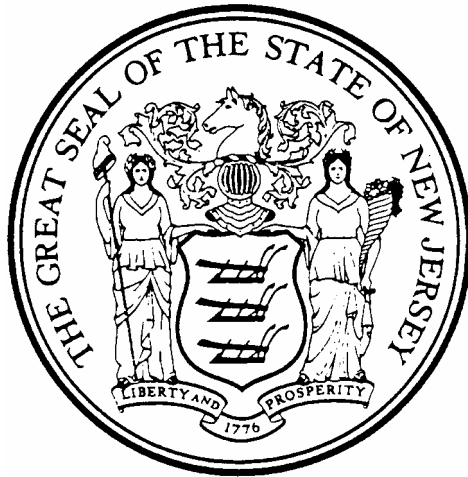


**STATE OF NEW JERSEY
CASINO CONTROL COMMISSION**



GAMING ENTERPRISE

NEW JERSEY SUPPLEMENTAL FORM

TO MULTI JURISDICTIONAL

PERSONAL HISTORY DISCLOSURE FORM

**GAMING ENTERPRISE
NEW JERSEY SUPPLEMENTAL FORM
TO MULTI JURISDICTIONAL PERSONAL HISTORY DISCLOSURE FORM**

PLEASE PRINT OR TYPE THE ANSWERS TO THE FOLLOWING QUESTIONS IN THE SPACES PROVIDED

NAME: LAST (INCLUDE SR., JR., ETC., IF APPLICABLE) FIRST MIDDLE

MAILING ADDRESS: (NUMBER AND STREET) (APT #) (CITY) (STATE) (ZIP CODE)

HOME ADDRESS: (IF DIFFERENT THAN MAILING ADDRESS) (NUMBER AND STREET, APT #, CITY, STATE, ZIP CODE)

HOME TELEPHONE NUMBER: (AREA CODE) (NUMBER) TELEPHONE NUMBER AT CURRENT PLACE OF EMPLOYMENT: (AREA CODE) (NUMBER) (EXTENSION)

DATE OF BIRTH: (MO)(DAY)(YEAR) HEIGHT (FT-IN) WEIGHT (LBS) SOCIAL SECURITY NUMBER*

HAVE YOU BEEN KNOWN BY ANY OTHER NAME OR NAMES? YES NO
IF YES, LIST THE ADDITIONAL NAMES BELOW AND SPECIFY DATES OF USE FOR EACH.
(INCLUDE MAIDEN NAME, ALIASES, NICKNAMES OR ANY OTHER NAME.)

PLEASE CHECK APPROPRIATE SPACE

HAIR COLOR:

- (BK) BLACK
- (BR) BROWN
- (BD) BLOND
- (RD) RED
- (GY) GRAY
- (WH) WHITE
- (BA) BALD

EYE COLOR:

- (BK) BLACK
- (BR) BROWN
- (HZ) HAZEL
- (BL) BLUE
- (GY) GRAY
- (GR) GREEN

SEX: **

- (M) MALE
- (F) FEMALE

RACE: **

- (C) CAUCASIAN
- (B) BLACK
- (H) HISPANIC
- (A) ASIAN
- (N) NATIVE AMERICAN

*UNDER THE PRIVACY ACT, DISCLOSURE OF YOUR SOCIAL SECURITY NUMBER IS VOLUNTARY. SEE SECTION V F UNDER IMPORTANT NOTICES ON PAGE 6 OF THIS APPLICATION.

**YOUR RESPONSE IS OPTIONAL.

----- **FOR STATE OF NEW JERSEY USE ONLY** -----

<u>VRF:</u>	<u>LOG#</u>	<u>QUAL#</u>	<u>POSITION CODE(S)</u>
<u>SEX</u>	<u>RACE</u>	<u>FOR RENEWAL - TIME PERIOD</u>	

**GAMING ENTERPRISE
NEW JERSEY SUPPLEMENTAL FORM
TO MULTI JURISDICTIONAL PERSONAL HISTORY DISCLOSURE FORM**

This form is a supplement to the MULTI JURISDICTIONAL PERSONAL HISTORY DISCLOSURE FORM. If you are using the Multi Jurisdictional form to apply for qualification in connection with a gaming enterprise's initial or renewal application for licensure in more than one jurisdiction, and one of those jurisdictions is New Jersey, you are required to file this supplemental form as part of your New Jersey 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.

