

# Personal History Record RENEWAL REGISTRATION ONLY

For:
Applicant Name
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. Do not misstate or omit any material fact(s) as each statement made herein is subject to verification.
- 3. Read each question carefully prior to answering and answer every question completely to the best of your knowledge. 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 11 or use a separate sheet and precede each answer with the appropriate title.
- 5. 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. Sign and notarize all applicable forms and pages.
- 6. Additional information may be required and failure to provide the requested documents in a timely manner could result in objection of your application.
- 7. 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.
- 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.

Attach a passport size color photograph of yourself  Taken within the last 30 days here.	Official Use Only
	photograph of yourself  Taken within the last 30

# PERSONAL HISTORY RECORD

# **REGISTRATION**

Date Completed \_\_\_\_\_

1. PERSONAL I	NFORMAT	ION:							
Last Name (Include Sr., Jr., etc., if applicable)  First Name  Middle Name									
Alias (ie, Nicknames, Ma	iden Name, O	ther Name Cha	anges, L	egal or Oth	erwise)				
Home Address:			Apt. #		City/Town	(	Country	State	Zip Code
Mailing Address (If Differ	ent Than Hom	e Address)	Apt. #		City/Town	(	Country	State	Zip Code
Home Telephone N	Number	Business T	elephon	e Number	Cellular Ph	one Num	ber	Fax Te	lephone Number
E-Mail Address (Require	d)				Company Web A	ddress (F	Required)		
Date of Birth (Month/Day	/Year)	Age	Place	of Birth (Cit	y/County/State/Count	try)			
US Social Security Numb	per		C	ountry and	Passport Number				
Sex	Color of	f Eyes	Colo	or of Hair	Complexio	n	Heig	ht	Weight
Scars, Tattoos, or Disting	juishing Marks	and/or Chara	cteristics	3					
Of what country are you  If you are a naturalized Resident Alien Card, Pe	citizen of the L								
travel and identity docu	ment, as applic	cable, <u>AND</u> a c	copy (fro	nt and back		nse.			
2. MARITAL/FAM									
A. Marital Informati	on								
Single Ma	rried	Separated		Divorce	d 🗌 Widowe	d 🗌	Engaged	L	ife Partner
B. Current Marriag	е								
Date of Marriage			Plac	e (City/Cou	nty/State/Country)				
Spouse's Full Name (Ma	iden)					Social S	Security Numb	per	
Date of Birth			Plac	e of Birth					
Residence Address				Apt. #	City/Town			State	Zip Code
Telephone Residence					Telephone Business	S		<u> </u>	
Spouse's Employer						Occu	pation		
Address of Employer					City			State	Zip Code

C.	Previous Marriages: If ever lega	ily separated, divorc	ed, or annulled, indi	cate below:				
	Name of Spouse	Date of Order or Decree	Date and Place of Marriage	Nature	of Action	on City/County/State		
D.	List the names and current address	ss of each previous	spouse					
	Nama		Address		Ctata/Dravinas	7:	Talanhana	
	Name	(No., Str	eet, Apt#/Flat #)		State/Province	Zip	Telephone	
E.	Children and Dependents: List a	all children, including	step-children and a	dopted childre	n and give the follo	owing information	on:	
	Name	Date of Birth	Birth Pl	ace	Residence Address			
F.	Child Support Information:							
г.	Child Support Information: Pursuant to Nevada Revised Stathe appropriate response:	atute 425.520 every	applicant is required	I to submit the	Child Support Cor	npliance Statem	nent. Please select	
	тте арргориате тезропзе.							
	Note: If you do not have children making payments, but ren						d support or are	
	☐ I am <b>not</b> subject to a	a court order for the	support of a child					
			• •	h 9 days a said a s		ub l	and booth a	
	I am subject to a coudistrict attorney or ot							
	☐ I am subject to a cou	. ,	· ·	. ,		•	•	
	a plan approved by t pursuant to the orde	the district attorney o						
G.	Parents: List parents, parents-in	-law, or legal guardia	an. If retired or dece	ased, list last a	address and occup	ation.		
	Name (Maiden)	Date of Birth		Address		0	ccupation	
Fathe	r							
Mothe	er							
Fathe	r-in-Law							
Mothe	er-in-Law							
<u> </u>			<u>_</u>					

