

STATE OF NEW JERSEY CASINO CONTROL COMMISSION



CASINO SERVICE INDUSTRY QUALIFIER DISCLOSURE FORM

CASINO SERVICE INDUSTRY QUALIFIER DISCLOSURE FORM

FULL NAME

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ALIAS OR NICKNAME

MAIDEN NAME

--	--

DATE OF BIRTH

--

Position held with the enterprise applying for a Casino Service Industry License.

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IMPORTANT

FAILURE TO ANSWER ANY QUESTION ON THIS FORM COMPLETELY AND TRUTHFULLY COULD RESULT IN A FINDING OF DISQUALIFICATION.

----- FOR STATE OF NEW JERSEY USE ONLY -----			
<i>VRF#</i>	<i>LOG#</i>	<i>QUAL#</i>	<i>POSITION CODE(S)</i>
<i>SEX</i>	<i>RACE</i>	<i>FOR RENEWALS - TIME PERIOD</i>	

APPLICATION INSTRUCTIONS

1. This application form is to be completed by any person who is identified as a qualifier for a non-gaming related Casino Service Industry license application or is otherwise directed to file by the Casino Control Commission.
2. Read this entire form carefully before answering any of the questions.
3. Answer every question completely and truthfully. Do not leave any 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 as to a particular question, state "None" in response to that question.
4. All entries on this form, except signatures, must be typed or block printed in ink. If your application is not readable, it will not be accepted.
5. Initial each page of this form in the space provided after you have checked your answers and are sure they are complete and correct.
6. If you need additional space to answer any questions(s), use page 8. Be sure to indicate the number of the question you are answering if you use this additional space.
7. In the space provided on page 4, attach a photograph of yourself that has been taken within the past year. Print your name along the bottom border on the front of the photograph before attaching it.
8. Sign both the Statement of Truth and the Release Authorization on pages 10 and 11 in the presence of a notary public and have both your signatures notarized.

IMPORTANT NOTICES

1. You must immediately notify the Casino Control Commission of any change of address. All notices regarding this application will be sent to the address which you provide on this form. Changes of address should be forwarded to:

Casino Control Commission
Casino Service Industry Section
Tennessee Avenue and the Boardwalk
Atlantic City, NJ 08401
2. Any person who applies for and obtains qualification from the Commission is required to submit to warrantless searches when present in a licensed casino hotel facility pursuant to sections 79(a)(6) and 80 of the Casino Control Act.
3. Information supplied to the Commission and Division of Gaming Enforcement 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 pursuant to section 74 of the Casino Control Act. Nevertheless, an applicant or licensee 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 pursuant to section 80 of the Casino Control Act.

**PASTE A PHOTOGRAPH HERE
THAT WAS TAKEN WITHIN THE
PAST YEAR.**

**PRINT YOUR NAME ALONG THE
BOTTOM BORDER OF THE
FRONT OF THE PHOTOGRAPH
BEFORE ATTACHING IT.**

1. Name _____
2. Beginning with your current residence and working backwards, provide the following information with respect to each residence you have held for the past five (5) years.

DATES		ADDRESS NO., STREET, APT., CITY, STATE, COUNTRY
TO	FROM	

3. Current Telephone Number: (_____) _____ HOME (_____) _____ WORK

4. Place of Birth: _____ CITY STATE (COUNTRY)

HEIGHT: _____	WEIGHT: _____
HAIR COLOR: _____	EYE COLOR: _____

6. Employment History: List the last three jobs you have held beginning with the most recent and working backwards. Note with an asterisk (*) any employment where gaming was conducted on the premises.

DATES		NAME AND ADDRESS OF EMPLOYER	POSITIONS AND DUTIES	NAME OF SUPERVISOR	REASON FOR LEAVING
TO	FROM				

7. Have you ever before applied to the New Jersey Casino Control commission for any license, permit, approval or registration? Yes No

If yes, complete the following table:

TYPE OF LICENSE, PERMIT, APPROVAL OR REGISTRATION PREVIOUSLY APPLIED FOR	DATE APPLICATION WAS FILED	DISPOSITION (GRANTED, PENDING, DENIED)	IF ISSUED LICENSE(S) GIVE LICENSE NUMBER(S)

8. Have you ever applied in any jurisdiction for a license, permit or other authorization to participate in a lawful gambling operation (including casino gaming, horse racing, dog racing, pari-mutuel operation, lottery, sports betting, etc.)? Yes No

If yes, complete the following table:

TYPE OF GAMBLING OPERATION	POSITION SOUGHT OR HELD	LICENSING AGENCY (INCLUDING STATE, COUNTY OR MUNICIPALITY)	DISPOSITION (GRANTED, PENDING, DENIED)	IF ISSUED LICENSE(S) GIVE LICENSE NUMBER(S)

9. For the purpose of this question, the word "arrest" includes any detailing, holding, or taking into custody by any police or other law enforcement authorities in order to answer for the alleged performance of any "offense" in this or any other state or foreign county; the word "charge" includes any indictment, complaint, information, summons, or other notice of the alleged commission of any "offense" in this or any other state or foreign country; and the word "offense" includes all high misdemeanors, felonies, misdemeanors, disorderly persons offenses and juvenile violations.

Have you ever been arrested or charged, even if not convicted, with any felony, crime, misdemeanor, disorderly persons offense, juvenile offense or other offense (other than a traffic violation) in New Jersey or anywhere else?

Yes No

If yes, complete the following chart:

<i>NATURE OF CHARGE OR ARREST</i>	<i>NAME AND ADDRESS OF GOVERNMENT AGENCY OR COURT INVOLVED</i>	<i>DISPOSITION (CONVICTED, ACQUITTED, DISMISSED, PENDING, ETC.)</i>	<i>DATE OF DISPOSITION</i>	<i>SENTENCE</i>

NOTE: You need not disclose any arrest or charge which has been the subject of a lawful court order of expungement or sealing if such order entitles you to answer "No" to such inquiry.

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 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 photostatic copy of this authorization will be considered as effective and valid as the original.

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

Subscribed and sworn to

before me this _____ day

of _____, 20 _____.

NOTARY PUBLIC STATE