INSTRUCTIONS

I. COMPLETING THIS FORM:

- A. You are to complete this form and a Multi Jurisdictional Personal History Disclosure Form if you are:
1. A qualifier of a gaming enterprise license applicant or licensee pursuant to *N.J.S.A. 5:12-92(a)* and (b); or
 2. Directed to do so by the Casino Control Commission (Commission).
- B. Read each question carefully prior to answering. Answer every question completely. Do not leave blank spaces. If a question does not apply to you, indicate "Does not apply" in response to that question. If there is nothing to disclose in response to a particular question, write "None" in response to that question. Failure to provide a response to every question could result in the rejection of your application.
- C. All entries on this form, except initials and signatures, must be typed or printed in block lettering using dark ink. If the application is not legible, it will not be accepted. Any modification to the questions or the pre-printed information asked for in this form will result in the rejection of your application.
- D. If the space available is insufficient to respond to a question, you are to supply the required information on an attachment page and clearly identify which question you are answering. You must use dark ink to personally initial and date this form at the bottom of each page.
- E. *N.J.A.C. 19:41-7.7* requires qualifiers of gaming enterprises to submit fingerprint cards with their Personal History Disclosure Forms at the time of initial or renewal application for licensure. Qualifiers may choose one of the two following methods for providing the required fingerprint cards:
1. Make an appointment with the Division of Gaming Enforcement's (Division) Identification Unit located in the Arcade Building, Tennessee Avenue and the Boardwalk in Atlantic City to be fingerprinted. Call for an appointment at (609) 441-3050. Please be advised that the Division now has the capability to record and reproduce fingerprints electronically. This means that if you schedule an appointment at any time prior to the due date of the application and you are fingerprinted by the Division, you may not be required to be fingerprinted for any

future applications. Once you are fingerprinted by the Division you will be provided with documentation that must be submitted with this form. There is no charge for fingerprinting.

Should you choose to be fingerprinted in Atlantic City, you may establish your identity in accordance with *N.J.A.C. 19:41-7.2A* at the time of your fingerprint appointment by providing the original document(s) listed below in A or B:

- A. A current and valid U.S. passport OR Certificate of Naturalization OR a current identification card issued by the U.S. Immigration and Naturalization Services (INS) containing a photograph or fingerprints and identifying information such as name, date of birth, sex, height, color of eyes and address.
- B. If the items in (A) above are not available, any **two** of the following authentic documents may be accepted:
 - 1. A certified copy of a U.S. birth certificate issued by a state, county or municipal authority with an official seal;
 - 2. A current and valid state issued driver's license that has a photograph and/or identifying information;
 - 3. A current and valid identification card issued to persons who serve in the U.S. military or their dependents that has a photograph and/or identifying information;
 - 4. A current and valid school identification containing a photograph, an expiration date, the seal or logo of the issuing institution and the signature of the card holder;
 - 5. A current and valid identification card issued by a federal, state or local government agency that has a photograph and/or identifying information;
 - 6. A valid casino employee or casino key employee license, an expired casino employee or casino key employee license issued after 1998, or a valid casino service employee registration; or
 - 7. A current and valid foreign passport with a proper INS authorization.

If the name on any of the provided identification is different than the name on your application, you must also provide a court ordered name change, marriage certificate or divorce decree to establish the reason for the different name.

Call (609) 441-3299 if you have any questions about identification documents.

NOTE: Upon arrival for your appointment, please advise Division personnel that you are there to be fingerprinted for a casino service industry license application.

2. If you are unable to come to Atlantic City to be fingerprinted, fingerprint cards are enclosed so that you can be fingerprinted at your local police department. All qualifiers must provide the required set(s) of fingerprints on the enclosed card(s). This must be done at the time of the initial application and with each renewal application. Further instructions are attached to the enclosed fingerprint card(s).

II. BE SURE TO:

- A. Attach a recent (within the last six months) color photograph of yourself in the space provided on page 5 of the Multi Jurisdictional Personal History Disclosure Form.
- B. Sign the Release Authorization form on page 12 in the presence of a notary public and have your signature notarized.
- C. Check to ensure that you have placed your initials and the date in the space provided on the bottom of each page after you have checked your answers and are sure they are complete and correct.

