



SILETZ TRIBAL GAMING COMMISSION  
2120 NW 44<sup>TH</sup>, SUITE A  
LINCOLN CITY, OREGON 97367  
(541) 996-5497 • 1-800-789-5189 • FAX: (541) 996-5492

## Information for Completing the Low Security Gaming or High Security License Application

Please make sure to read the Declaration Page and General Instructions, as well as all of the information in the application.

The Entire Application **Must** Be Completed. If a question does not apply to you, indicate "N/A" or "None".

Please note that a STGC notary will notarize your application when you come to our office on your processing appointment date. STGC will notarize your application at no charge. Be advised that STGC cannot begin your background until the application has been notarized.

You must be fingerprinted. There will be a \$20.00 print fee, payable in cash only. Fee must be paid in our office at the time of your processing appointment date.

There should be no gaps in residences or in the employment sections. You must go back five years. Start with your current residence and the same with employment and work your way back five years. All of the dates must correlate with each other see below example:

3/2024 - Current	Bi-Mart
5/2023 – 2/2024	Self-employed Photographer
10/2022 – 4/2023	Unemployed
6/2020 – 9/2022	Gallucci's Pizza

If you have not been employed for five years, please note when your very first job was, so that we know that you cannot go back five years. See sample below:

1/2024 – Current	Safeway
9/2023-12/2023	Target (First Job)

Make sure to initial each page at the bottom of each page where required. Please go to [siletztribalgaming.com](http://siletztribalgaming.com) or contact our office to make an appointment when you are ready to have your application processed. Your appointment at STGC will be about 45 minutes. However, you may be rescheduled if there is too much information missing or incorrectly filled out.

You must have five references that have known you for five years or more. Do not include relatives, any household members, present or past employers or anyone you may have supervised. You CAN use co-workers and/or in-laws and steps as long as they don't live with you.

Terminations from employment must be explained. Any arrests must be explained on last page as well.

There will be a fee deducted out of your first paycheck, see page 1 for licensing fees.

If you have any questions, please give Creeanna Logan, Licensing Specialist a call at 541-996-5497, or Dion Doar, Background Investigator a call at 541-996-5527, or Joshua Morrow, Licensing Manager a call at 541-996-5528.

# Siletz Tribal GamingCommission

2120 N.W. 44<sup>th</sup>, Suite A

Lincoln City, Oregon 97367

541-996-5497 | 1-800-789-5189 | FAX 541-996-5492

[www.siletztribalgaming.com](http://www.siletztribalgaming.com)



- ☐ High Security Gaming License Application
- ☐ Low Security Gaming License Application

POSITION APPLIED FOR: *(Job Title)*

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## DECLARATION TO POTENTIAL EMPLOYEES

The Siletz Tribal Gaming Commission's ongoing task and goal is to have the Chinook Winds Casino Resort be one of the best Native American casinos in the nation.

**The Siletz Tribal Gaming Commission reserves the right to deny a gaming license if, but not limited to, the following:**

- 1. You have not made a full and complete disclosure of all requested information.**
- 2. You have misrepresented any portion of this disclosure.**
- 3. You have ever committed or been convicted of a felony, or currently have a felony matter pending (other than traffic offenses).**
- 4. Your credit history reveals a pattern of accounts sent to collections.**
- 5. The investigation of your background shows a consistent disregard of rules and regulations.**
- 6. Your background is such that your employment will jeopardize the honesty, integrity, fairness, or security of Chinook Winds Casino Resort.**

### **APPLICATION IS COMPLETE ONLY WITH THE FOLLOWING:**

- All questions must be answered. No blank spaces (including previous address numbers, street names and phone numbers for previous employers and/or references). Gaps in employment history must be explained.
- File photo and license photo, taken by Gaming Commission member.
- Fingerprint fee (CASH ONLY) for everyone except low security non-gaming licenses.
- Notarized signatures on disclosure forms (no fee is charged).
- Licensing fee:
  - General Manager--\$500
  - Director--\$250
  - Manager--\$50
  - High Security--\$50
  - Low Security--\$25

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Signature

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Date

Applicant Initials \_\_\_\_\_ 1

# SILETZ TRIBAL GAMING COMMISSION

## **Privacy Notice**

In compliance with the Privacy Act of 1974, the following information is provided: Solicitation of the information on this form is authorized by 25 U.S.C. 2701 et seq. The purpose of the requested information is to determine the eligibility of individuals to be granted a gaming license. The information will be used by the Tribal gaming regulatory authorities and by the National Indian Gaming Commission (NIGC) members and staff who have need for the information in the performance of their official duties. The information may be disclosed by the Tribe or the NIGC to appropriate Federal, Tribal, State, local, or foreign law enforcement and regulatory agencies when relevant to civil, criminal or regulatory investigations or prosecutions or when pursuant to a requirement by a tribe or the NIGC in connection with the issuance, denial, or revocation of a gaming license, or investigations of activities while associated with a tribe or a gaming operation. Failure to consent to the disclosures indicated in this notice will result in a tribe's being unable to license you for a primary management official or key employee position.

