# TAL OF THE SECOND SECON

#### NEVADA GAMING CONTROL BOARD

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3650 S. Pointe Circle, P.O. Box 31109, Laughlin, Nevada 89028
557 W. Silver Street, Suite 207, Elko, Nevada 89801
9790 Gateway Drive, Suite 100, Reno, Nevada 89521
750 Pilot Road, Suite I, Las Vegas, Nevada 89119



# REQUEST FOR NEW TABLE GAME REVIEW

### PERSONAL HISTORY RECORD

## **Table Game Approval for Unlicensed Applicants**

#### **General Instructions**

- \* Type or print an answer to every question, if a question does not apply to you, so state with N/A.
- \* If space available is insufficient, 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.
- \* Applicants must initial each page, as provided in the form's upper right hand corner. (By placing initials on the 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. Misrepresentation or failure to reveal requested information may be deemed as sufficient cause for the applicant to be called forward for a finding of suitability by the Nevada Gaming Commission.
- \* A Personal History Record must be completed by each Executive, Officer / Director and/or Equity Holder of greater than 10% or Key Employee of the developing corporation, limited liability company, partnership, etc.

Federal and State laws make it unlawful to discriminate on the basis of race, color, religion, sex, national origin, handicap or age.

| Name of Game:            |        |           |
|--------------------------|--------|-----------|
|                          |        |           |
| Type of Business Entity: |        | EIN:      |
|                          |        |           |
| Business Name:           |        | EIN:      |
|                          |        |           |
| Business Address:        |        |           |
|                          |        |           |
| City:                    | State: | Zip Code: |

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| A. PERSONAL INFORMATION:   |  |               |               |                                 |                 |              |              |              |
|--|--|---------------|---------------|---------------------------------|-----------------|--------------|--------------|--------------|
| Last Name:   |  | First:        |               |                                 |                 | Middle:      |              |              |
| Alias (e.g., nic   | cknames, name change   | s. maiden nan | ne):          |                                 |                 |              |              |              |
|  |  |               |               | O'th /T-                        |                 |              | Louis        | T 7'- O- 4-  |
| Residence:   |  |               | Apt. #:       | City/Town:                      |                 |              | State:       | Zip Code:    |
| Mailing Addre  | SS:  |               | Apt. #:       | City/Town:                      |                 |              | State:       | Zip Code:    |
| Business Add   | lress:   |               | Suite #:      | City/Town:                      |                 |              | State:       | Zip Code:    |
| Telephone Nu   | Occupation   | า:            |               |                                 |                 |              |              |              |
| Resid<br>Busin   | ence:  |               |               |                                 |                 |              |              |              |
| Cellular: E-Mail Address:  |  |               |               |                                 |                 |              |              |              |
| Fax:<br>Date of Birth:   | _  | Place         | of Rirth (Ci  | ty, County, State               | 2).             | Social Secur | rity Number: |              |
|  |  |               | or birtir (Ci |                                 | <del>-</del> ). |              | ity Number.  |              |
| Sex:<br>Female   | Eye Color:   | Hair Color:   |               | Height:                         |                 | Weight:      |              |              |
|  |  |               |               |                                 |                 | •            |              |              |
| B ADDE   | OT DETENTION   | 0 1 1710 4    | TIONO         | AND ADDIT                       | -D 4 TIO        | NO           |              |              |
| B. ARRE  | ST, DETENTION  | S, LITIGA     | HONS,         | AND ARBII                       | RATIO           | INS:         |              |              |
| 1.  \[ Ye  | s* 🗌 No Have y   |               |               |                                 |                 |              |              |              |
|  |  |               |               | offense or vio<br>tion of the e |                 |              |              |              |
|  | _  |               | -             |                                 |                 | •            | or traine c  | ntations)    |
| *If you  | ı answered yes, p  | lease prov    | ide deta      | ails in the sp                  | ace list        | ed below:    |              |              |
| •  | clude all arrests, ir  | _             | ose in v      | vhich you we                    | ere not         | convicted.   | Continue of  | on a         |
| Date of Arre   | sheet of paper if ne<br>est Charge                           |               | Arrest        | ting Agency                     | City            | / & State    | Disposi      | ition & Date |
| Date of Aire   | onargo   |               | 711001        | ang Ageney                      | Oit             | , a olalo    | Вюроог       | tion a bate  |
|  |  |               |               |                                 |                 |              |              |              |
|  |  |               |               |                                 |                 |              |              |              |
|  |  |               |               |                                 |                 |              |              |              |
|  |  |               |               |                                 |                 |              |              |              |
|  |  |               |               |                                 |                 |              |              |              |
| 2. Ye  | s* 🗌 No Has a  |               |               | •                               | •               | -            |              |              |
| returned against you, for which you were not arrested or in which you were named as an un-indicted co-party? |  |               |               |                                 |                 |              |              |              |
| *If yes, please furnish details on a separate sheet of paper.  |  |               |               |                                 |                 |              |              |              |
| _  | _  |               | ·             |                                 | •               | ا ما ادم     | 4            | 1-1-         |
| 3.   | s* ∐ No <b>Have y</b><br>federa                              |               | -             | estioned or<br>it agency o      | -               | -            | -            |              |
|  |  |               |               | ming Contr                      |                 |              |              |              |
| *If ves  | *If yes, please furnish details on a separate sheet of paper |               |               |                                 |                 |              |              |              |