III. BEFORE YOU SUBMIT THIS FORM TO THE COMMISSION, BE SURE THAT:

- A. All attachments required in this form and in the Multi Jurisdictional Personal History Disclosure Form are labeled with an exhibit number and are included in both the original and the photocopy filed with the Commission.
- B. You have provided documentation that you have been fingerprinted by the Division or that you have submitted the appropriate fingerprint cards and information sheet.
- C. The Statement of Truth form in the Multi Jurisdictional Personal History Disclosure Form and the Release Authorization form attached to this Gaming Enterprise New Jersey Supplemental Form are notarized on the original application.
- D. Every question has been answered completely.
- E. You retain a completed copy of this form for your own records.

IV. FILING OF THIS FORM WITH THE COMMISSION

- A. Submit an original and one (1) photocopy of this form, the Multi Jurisdictional Personal History Disclosure Form and all attachments to:

New Jersey Casino Control Commission
Enterprise License Unit
Arcade Building
Tennessee Avenue & Boardwalk
Atlantic City, New Jersey 08401

- B. If the photocopy of this form or the photograph is not clear, the application **will not be accepted.**
- C. Once your application is accepted, it becomes the property of the Commission and may not be withdrawn without the permission of the Commission.

V. IMPORTANT NOTICES

- A. Should you be unable to fully understand this form or any other form in English, it is your responsibility to acquire adequate means of translation.
- B. All notices regarding your application will be sent to the address which you provide on this form. You must immediately notify the Commission and the Division of any change of address.
- C. Pursuant to section 86(b) of the Casino Control Act, failure to answer any question completely and truthfully could result in a finding of disqualification.
- D. Pursuant to sections 79(a)(6) and 80 of the Casino Control Act, any person who applies for and obtains a license from the Commission or is required to qualify is subject to warrantless searches when present in a licensed casino hotel facility.
- E. Pursuant to section 74 of the Casino Control Act, information supplied to the Commission and Division or otherwise obtained by either of them is confidential and shall not be revealed except in the course of the necessary administration of the Casino Control Act, or upon the lawful order of a court of competent jurisdiction or, with the approval of the Attorney General, to a duly authorized law enforcement agency. Nevertheless, pursuant to section 80 of the Casino Control Act, an applicant, licensee or person required to qualify waives any liability of the State of New Jersey and its instrumentalities and agents for any damages resulting from any disclosure or publication in any manner, other than a willfully unlawful disclosure or publication.
- F. In accordance with section 5 of the Privacy Act, 5 U.S.C. 552a, disclosure of your social security number is voluntary. Failure to disclose your social security number is not grounds for denial of your application. The request for your social security number is made pursuant to the Casino Control Act, *N.J.S.A. 5:12-1 et seq.* (Specifically *N.J.S.A. 5:12-80, -89 and -102.*) If provided, your social security number will be used by the Commission and Division to obtain and verify information in your application for qualification. The absence of a social security number on the application may delay the final determination of your application.

1. I am applying for qualification in connection with:

- An initial gaming enterprise license application
- A gaming enterprise license renewal application

2. I am a qualifier because I am a(n):

- | | |
|--|---|
| <input type="checkbox"/> Owner | <input type="checkbox"/> Stockholder |
| <input type="checkbox"/> Investor | <input type="checkbox"/> Director |
| <input type="checkbox"/> Officer | <input type="checkbox"/> Partner |
| <input type="checkbox"/> Principal Employee | <input type="checkbox"/> Sales Representative |
| <input type="checkbox"/> Other (Specify) _____ | |

in the business(es) identified in item 3 and/or 4.

3. Provide the following information about the gaming enterprise applicant or licensee of which you are a qualifier and your position in it:

Name of Enterprise

Address of Enterprise NUMBER AND STREET CITY STATE ZIP CODE

Title of Position held or will hold

4. If you are not a qualifier of the gaming enterprise identified in Item 3, provide the name of the enterprise that is a holding company or qualifying entity of the gaming enterprise and your position in it:

Name of Enterprise

Address of Enterprise

Title of Position held or will hold

5. Do you have any ownership interest, financial interest or financial investment in any business entity applying to, or presently licensed, by the New Jersey Casino Control Commission?

Yes No

If yes, complete the following chart:

NAME OF BUSINESS ENTITY	NATURE AND AMOUNT OF YOUR INTEREST/INVESTMENT	% OF OWNERSHIP IN THE BUSINESS ENTITY	VID#/LOG#

6. Are you a United States citizen?

Yes No

7. If you are a naturalized citizen of the United States, provide the following information:

PETITION NUMBER	DATE GRANTED	COURT	CITY/STATE OF COURT	CERTIFICATE NUMBER
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Attach a copy of your certificate of naturalization to the back of this form and label as Exhibit 7N.

