

PERSONAL HISTORY RECORD

Date _____

GENERAL INSTRUCTIONS

Type an answer to every question. If a question does not apply to you, state with N/A. If space available is insufficient, continue on page 8 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 revocation of a license/approval/registration and require the applicant to apply for full licensure.

Registration for: _____
Nature of Registration

Name and Address of Entity for which Registration is requested

1. PERSONAL INFORMATION:

Last Name (Include Sr., Jr., etc., if applicable)	First Name	Middle Name
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Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)

Home Address: Since _____ (Date)	Apt. #	City/Town	State	Zip Code
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Mailing Address (If Different Than Home Address)	Apt. #	City/Town	State	Zip Code
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Present Business Name/Address: Since _____ (Date)	City/Town	State	Zip Code
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Telephone Numbers: Residence: (____) _____ - _____ Business: (____) _____ - _____ Cellular: (____) _____ - _____ Fax: (____) _____ - _____	Occupation E-Mail Address (Required)
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Date of Birth (Month/Day/Year)	Age	Place of Birth (City/County/State)	Social Security Number
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Sex	Color of Eyes	Color of Hair	Complexion	Height	Weight	Build
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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.

2. MARITAL INFORMATION:

Single Married Separated Divorced Widowed Engaged

Registrant's Initial _____

MARITAL INFORMATION – Continued

A. Current Marriage:

Date of Marriage		Place (City/County/State)			
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

B. 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

List the names and current address of previous spouses:

Name	Address					Telephone
	Street	City	State	Zip		
						(____)____-____
						(____)____-____
						(____)____-____

3. ARRESTS, DETENTIONS, LITIGATIONS, AND ARBITRATIONS: (Include those arrests in which you were not convicted.)

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 8 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 8.

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 8.

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 8.

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ARRESTS, DETENTIONS, LITIGATIONS, AND ARBITRATIONS – Continued

- 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 8.
- F. 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 _____
- G. Have you ever received a pardon or deferred prosecution for any criminal offense? Yes No
 If yes, when?: _____ city, county, and state _____
 If your answer to question 3F or 3G is yes, furnish details on page 8.
- 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

ARRESTS, DETENTIONS, LITIGATIONS, AND ARBITRATIONS – Continued

- 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

If additional space is needed, continue on page 8 or provide attachment.

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4. 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
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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 8 or provide attachment.

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6. 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 type, where, years held, and the nature of any disciplinary actions taken against you:

7. Have you ever applied for a gaming license or held a financial interest or gaming license 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

If yes, state type, when and where and give names and locations of the businesses in which you were involved, the names and addresses of all partners and the agency responsible for regulating the gambling venture:

8. 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, state what agency, where, when, and for what reason:

9. 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 to either of the above, state where, when, and for what reason:

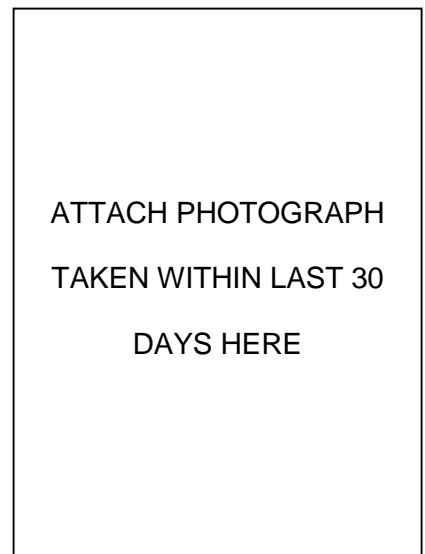
10. Have you ever been granted a gaming license or been a participant in any group which has been issued a gaming license by the State of Nevada? Yes No

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

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

If yes, state name, relation, and association or employment:

12. If currently or previously employed in Nevada gaming, give dates and places of issuance of work permits.



MEDICAL/RECREATIONAL MARIJUANA INFORMATION

13. 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? 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 Yes to this question.

Yes No If yes, complete the following:

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

14. 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

15. 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

16. Have you or your spouse ever held an interest in any landlord entity owning real estate which is or has been used for a **Marijuana** related operation, in any jurisdiction?

Yes No If yes, complete the following:

Date From:	Date To:	Name of Entity	Percentage of Ownership	Type of Marijuana related enterprise and address for the Marijuana related enterprise

IT IS GROUNDS FOR DENIAL 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 THE PROVISIONS OF LAW AND REGULATIONS OR WILLFULLY TO OMIT TO STATE IN ANY SUCH APPLICATION, NOTICE, STATEMENT OR REPORT ANY MATERIAL FACT WHICH IS REQUIRED TO 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 DATES OF THE BOARD AND COMMISSION ACTION SOUGHT BY SUCH APPLICATION; AND AN APPLICANT SHALL PROMPTLY SUPPLY BY AMENDMENT PRIOR TO SUCH DATE ANY INFORMATION BASED ON FACTS 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.

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/approval/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 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 related approval 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 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)

Registrant's Initial _____