H. Sibiing	js: List ali sibiings, nait-sibiing	s, stepsiblings, adop	tive sibilings, and sibilings-in-	-iaw.	
1	Name (Maiden)	Date of Birth	Address	3	Occupation
Sibling					
Spouse					
Sibling					
Spouse					
Sibling					
Spouse					
Sibling					
Spouse					
Sibling					
Spouse					
3. ARRES	STS, DETENTIONS, LIT	IGATIONS, ANI	D ARBITRATIONS:		
"Detained "Charged "Indicted" "Offense"  Answer "Ye  You  The You  You  You  The	"include any detaining, holding performance of any 'offense. and to be kept in official custody includes any indictment, control to charge with a crime by the is all crimes to include: felonic while intoxicated/impaired mass," and provide all information did not commit the offense charges were dismissed or succompleted a pretrial intervent were not convicted. did not serve any time in prisocharges or offenses happened international Applicant	r, typically for questic inplaint, information, if inding or presentmes, gross misdemea otor vehicle offenses to the best of your al narged. ubsequently downgra- ion or equivalent div	oning about a crime. summons, or other notice of ent of a jury (such as a gran anors, misdemeanors, disord s, violations of probations or bility even if: aded to a lesser charge. rersionary program in other j	the alleged commission d jury) in due form of lavelerly person offenses, per any other court order.	n of any offense. w. etty disorderly offenses, driving
	past 5 years, have you ever be ason whatsoever, regardless o				ny criminal offense or violation for
Yes 🗆	No If yes, complete the fo	ollowing AND attach	a full written narrative of yo	ur recollection of each e	event.
Date of Arrest or Charge	Nature of Charge or Offense	:	ess of Law Enforcement or Court Involved	Disposition and Da (Convicted, Acquitt Dismissed, Pendir Pardoned, etc.)	ted, ng, Sentence
					-

B.	in which you	years, has a criminal were named as an u ] If yes, furnish deta	nindicted	co-pa		int ever be	en returned a	gainst you, but	for which you were not arrested or
C.	In the past 5 (Except Neva	years, have you eve da Gaming Control l	r been que Board and	estion Neva			federal, or la	w enforcement	agency, commission or committee
	Yes ☐ No ☐	If yes, furnish deta	ils on pag	e 11.					
D.		years, have you eve ] If yes, furnish deta			aed to appear or tes	stify before	a federal, sta	ate, or county g	rand jury, board or commission?
E.		years, have you eve ] If yes, furnish deta		•	aed to testify for an	y civil, crim	inal, or admir	nistrative procee	eding or hearing?
F.	•	years, have you eve			riminal record expu	nged or se	aled by a cou	rt order?	
G	. In the past 5	years, have you eve	r received	a par	don or deferred pro	secution fo	r any crimina	I offense?	
Н.	In the past 5	If yes, furnish deta	ber of you	r fami	ly or of your spouse	e's family e	ver been conv	victed of a felon	ıy?
I.	In the past 5 lawsuit as eith	If yes, furnish deta years, have you, as her a plaintiff or defe If yes, list all cases	an individundant or a	ual, m ın arbi	tration as either a c	laimant or	respondent?		orporation, ever been a party to a orces.)
	Plaintiff/Def	-		1					
	Claimant/Re		Date Fi	led	Court and Case	Number	City, Coun	ty, and State	Disposition/Date
J.	with it as an o	years, has any gene owner, officer, directo If yes, complete the	or, or partr	ner) be					oration (while you were associated
	Name	of Entity			Type of E	ntity			approximate Date(s) of suit/Arbitration/Bankruptcy
									***************************************
K.		years, have you pers nkruptcy or insolven				rupt or filed	d a petition for	r any type of ba	nkruptcy, insolvency, or liquidation
	Yes 🗌 No 🗀	If yes, complete the	e following	<b>:</b>					
	Date Filed	Docket/Case Nur	mber		Court	City, Co	unty, and Sta	te	Disposition/Date
L.	litigation or cr	years, have you eve riminal charges havir ] If yes, furnish detai	ng been fil	ed ag		tlement rea	ached by anot	ther person or e	entity, on your behalf, prior to
	103 🗀 110 🗀	•			lement or had a set	tlement rea	ached by anot	her person or e	entity, on behalf of a company with
М	. In the past 5	years, have you ever ere/are affiliated, prio	r reached r to litigati	on or	criminal charges ha	ving been	filed?		
М	. In the past 5 which you we	years, have you eve ere/are affiliated, prio ] If yes, furnish detai	r to litigati	on or	criminal charges ha	ving been	filed?		
M N	. In the past 5 which you we Yes ☐ No ☐	ere/are affiliated, prio	r to litigati Is on page any cash	on or and an or an	criminal charges ha	ving been		e (3) years?	