8. If you are not a citizen of the United States, please indicate:

a. The country of which you are a citizen: _____

b. Place of birth: _____
CITY STATE COUNTRY

c. Port of entry to the United States: _____

d. Name and address of sponsor upon your arrival:

9. If you are not a United States citizen, but you are a legally authorized permanent resident alien or you are authorized to be employed in the United States, please provide your INS "A" number or other INS authorization in the space provided below, and attach to this form a copy of your INS identification card and/or any other INS document that conditions or restricts your employment labeled as Exhibit 9N.

INS "A" number: _____

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

If yes, when? _____ Where? _____
City County State

**** IF YOU HAVE ANY RECORDS RELATING TO ANY ADMINISTRATIVE, CIVIL, OR CRIMINAL CHARGE, OFFENSE, ARREST OR CONVICTION, WHICH HAVE BEEN EXPUNGED OR SEALED BY COURT ORDER, ATTACH A COPY OF THE EXPUNGEMENT OR SEALING ORDER TO THIS SUPPLEMENTAL FORM AND LABEL AS EXHIBIT 10N.**

11. During the last ten year period, have you held a 5% or greater interest in or been a director, officer or principal employee of any entity that:
- a. Has made or has been charged with (either itself or through third parties acting for it) bribes or kickbacks to any government official, domestic or foreign, to obtain favorable treatment or to any company, employee or organization to obtain a competitive advantage? Yes No
 - b. Has held a foreign bank account or has had authority to control disbursements from a foreign bank account? Yes No
 - c. Has maintained a bank account, or other account, whether domestic or foreign, which was not reflected on the books or records of the business? Yes No

- d. Has maintained a domestic or foreign numbered bank account or other bank account in a name other than the name of the business? Yes No
- e. Has donated or loaned corporate funds or corporate property for the use or benefit of, or for the purpose of opposing, any government, political party, candidate or committee either domestic or foreign? Yes No
- f. Has compensated any of its directors, officers or employees for time and expenses incurred in performing services for the benefit of or in opposing any government or political party domestic or foreign? Yes No
- g. Has made any loans, donations or other disbursements to its directors, officers or employees for the purpose of making political contributions or reimbursing such individuals for political contributions? Yes No

12. State when you filed your last Federal Income Tax Return Form 1040, to what IRS Center it was sent and the tax period it covered.

Date Filed: _____ Period Covered: _____

IRS Office Location: _____

Attach to the back of this form and label as Exhibit 12N, a copy of each IRS Form 1040 and 1040X (Amended Return) and all appropriate schedules filed by you in the last five years. If you and your spouse filed separate tax returns for any year in the last five years, also attach a copy of your spouse's tax returns.

13. Has your Federal Income Tax Return ever been audited or adjusted? Yes No

If yes, for what tax year(s)? _____

14. Have you ever failed to file Federal or State Income Tax returns?

Yes No

If yes, for what year(s)? _____

15. Have you, or your spouse, ever filed any type of tax return, statement or form in any jurisdiction outside the United States within the last ten years?

Yes No

If yes, complete the following chart:

TAX YEAR(S) FILED	COUNTRY FILED	AMOUNT OF TAX

Attach to the back of the Form and label as Exhibit 15N a copy of each such tax return and all appropriate schedules or other attachments required by the tax authorities of the foreign jurisdiction.

RELEASE AUTHORIZATION

To All Courts, Probation Departments, Selective Service Boards, Employers, Educational Institutions, Banks, Financial and Other Such Institutions, and All Governmental Agencies - federal, state and local, without exception, both foreign and domestic.

I, _____, have
(PRINT NAME)

authorized the New Jersey Casino Control Commission and the New Jersey Division of Gaming Enforcement to conduct a full investigation into my background and activities.

Therefore, you are hereby authorized to release any and all information pertaining to me, documentary or otherwise, as requested by any employee or agent of the Division of Gaming Enforcement or the Casino Control Commission, provided that he or she certifies to you that I have an application pending before the Casino Control Commission or that I am presently a licensee, registrant or other person required to be qualified under the provisions of the Casino Control Act.

This authorization shall supersede and countermand any prior request or authorization to the contrary.

A photocopy of this authorization will be considered as effective and valid as the original.

DATED: _____ *(Signature of Applicant)* _____ (LEGAL SIGNATURE)

Subscribed and sworn to

before me this _____ day

of _____, 20_____

NOTARY PUBLIC

STATE