

NEVADA GAMING CONTROL BOARD



NEVADA SUPPLEMENTAL FORM TO THE
MULTI-JURISDICTIONAL PERSONAL HISTORY
DISCLOSURE FORM

NEVADA SUPPLEMENTAL FORM TO THE

MULTI-JURISDICTIONAL PERSONAL HISTORY DISCLOSURE FORM

This form is a supplement to the Multi-Jurisdictional Casino/Gaming License Personal History Disclosure Form (Form 7 MJPHD) If you are using the Multi-Jurisdictional Personal History Form to apply for qualification in more than one jurisdiction and one of those jurisdictions in Nevada, you are required to file this supplemental form as part of your Nevada application. The other jurisdictions where you are filing may also have supplemental forms, and it is your responsibility to obtain these forms and make the appropriate filings.

Please read all instructions carefully before completing this form.

1. Typed answers are preferred. All handwritten answers must be in **BLACK** ink and block lettering.
2. 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 denial of your application and/or lengthen the amount of time needed to complete the investigation.
3. Applicant must initial each page, as provided in the lower right-hand corner. By placing his/her initials on each page, the applicant attests to the accuracy and completeness of the information on that page. Sign and notarize all applicable forms and pages.
4. Applicant is advised that this is an official document, and misrepresentation or failure to reveal the information requested may be deemed sufficient cause for grounds for denial of an application or disciplinary action.
5. Do not misstate or omit any material fact(s) as each statement made herein is subject to verification.
6. It is the applicant's responsibility to thoroughly familiarize himself/herself with all applicable statutes, regulations, and local ordinances, rules, and regulations pertaining to the applied application.
7. 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.

ADDENDUM TO MULTI-JURISDICTIONAL PERSONAL HISTORY DISCLOSURE FORM

Date Completed _____

1. APPLICANT:

Last Name (Include Sr., Jr., etc., if applicable)	First Name	Middle Name
Alias (i.e., Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise) and Dates of Use		
US Social Security Number or Foreign Tax I.D. Number	Date of Birth (Month/Day/Year)	
Mobile Phone Number	E-Mail Address	
What country are you a citizen of?	If you have dual citizenship, list the countries	
If non-citizen, Registration Number (Permanent Resident Number)	If Naturalized, Certificate Number and Date of Naturalization	
If not a Permanent Resident, what is your Visa Status (Type and issue date)	Visa Expiration Date	

A. Have you registered for the draft? Yes ☐ No ☐ N/A ☐ If yes, complete the following.

Date:	State:	County:
-------	--------	---------

B. Do you or your spouse/partner store data in cloud-based storage or a similar service (iCloud/Dropbox)?

Yes ☐ No ☐ If yes, furnish details. If you need additional space to answer, indicate the number of the question you are answering.

--

C. Are you an equity owner in a Foreign Gaming operation (do you participate in gaming outside of Nevada?) Refer to NRS 463.680 through 463.720 for more details regarding Foreign Gaming. Yes ☐ No ☐ If yes, furnish details. If you need additional space to answer, indicate the number of the question you are answering.

--

D. Do you gamble (i.e., land-based casino, sports betting, race betting, online casino) in any jurisdiction? Yes ☐ No ☐ If yes, provide the location(s) where you gamble. Provide a list of your Player Reward accounts and/or the name of the gaming establishments you frequent on a regular basis. If you need additional space to answer, indicate the number of the question you are answering.

--

- E. 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 you need additional space to answer, indicate the number of the question you are answering.

Email Account	Active (Yes or No)	Personal or Business? (P or B)	Primary? (Yes or No)

- F. Provide a list of your business and personal mobile phone numbers in the past five years. If you need additional space to answer, indicate the number of the question you are answering.

Mobile Phone Number	Active (Yes or No)	Personal or Business? (P or B)	Primary? (Yes or No)

- G. List below the number and location of all current electronic devices. If you need additional space to answer, indicate the number of the question you are answering.