4.	RΙ	ΞS	ID	VIC.	,E	Ç.
4.	NI	_ 0	ıv	чL	, ${f -}$	J.

Beginning with your current residence, list all residences you have had for the last 5 years. If additional space is needed, continue on page 11 or provide attachment.

From Month/Year	To Month/Year	Address (No., Street, Apt#/Flat #)	City/Town	State/Providence and County

#### 5. EMPLOYMENT AND BUSINESS INVESTMENTS:

Beginning with your current employment, list your work history, all businesses with which you have been involved with, all corporations, partnerships, limited liability companies, or any other business ventures with which you have been associated with as an officer, director, stockholder, member, or related capacity, and/or all periods of unemployment, for the <u>last 5 years</u>. If additional space is needed, continue on page 11 or provide attachment.

From Month/Year	To Month/Year	Name of Business/Employer	Address	Title of Office or Position Held	Reason for Leaving

andchildren, siblings, uncles w whether by whole or half l	blood, by marriage, adoptions			iis-iii-iaw, u	auginers-iii-iaw, broii	riers-iri-iaw ariu	
Name	Employer	Hor	ne Address	ne Address Business Address		Telephone	Yeaı Knov
							14101
LICENSES, PERM	ITS OR CERTIFICATIO	NS:					
registration, finding of operation (including a	at all jurisdictions OUTSIDE the suitability, qualification or othe ny manufacturer of gaming/ga t gaming, etc.) or alcoholic be	er authorization mbling equip	on to participate in ment, junket opera	any form o ation, horse	or type of casino, gam	ning/gambling re	elated
Name on License	Type of License	Fron			ame and Address of		sition of the
		Month/	Year Month/Yea	ar Licens	ing Agency/Organiza	ation Ap	olication
	ave any of the licenses, permi						
	n the previous question ever bons in any jurisdiction?	een denied, s	suspended, revoke	ed, received	d disciplinary actions,	, restrictions, no	n-renewals
•	complete the following:						
Type of License, Permit or			Date of Denial, Su			r Denial, Suspei	nsion or
Certificate	Licensing Agency/Org	anization	Revocation or C	ondition	ŀ	Revocation	
in any jurisdiction, inc	ave you ever made application luding but not limited to the folker, race horse owner, trainer anal license?	lowing: real e	state broker or sa	lesman, ac	countant, attorney, m	nedical, boxing p	romoter,
•••	complete the following:						
Name on License	Type of License	From	То		ne and Address of		ition of the
Traine on License	Type of Election	Month/Ye	ar Month/Year	Licensin	g Agency/Organization	on App	lication
						•	
			1	1		1	
***************************************							

6. CHARACTER REFERENCES:

denied, suspended, revo	e any of the licenses, permi oked or subject to any cond npete the following chart as	litions in any juris	sdiction?				question ever been
Type of License, Permit or Certificate	Name and Address of I		nte of Denial, Su Revocation or C	•	Reason(	s) for Denial, Suspe	nsion or Revocation
Certificate	Agency/Organiza	uon r	Revocation of C	Jonaillon			
					<u> </u>		
8. MEDICAL AND RE	CREATIONAL MARI	JUANA INFO	ORMATION	•			
jurisdiction, including other type of marijuan	ave you or your spouse eve but not limited to the follow a related approvals? complete the following:						
Name on License	Type of License	From Month/Year	From Month/Year	Na	me of Lice	nsing Agency	Disposition
identified in the previo	ave any of the marijuana re ous question ever been den complete the following:						spouse, as
Type of License, Permit or Certificate	Name of Gove Agency/Organ			Denial, Suspe			Denial, Suspension, rocation
C In the post 5 years by		or mode on clear	a which was us	ad to finance		no related approxim	licanae narmit ar
C. In the past 5 years, hat certification, in any jur  Yes ☐ No☐ If yes, c		er made any idai	I WIIICII Was us	ed to finance	a manjua	na relateu operation	, license, permit or
Date of Loan	Name of Borrower		amount of oan	Type of Ma	rijuana rela	ated enterprise the fu	ınds were used to
			•				
· · · · · · · · · · · · · · · · · · ·			1				