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| 4.   | Yes* No Have you ever been subpoenaed to appear or testify before a federal, state, or county grand jury on a civil or criminal matter? <i>Or</i> before a Board or Commission on an administrative issue?                         |                          |                          |   |        |  |
|--|--|--------------------------|--------------------------|---|--------|--|
|  | *If yes, please furn   | nish details             | s on a separate sh       | eet of paper.                           |        |  |
| 5.   |  | ave you e<br>ourt order  |                          | criminal reco                           | ord ex | xpunged or sealed by a                                   |
|  | *If yes, when?   |                          | City,                    | County and S                            | tate   |  |
| 6.   |  | ave you e<br>riminal off | -                        | ırdon or defer                          | red    | prosecution for any                                      |
|  | *If yes, when?   |                          | City,                    | County and S                            | tate   |  |
| 7.   | 7. Yes* No Have you, as an individual, member of a partnership, owner, director, or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant or arbitration as either a claimant or respondent? |                          |                          |   |        |  |
|  | *If you answered y   | es, piease               | e provide details in     | tne space list                          | ea be  | elow:  |
|  | Plaintiff/Defendant or<br>Claimant/Respondent  | Date<br>Filed            | Court and Case<br>Number | City, County & State Disposition & Date |        | Disposition & Date                                       |
|  |  |                          |                          |   |        |  |
|  |  |                          |                          |   |        |  |
|  |  |                          |                          |   |        |  |
|  |  |                          |                          |   |        |  |
|  |  |                          |                          |   |        |  |
| 8. Yes* No 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?  *If yes, give details below and on a separate page if necessary. |  |                          |                          |   |        |  |
|  | Name of Entity   |                          | Type of E                | ntity                                   |        | Approximate Date(s) of<br>Lawsuit/Arbitration/Bankruptcy |
|  |  |                          | ,                        |   |        | , ,  |
|  |  |                          |                          |   |        |  |
|  |  |                          |                          |   |        |  |
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☐ Yes ☐ No

| C. RESIDENCES               | <b>&gt;</b> :                             |           |   |                |           |           |          |              |           |
|-----------------------------|---|-----------|---|----------------|-----------|-----------|----------|--------------|-----------|
|                             | List your current and previous residence: |           |   |                |           |           |          |              |           |
| From - To<br>(month/year)   | Street:                                   |           |   | Apt. #:        | City/To   | own:      |          | State:       | Zip Code: |
| From – To<br>(month/year)   | Street:                                   |           |   | Apt. #:        | City/To   | own:      |          | State:       | Zip Code: |
| From – To<br>(month/year)   | Street:                                   |           |   | Apt. #:        | City/To   | own:      |          | State:       | Zip Code: |
| From – To (month/year)      | Street:                                   |           |   | Apt. #:        | City/To   | own:      |          | State:       | Zip Code: |
|                             |   |           |   |                |           |           |          |              |           |
|                             |   |           |   |                |           |           |          |              |           |
| <b>D.</b> EMPLOYMEN         | IT:                                       |           |   |                |           |           |          |              |           |
| List your curren            | t emp                                     | loyment   | ::  |                |           |           |          |              |           |
| Month & Year<br>(From – To) |   |           | Name/Mailing Address<br>Employer/Business | ss of          |           | Reason fo | or Leavi | ng           |           |
|                             | _   |           |   |                |           |           |          |              |           |
| Title                       |   | Name of S | Supervisor                                | Description of | of Duties |           | Gamir    | ng Related I | Position? |