Device	Number	Locations
Computers/Laptops		
Tablets		
Data Storage/Computer Networks		
Smart Phones		
Other:		

2. SPOUSE/REGISTERED LEGAL PARTNER INFORMATION:

Last Name (Include Sr., Jr., etc., if applicable)		First Name	Middle Name
Alias (i.e., Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise) and Dates of Use			
US Social Security Number or Foreign Tax I.D. Number		Date of Birth (Month/Day/Year)	
Home Address			
Mailing Address (If Different Than Home Address)			
Home Phone Number	Mobile Phone Number		E-Mail Address
Passport Number	Country of Issue		Expiration Date
What country is your spouse/partner a citizen of?		Do they have dual citizenship?	
If non-citizen, Registration Number		If Naturalized, Certificate Number and Date of Naturalization	

CONTINUED 2. SPOUSE/REGISTERED LEGAL PARTNER INFORMATION:

Employer		Occupation
Address of Employer		
If non-citizen, Registration Number (Permanent Resident Number)		If Naturalized, Certificate Number and Date of Naturalization
If not a Permanent Resident, what is your Visa Status (Type and issue date)		Visa Expiration Date

- A. Not considering your spouse or registered legal partner, do you have any other relationship(s) for which you provide maintenance or financial assistance? Yes ☐ No ☐

3. CIVIL AND CRIMINAL INFORMATION:

- A. Have you ever reached a settlement or had a settlement reached by another person or entity on your behalf, or on behalf of a company with which you are/were affiliated prior to litigation or criminal charges having been filed? Yes ☐ No ☐ If yes, furnish details. If you need additional space to answer, indicate the number of the question you are answering.

--

- B. Have you ever set up an entity to financially support or compensate another person? Yes ☐ No ☐ If yes, furnish details. If you need additional space to answer, indicate the number of the question you are answering.

--

- C. Have you ever entered into a Non-Disclosure Agreement (NDA) – Unilateral and/or Mutual/Bilateral? Yes ☐ No ☐ If yes, furnish details. If you need additional space to answer, indicate the number of the question you are answering.

--

- D. Have you ever had any contact with law enforcement in any jurisdiction? Yes ☐ No ☐ If yes, furnish details. If you need additional space to answer, indicate the number of the question you are answering.

--

- E. Have you ever had a civil or criminal record expunged or sealed by a court order? Yes ☐ No ☐ If yes, complete the following. If you need additional space to answer, indicate the number of the question you are answering.

Date	Jurisdiction	Charge/Compliant	Case Number	Disposition

4. FINANCIAL INTEREST AND TAX HISTORY:

- A. Amount of all personal investments or capital contributions that pertains to this application. If you need additional space to answer, indicate the number of the question you are answering.

Date	Amount	Source of Funds

- B. Has your interest in this business you are applying for 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 in part or whole? Yes ☐ No ☐ If yes, furnish details. If you need additional space to answer, indicate the number of the question you are answering.

--

- C. What year did you last file a Federal Income Tax Return? If a Federal Income Tax Return was not filed for the current year, provide the date of your Application for Extension of Time was filed.

Date Filed		For Tax Year:	
------------	--	---------------	--

- D. Have you ever had to amend your Personal or Business Tax Return? Yes ☐ No ☐ If yes, furnish details. If you need additional space to answer, indicate the number of the question you are answering.

--

- E. Has your Federal Income Tax Return ever been audited? Yes ☐ No ☐ If yes, furnish details. If you need additional space to answer, indicate the number of the question you are answering.

Tax Year	
Audit Year:	
Office Conducting Audit:	

- F. Do you have or have ever had any digital currency accounts? Yes ☐ No ☐

Platform/Exchange	Digital Currency Name	Date Purchased	Balance	Source of Funds	Hot or Cold

5. MEDICAL AND RECREATIONAL MARIJUANA INFORMATION:

- A. Have you or your spouse/partner 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/partner 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, furnish details. If you need additional space to answer, indicate the number of the question you are answering.

Name on License	Type of License	From Month/Year	From Month/Year	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/partner, as identified in the previous question, ever been denied, suspended, revoked, or subject to any conditions in any jurisdiction? Yes ☐ No ☐ If yes, furnish details. If you need additional space to answer, indicate the number of the question you are answering.

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/partner ever made any investment in any company, corporation, partnership, or other business entity involved in a marijuana related operation, license, permit, or certification in any jurisdiction? Yes ☐ No ☐ If yes, furnish details. If you need additional space to answer, indicate the number of the question you are answering.

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

- D. Have you or your spouse/partner ever held an interest in any landlord entity owning real estate that is or has been used for a marijuana operation in any jurisdiction? Yes ☐ No ☐ If yes, furnish details. If you need additional space to answer, indicate the number of the question you are answering.

Date From:	Date To:	Name of Entity	Percentage of Ownership	Type of Marijuana-related enterprise	Address for the Marijuana related enterprise

STATEMENT OF TRUTH AND ACKNOWLEDGEMENTS

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 "Any 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 Nevada 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 Nevada 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.

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)

(Email Address)