

**STATE OF NEVADA  
GAMING CONTROL BOARD**



**NEVADA SUPPLEMENTAL PERSONAL HISTORY DISCLOSURE FORM**

**NONRESTRICTED GAMING LICENSE**

**OR**

**NONRESTRICTED KEY EMPLOYEE GAMING LICENSE**

**STATE OF NEVADA  
ADDENDUM TO FORM 7**

**PERSONAL HISTORY MULTI-JURISDICTIONAL DISCLOSURE FORM**  
This Addendum to be submitted in conjunction with Form 7

**1. Applicant:**

Last Name (Include Sr., Jr., etc., if applicable)	First Name	Middle Name
Occupation		Social Security Number

**2. Name of location for which you are to be licensed, registered, or found suitable.**

Name of Legal Entity	Address of Legal Entity
Position	Percentage of Interest

**3. Are You a Citizen of the United States?**       Yes       No

a. If a non-citizen, Registration No.:			
b. If Naturalized, Certificate No: (Documentation will be necessary)			
	Date:		Place:

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

Jurisdiction:	
Date:	
Charge/Complaint:	
Case Number:	
Disposition:	

**5. 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, furnish details

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<b>6. 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?</b>	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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<b>7. Have you registered for the draft?</b>	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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County:		State:		Date:	
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<b>8. Amount of Personal Investment in business</b>	\$
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Source of Investment:	
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<b>9. Has your interest in this gambling establishment been assigned, pledged or hypothecated to any person, firm, or corporation, or has any agreement been entered into whereby your interest is to be assigned, pledged or sold either in part or in whole?</b>	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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<b>10. Has your Federal Income Tax Return ever been audited?</b>	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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Tax Year:	
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Audit Year:	
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Office Conducting Audit:	
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<b>11. Date last Federal Income Tax Return was filed:</b>	
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For Tax Year:	
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**Applicants are advised that copies of Federal Income Tax Returns will be required.**

<b>12. Has any member of your family or of your spouse's family ever been convicted of a felony?</b>	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	If yes, furnish details
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Name	Relationship	Charge	Location	Date	Disposition

<b>13. Do you have access to a safe, safe deposit box, vault, or similar security storage in any location?</b> (If more space is needed, provide an attachment)	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	If yes, provide the location(s) and description of the contents:
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**14. Provide a list of the business and personal e-mail accounts you have used or have had available to you in the past five years:**  
 (If more space is needed, provide an attachment)

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**15. Provide a list of the business and personal cell phone numbers you have used in the past five years:**  
 (If more space is needed, provide an attachment)

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**16. List below the number and location of electronic devices you have had access to in the past five years:**  
 (If more space is needed, provide an attachment)

Device	No.	Locations
Computers/Laptops		
Tablets		
Data Storage/Computer Networks		
Thumb Drives		
Smart Phones		
Other:		

<b>17. Do you or you spouse store data in the Cloud or a similar service (iCloud/Drop Box)?</b> (If more space is needed, provide an attachment)	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	If yes, list below and provide a description of the contents:
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**SPOUSE INFORMATION**

18. \_\_\_\_\_

Last Name	First Name	Middle Name
Occupation	Social Security Number	
Current Employer		

19. Is your spouse a citizen of the United States?     Yes     No

a. If a non-citizen, Registration No.: \_\_\_\_\_

b. If Naturalized, Certificate No.: \_\_\_\_\_ Date: \_\_\_\_\_

Place: \_\_\_\_\_

(Documentation will be necessary)

**MEDICAL/RECREATIONAL MARIJUANA INFORMATION**

20. 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

21. 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

22. 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

23. 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

STATE OF \_\_\_\_\_ }  
COUNTY OF \_\_\_\_\_ } ss.

I, \_\_\_\_\_, being first duly sworn, depose and say under the penalty of  
(Applicant's Name)

perjury that I have read the foregoing Form 7 and this Addendum (sometimes collectively referred to as Application) and know the contents thereof; that all statements and information of whatever kind and nature contained within the Application have been personally reviewed by me and are true and correct and contain a full account of all information requested; that I have not omitted or otherwise failed to state a material fact necessary to make the facts and statements presented within the Application not misleading; that I executed this statement with the knowledge that any untrue or misleading fact or statement or the failure to reveal all of the information requested may in itself, be sufficient to cause adverse action to be taken with regards to my Application, to and including denial, as well as revocation and/or other forms of disciplinary action against any license, approval, finding of suitability, or registration I may have been previously granted; that I am voluntarily submitting this Application with full knowledge that Nevada Revised Statutes 463.140(5) provides "[a]ny person making false oath in any matter before 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 granted the license[d], registration, finding of suitability, or approval requested, to abide thereby.

In consideration of the assurance that no vote will be taken by the Board and/or Commission except after a deliberate, intensive and thorough investigation of the facts and circumstances surrounding this Application, I, for myself, as well as for my heirs, executors, administrators, successors, and assigns, hereby release and forever discharge the State of Nevada, the State Gaming Control Board, the Nevada gaming Commission, the Nevada Attorney General and each of their members, agents, and employees in their individual and representative capacities, from any and all manner of actions, causes of action, suits, debts, judgments, executions, claims, and demands whatsoever known or unknown, in law or equity, that I have, ever had, may have, or claim to have against any and all of the persons or entities named in this paragraph, arising out of, or by reason of, the investigation of the facts and circumstances surrounding, or in any way relating to, this Application, any action or inaction taken or not taken as a result of, or to, this Application, or any person or entity associated or related therewith, as well as any adverse publicity, public notice, embarrassment, criticism, or financial loss which may result from, or be caused by, any of the above actions or inactions, persons or entities.

I understand that this Application requesting action by the State Gaming Control Board and/or Nevada Gaming Commission, may not be withdrawn without the prior approval of the Board, and that by filing this Application, I consent to the making of a decision by the Board and/or Commission on this Application, at their election, even if this Application becomes moot for any reason other than my death.

\_\_\_\_\_  
Print/Type Name of Applicant

\_\_\_\_\_  
Signature of Applicant

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  
(Representative's Name)  
Nevada Gaming Commission and am fully knowledgeable of my responsibilities under Regulation 10. I further certified that I have prepared this document on behalf of the applicant in conformity with the Nevada Gaming Control Act and the Regulation of the Nevada Gaming Commission.

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

\_\_\_\_\_  
(Business Address)

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\_\_\_\_\_  
(Telephone)