The disclosure of your Social Security Number (SSN) is voluntary. However, failure to supply a SSN may result in errors in processing your application.

## **Notice regarding false statements.**

A false statement on any part of your license application may be grounds for denying a license or the suspension or revocation of a license. Also, you may be punished by fine or imprisonment (U.S. Code, title 18, section 1001).

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**Print Name**

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**Signature**

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**Date**

Applicant Initials \_\_\_\_\_ 2

# **SILETZ TRIBAL GAMING COMMISSION**

## **DISCLOSURE AGREEMENT**

During the time you are employed at the Chinook Winds Casino Resort (full or part time) you must notify the Siletz Tribal Gaming Commission directly, in writing within five (5) workingdays of the date you were involved in any of the following events:

1. **ALL ARRESTS, DETENTIONS AND LITIGATIONS.** (This includes any criminal arrest or civil action in which you were involved whether convicted in criminal court or settled in civil court.) All arrests, detentions, charges, indictments, court orders and/or summons to answer for any Criminal Offense or violation for any reason whatsoever, regardless of the outcome (disposition) of the event (except MINOR TRAFFIC citations—speeding, stop signs, equipment, etc.); or
2. You have been questioned by any city, state, federal, or other law enforcement agencies (except MINOR TRAFFIC citations—speeding, stop signs, equipment, etc.), Commissions, or Committees, except for the Siletz Tribal Gaming Commission; or
3. Any information that changes your original application (such as, but not limited to, name change, address change, telephone change, etc.)

I HEREBY ACKNOWLEDGE that I have read and understand the foregoing requirements and agree to be bound by its terms as a condition of my licensing and that failure to notify the Siletz Tribal Gaming Commission may result in the immediate suspension or revocation of my gaming license.

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**NAME (Print)**

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**SIGNATURE**

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**DATE**

# SILETZ TRIBAL GAMING COMMISSION

## Gaming License Fee Payment Obligation

I, \_\_\_\_\_, hereby understand and acknowledge my obligation to satisfy a gaming license fee that is associated with issuance of a temporary or permanent gaming license by the Siletz Tribal Gaming Commission; and that such fee is due and owing the Siletz Tribal Gaming Commission at the time the Siletz Tribal Gaming Commission, or a representative thereof, completes a Gaming License Authorization form; and that such gaming license fee may be paid in full at the time the Gaming License Authorization form is completed, or through payroll deduction by Chinook Winds Casino and Convention Center; and if the gaming license fee is not paid in full, the outstanding amount due and owing the Siletz Tribal Gaming Commission shall be deducted from any final paycheck, if I am terminated from employment with the Gaming Operation in any manner before the gaming license fee is satisfied in full.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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### **GENERAL INSTRUCTIONS**

- Do not misstate or omit any material fact(s) as each statement made herein is subject to verification.
- Handprint in blue or black ink an answer for each section.
- If a question does not apply to you, state with **N/A**.
- If additional space is needed, continue on separate sheet of paper and precede each answer with the appropriate title (and number).
- 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 denial, suspension, or revocation of a gaming license.

The applicant is hereby advised that he/she is seeking the granting of a Gaming License and that the burden of proving qualification for a favorable determination is always on the applicant.

In compliance with Public Law 93-579 7 (5 U.S.C. 552(a)) you are hereby notified that the disclosure of your social security number is voluntary. It will be used to obtain a credit history, and to check criminal history records. Your refusal to provide your social security number for this purpose will delay processing of your application.

### **1. PERSONAL INFORMATION:**

Last Name			First Name			Middle Name		
Alias(es), Maiden Name, Other Name Changes, Legal or Otherwise					Email Address			
Present Physical Address - Street or RFD  Since _____ (Date)				Present Mailing Address  State/Zip				
Phone: Residence (     )				Phone: Business (     )				
Date of Birth			Place of Birth (City, County, State, Country)			Social Security #		
Sex	Eye Color	Hair Color	Height	Weight	Driver's License #		State	

- a. Significant scars, tattoos, or distinguishing marks and/or characteristics \_\_\_\_\_
- b. Are you a citizen of the United States? Yes ☐ No ☐  
If No, provide your current Employment Authorization status and Expiration Date: \_\_\_\_\_.  
(Employment Authorization Card required. If expired, documentation of processing status and Employment Authorization required.)
- c. Do you speak and/or write any foreign languages? Yes ☐ No ☐  
If Yes, please list such languages: \_\_\_\_\_
- d. Enrolled Tribal Member? Yes ☐ No ☐  
Tribe \_\_\_\_\_ Enrollment # \_\_\_\_\_

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## 2. MARITAL INFORMATION:

Single ☐ Married ☐

Current Marriage \_\_\_\_\_  
Date City County State

Spouse's full name (Maiden) \_\_\_\_\_

Telephone: Residence ( ) Business ( )

## 3. MILITARY INFORMATION:

Have you ever served in any armed forces? Yes ☐ No ☐ (If yes, a copy of your DD Form 214 is required)

## 4. ARRESTS, SUSPENSIONS, DETENTIONS, AND LITIGATIONS:

- A. List ALL arrests whether you were ever convicted, charges were dropped, or never filed, regardless of the outcome.  
Include ALL arrests (Except MINOR TRAFFIC citations—speeding, stop signs, equipment, etc.)

