) Yes No If yes, give details below. List all cases without exception, including bankruptcies:

Plaintiff/Defendant or Claimant/Respondent	Date Filed	Court and Case Number	City, County, and State	Disposition/Date

J. Has any general partnership, business venture, sole proprietorship, or closely held corporation (while you were associated with it as an owner, officer, director, or partner) been a party to a lawsuit, arbitration, or bankruptcy? Yes No If yes, complete the following:

Name of Entity	Type of Entity	Approximate Date(s) of Lawsuit/Arbitration/Bankruptcy

K. Have you personally ever been adjudicated bankrupt or filed a petition for any type of bankruptcy, insolvency, or liquidation under any bankruptcy or insolvency law in any jurisdiction? Yes No If yes, complete the following:

Date Filed	Docket/Case Number	Court	City, County, and State	Disposition/Date

L. Have you ever reached a settlement or had a settlement reached by another person or entity, on your behalf, prior to litigation or criminal charges having been filed against you? Yes No If yes, provide details:

M. Have you ever reached a settlement or had a settlement reached by another person or entity, on behalf of a company with which you were/are affiliated, prior to litigation or criminal charges having been filed? Yes No If yes, provide details:

If additional space is needed, continue on page 12 or provide attachment.

4. RESIDENCES:

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

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

If additional space is needed, continue on page 12 or provide attachment.

5. 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 last 10 years.

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

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

If additional space is needed, continue on page 12 or provide attachment.

B. List all corporations, partnerships, limited liability companies, or any other business ventures with which you have been associated as an officer, director, stockholder, member, or related capacity, for the last 10 years.

Note: List only those entities not previously disclosed in section 5A, above.

Month and Year (From - To) / - /	Name and Address of Firm, Corporation, or Other Business Entity		Reason for Leaving
Title of Office or Position Held		Description of Duties	
Month and Year (From - To) / - /	Name and Address of Firm, Corporation, or Other Business Entity		Reason for Leaving
Title of Office or Position Held		Description of Duties	
Month and Year (From - To) / - /	Name and Address of Firm, Corporation, or Other Business Entity		Reason for Leaving
Title of Office or Position Held		Description of Duties	

If additional space is needed, continue on page 12 or provide attachment.

6. CHARACTER REFERENCES

Provide the names and other information requested of three (3) references over the age of 18 who have known you for at least one (1) year and can attest to your good character and reputation. No person can be a reference who is a member of your family. (Spouse, parents, grandparents, children, grandchildren, siblings, uncles, aunts, nephews, nieces, fathers-in-law, mothers-in-law, sons-in-law, daughters-in-law, brothers-in-law and sisters-in-law whether by whole or half blood, by marriage, adoptions or natural relationship).

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

7. MEDICAL/RECREATIONAL MARIJUANA INFORMATION

A. Have you or your spouse ever made an application for, or held, any marijuana related license, permit or certification, in any jurisdiction, including but not limited to the following: dispensaries, cultivation, production, laboratories, retail, product manufacture or any other type of marijuana related approvals? Yes No If yes, complete the following:
 Answer Yes, if you or your spouse ever applied and the application was granted, denied, returned by the licensing agency for any reason, withdrawn or is currently pending answer

Name on License	Type of License	Date From:	Date To:	Name of Licensing Agency	Disposition

B. Have any of the marijuana related licenses, permits or certifications applied for, or held by you or your spouse, as identified in the previous question ever been denied, suspended, revoked or subject to any conditions in any jurisdiction? Yes No If yes, complete the following:

Type of License, Permit or Certificate	Name of Government Agency/Organization	Date of Denial, Suspension, Revocation or Condition	Reason(s) for Denial, Suspension, Revocation

C. Have you or your spouse ever made any loan which was used to finance a marijuana related operation, license, permit or certification, in any jurisdiction? Yes No If yes, complete the following:

Date of Loan	Name of Borrower	Original amount of Loan	Type of Marijuana related enterprise the funds were used to finance

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

- Accountant Doctor
- Boxing Promoter Gaming
- Contractor Insurance
- Jockey
- Lawyer
- Liquor
- Pilot
- Race Horse/Race Dog Owner
- Real Estate Broker
- Real Estate Salesperson
- Securities Dealer
- Trainer or Manager

Yes No If yes, state type, where, dates held, and the nature of any disciplinary actions taken against you:

9. 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:

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

11. 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:

12. 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, name of establishment, location, and period held.

13. 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.

14. Have you had any cash transactions exceeding \$10,000 in the past three (3) years?

Yes No If yes, describe the transaction.

Attach Photograph

Taken within the last
30 days here.

STATEMENT OF TRUTH AND ACKNOWLEDGEMENTS

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 objection of a state gaming registration; 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 registered, to abide thereby. I will abide by all city, county, state and federal laws, and fully understand that failure to do so may result in grounds for objection of an application or disciplinary action.

It is grounds for objection of an application or disciplinary action for any person to make any untrue statement of material fact in any application, notice, statement or report filed with the Board or Commission in compliance with provisions of law and regulations or willfully to omit be stated therein or omit to state a material fact necessary to make the facts stated in view of the circumstances under which they were stated, not misleading. All information required to be included in an application must be true and complete as of the date of the Board and Commission action sought by such application; and an application shall promptly supply by amendment prior to such date any information based on fact occurring after the original application so as to make such information not misleading as of the dates of such action by the Board and the Commission.

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 related approval in the State of Nevada.

I hereby authorize and request any criminal justice agency to release or disclose records of my criminal history to the Nevada Gaming Control Board for the purpose of registration. The records include, but are not limited to, any and all documents that are maintained by criminal justice agencies that consist of information regarding any arrest, detention, indictment, information or other formal criminal charges and dispositions of charges including dismissals, acquittals, convictions, correctional supervision and release.

I further release, discharge, exonerate and hold harmless the Nevada Gaming Control Board, the Nevada Gaming Commission and any other criminal justice agency, their agents and representatives, and any person furnishing information, from any and all liability of every nature and kind arising out of the collection, dissemination and inspection of my criminal history records.

APPLICANT _____
Signature

STATE OF _____

COUNTY OF _____ (SS)

SIGNED AND SWORN TO (OR AFFIRMED) BEFORE ME ON

THIS _____ DAY OF _____,

By _____
Name of Applicant

SIGNATURE OF NOTARY PUBLIC

MY COMMISSION EXPIRES _____

(SEAL)

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 applicant 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 applicant 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)