| E.  | OTH    | ER:  |               |   |                 |                                |                   |        |
|-----|--------|--|---------------|---|-----------------|--------------------------------|-------------------|--------|
|     |        |  |               |   |                 |                                |                   |        |
| 1.  |        | e you ever held<br>ted to the follo                          |               | ·   |                 | e in any st                    | tate, including b | ut not |
|     |        | Liquor<br>Accountant<br>Doctor<br>Race Horse/<br>Race Dog Ow | <br>     <br> | Boxing Promo<br>_awyer<br>Jockey<br>Frainer or<br>Manager | oter            | Real Est<br>or Salesi<br>Other | ate Broker<br>man |        |
| Sta | ate wh | nere, years licer  | nsed and th   | e nature of a   | ny disciplinary | actions tal                    | ken against you:  |        |
|     |        |  |               |   |                 |                                |                   |        |
|     |        |  |               |   |                 |                                |                   |        |
|     |        |  |               |   |                 |                                |                   |        |

| 2. Yes* No            | 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? |
|-----------------------|--|
|                       | and where and give names and locations of businesses in which you and the names and addresses of all partners:   |
|                       |  |
|                       |  |
|                       |  |
| 3. Yes* No            | Have you ever appeared before a licensing agency or similar authority in or outside the state of Nevada, for any reason whatsoever?  |
| *If yes, indicate det | ails:  |
|                       |  |
|                       |  |
|                       |  |
| 4. Yes* No            | Have you ever been refused a gaming license or related finding of suitability or been a participant in any group which has been denied a gaming license or related finding of suitability?                         |
| *If yes, state who    | en, where and for what reason:   |
|                       |  |
|                       |  |
|                       |  |
| 5. Yes* No            | 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?  |
| *If yes, state typ    | pe of license, name of establishment, location and period held:  |
|                       |  |

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| 6. ☐ Yes*          | No Have you ever been found suitable by the state of Nevada pursuant to<br>NRS 463.167 or been a participant in any group which has been found<br>suitable pursuant to NRS 463.167 by the state of Nevada?  |
| *If yes, st        | tate type of license, name of establishment, location and period held:  |
|                    |   |
|                    |   |
|                    |   |
| 7. \[ \] Yes*      | No Have you ever been employed by the gaming industry in the state of Nevada or any other jurisdiction?   |
| *If yes, state     | e location, name of establishment, position and dates of employment:  |
|                    |   |
|                    |   |
|                    |   |
| 8.  \[ \text{Yes*} | No Do you have any relatives associated with or employed in the gaming industry?  |
| *If yes, indic     | cate details:   |
|                    |   |
|                    |   |
|                    |   |
|                    |   |
| F. CHILD S         | SUPPORT INFORMATION:  |
| Please mar         | k 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 I am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the payment 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 I am NOT in compliance with a plan approved by the district attorney or other public agency enforcing the order for the payment of the amount owed pursuant to the order. |

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| CTATE OF  |  |
| STATE OF ss:                                    |  |
| COUNTY OF                                       |  |
| I,  | being duly sworn depose and say that I have read the eof; that the statements contained herein are true and information requested; that I executed this statement are to reveal information requested may be deemed ame; that I am voluntarily submitting this application with 140(5) provides "any person making false oath in any guilty of perjury"; and, further, that I have familiarized control Act, as amended, and the Regulations of the ereunder and agree to abide thereby.  The ever discharge the State of Nevada, the licensing of action and causes of action whatsoever, which I, my the against the State of Nevada, the licensing agency approval of a new gambling game in the state of |
| Nevada.   |  |
|   |  |
|   | (Signature of Applicant)   |
| SUBSCRIBED AND SWORN TO BEFORE ME               |  |
| _   |  |
| THIS,,  |  |
|   |  |
| (Signature of Notary Public)                    |  |
|   |  |
| CERTIFICATION OF FORM                           |  |
| who prepares this document on behalf of the app | ve to certify such document. If this document was  |
| I,  | do hereby certify that I am enrolled to  |
|   | and am fully knowledgeable of my responsibilities under ed this document on behalf of the applicant in conformity julations of the Nevada Gaming Commission.   |
|   |  |
|   | (Signature of Attorney, C.P.A., or Agent)  |

(Business Address)

(Area Code/ Telephone)