# STATEMENT OF TRUTH AND ACKNOWLEDGEMENTS

I.	beina dulv sv	vorn, depose and say that	t I have read the foregoing
application and know the contents thereof; that the state account of the information requested; that I executed this information requested may be deemed sufficient cause for this application with full knowledge that Nevada Revised before either the Board or Commission is guilty of perjury." Gaming Control Act, as amended, and the Regulations of registered, to abide thereby. I will abide by all city, county, in grounds for objection of an application or disciplinary actions.	ements contairs statement wire or objection of Statutes 463.1; and, further, to the Nevada G state and federal	ned herein are true and th the knowledge that mi a state gaming registrati 40(5) provides "any pers hat I have familiarized my aming Commission as pro	correct and contain a full and true srepresentation or failure to reveal on; that I am voluntarily submitting on making false oath in any matter self with the contents of the Nevada omulgated thereunder and agree, if
It is grounds for denial of an application or disciplinary any application, notice, statement or report filed with the Engulations referred to in paragraph 1, or willfully to omit to fact which is required to be stated therein or omit to state circumstances under which they were stated, not mislead and complete as of the date of the Board and Commission supply by amendment prior to such date any information information not misleading as of the dates of such action in	Board or Common state in any sea material facting. All informan action sough based on fact common sough the sough the sea on fact common sough the sea of	nission in compliance with such application, notice, so necessary to make the fa- tion required to be included to by such application; and occurring after the original	n the provisions of law and tatement or report any material acts stated in view of the led in an application must be true I an application shall promptly
I hereby agree to indemnify, hold harmless and defe Nevada Gaming Commission, the Nevada Gaming Contro contractors, and employees in their individual and repres anyone associated with this application, or by any third pa the submission, application, investigation, and deliberatio damages, charges, and costs, including court costs and at in this paragraph as a result of said claims, suits, and acti	ol Board, the No sentative capac arty, against the on concerning t ttorneys' fees, v	evada Attorney General, a sities from any and all cla agencies or persons nar his application, and agair	and each of their members, agents, lims, suits, and actions, brought by med in this paragraph, arising out of nst any and all liabilities, expenses,
I hereby authorize and request any criminal justice a Gaming Control Board for the purpose of registration. The maintained by criminal justice agencies that consist of informal criminal charges and dispositions of charges include	he records included in the formation regardance in the following the fol	ude, but are not limited tarding any arrest, detention	to, any and all documents that are on, indictment, information or other
I further release, discharge, exonerate and hold harm and any other criminal justice agency, their agents and rep of every nature and kind arising out of the collection, disse	resentatives, a	nd any person furnishing	information, from any and all liability
	APPLICANT		Signature
			Signature
STATE OF	<u> </u>		
COUNTY OF	(SS)		
SIGNED AND SWORN TO (OR AFFIRMED) BEFORE ME ON			
THIS ,,		Ву	Name of Applicant
			наль о присам
SIGNATURE OF NOTARY PUBLIC			
My Commission Expires			(SEAL)

#### **CERTIFICATION OF FORM**

Nevada Gaming Regulation 10.010 requires that every attorney, cert document on behalf of the applicant be properly enrolled with the Commissi to certify such document. If this document was prepared by such a represent	ion. Regulation 10.110 requires any such representative
I,, do hereby certify	that I am enrolled to practice before the Nevada
Gaming Commission and am fully knowledgeable of my responsibilities under document on behalf of the applicant in conformity with the Nevada Gaming Commission.	
_	(Signature of Attorney, C.P.A. or Agent)
<del>-</del>	(Business Address)
-	(Telephone)
	(Totaphorita)

# **ADDITIONAL INFORMATION**