Date of Arrest	Charges	Arresting Agency	Court Involved Address	Disposition (Outcome)

\*Use separate sheet of paper for additional information.

## 5. PERSONAL VEHICLES

List below all vehicles that are **owned** or **operated** by you.

ITEM (car)	LICENSE NUMBER	STATE REGISTERED IN	REGISTERED OWNER

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## 6. RESIDENCES

**Beginning with your current residence**, list where you physically resided for the past 5 years, **with no gaps**.

If you served in the military, also include where you **physically** resided.

Month and Year	Street Address	City, State and Zip Code	Check
From		City	Rent <input type="checkbox"/>
To		State and Zip Code	Own <input type="checkbox"/>
From		City	Rent <input type="checkbox"/>
To		State and Zip Code	Own <input type="checkbox"/>
From		City	Rent <input type="checkbox"/>
To		State and Zip Code	Own <input type="checkbox"/>
From		City	Rent <input type="checkbox"/>
To		State and Zip Code	Own <input type="checkbox"/>
From		City	Rent <input type="checkbox"/>
To		State and Zip Code	Own <input type="checkbox"/>
From		City	Rent <input type="checkbox"/>
To		State and Zip Code	Own <input type="checkbox"/>
From		City	Rent <input type="checkbox"/>
To		State and Zip Code	Own <input type="checkbox"/>
From		City	Rent <input type="checkbox"/>
To		State and Zip Code	Own <input type="checkbox"/>
From		City	Rent <input type="checkbox"/>
To		State and Zip Code	Own <input type="checkbox"/>
From		City	Rent <input type="checkbox"/>
To		State and Zip Code	Own <input type="checkbox"/>
From		City	Rent <input type="checkbox"/>
To		State and Zip Code	Own <input type="checkbox"/>

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## 7. EMPLOYMENT

Beginning with your current employer and working backwards, **list all employment, unemployment, student, military employment, and volunteer activities for the last 5 years.** Also, include all business ventures with which you have been associated as an officer, director, stockholder, or related capacity. (Mark “yes” under “Gaming Present” (including lottery tickets) if coin or token-operated video card games were on the premises during the period of your employment or if any form of gambling took place on the premises during the period of your employment.) If additional space is needed, continue on a supplemental sheet.

Month and Year (From-To)	Name/Street Address/Telephone 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/Street Address/Telephone 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/Street Address/Telephone 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/Street Address/Telephone 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/Street Address/Telephone of Employer/Business		Reason for Leaving
Title	Description of Duties	Name of Supervisor	Gaming Present? Yes <input type="checkbox"/> No <input type="checkbox"/>

**EMPLOYMENT (continued)**

Month and Year (From-To)	Name/Street Address/Telephone 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/Street Address/Telephone 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/Street Address/Telephone 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/Street Address/Telephone 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/Street Address/Telephone of Employer/Business		Reason for Leaving
Title	Description of Duties	Name of Supervisor	Gaming Present? Yes <input type="checkbox"/> No <input type="checkbox"/>

## 8. LICENSING INFORMATION

8a Describe all previous or existing relationships with any Indian Tribes.

Dates	Company/Partner Name	Address

8b Fill in the information for each Gaming License applied for:

Licensing Agency	Address	* Applied for	Determination (Granted/Denied)	**Licensing Action taken	Expires/Expired Date
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	

\*High Security (HS) or Low Security (LS)

\*\* If the license was suspended or revoked, mark yes and explain on a separate sheet of paper what lead to the action.

8c Fill in the information for each Occupational License applied for:

Licensing Agency	Address	*Type	**Determination (Granted/Denied)	Expiration Date

\*e.g., Food Handler, OLCC, etc.

\*\* If denied, please explain on a separate sheet of paper.

9. CHARACTER REFERENCES

List five-character references who have known you for five years or more. DO NOT include relatives, any household members, present or past employers, or employees you supervised.

Name and where employed	Street	City	State/Zip	Telephone	Years known
Name	Home Address				
Employer	Business Address		Business Telephone		

Name and where employed	Street	City	State/Zip	Telephone	Years known
Name	Home Address				
Employer	Business Address		Business Telephone		

Name and where employed	Street	City	State/Zip	Telephone	Years known
Name	Home Address				
Employer	Business Address		Business Telephone		

Name and where employed	Street	City	State/Zip	Telephone	Years known
Name	Home Address				
Employer	Business Address		Business Telephone		

Name and where employed	Street	City	State/Zip	Telephone	Years known
Name	Home Address				
Employer	Business Address		Business Telephone		