



Criteria for Obtaining a Gaming License Waiver

Approved 9/24/2010
Revised and Approved 1/24/2014

1. Applicant must be an enrolled member of the Spirit Lake Tribe. Proof of Spirit Lake Tribal Enrollment is required.
2. Applicant must complete both the Gaming License Waiver Request form to the Spirit Lake Gaming Commission and the Background Licensing Application with the Background Licensing Officer to obtain background information.
3. Applicant must submit disposition papers for felony conviction(s) to the Gaming Commission Executive Director.
4. Applicant must submit a non-refundable gaming license fee of \$40. The fee is utilized for reimbursement of State and Tribal Background investigations.
5. Applicant must submit a letter of proof for completion of a rehabilitation program.
6. Once all the information is obtained, the Gaming Commission Executive Director will submit the Gaming License Waiver to the Spirit Lake Gaming Commission to approve or disapprove of the Gaming License Waiver request. The Executive Director will send applicant a written notification on the outcome.
7. If the Gaming License Waiver is approved, then the applicant will be allowed into the employment applicant pool.
8. If the Gaming License Waiver is disapproved, then the applicant will have to wait six (6) months before reapplying.
9. The Executive Director will send notification to both the Human Resource Director and Background Licensing Officer regarding the Gaming Commission's decision.
10. A Background License Waiver is only valid for six (6) months. If the applicant does not utilize the waiver within the six (6) month period it will expire. The applicant is then required to repeat the waiver process.
11. If an applicant has been employed previously, they will automatically be allowed two (2) opportunities for applying for other waivers. After those two (2) times, the applicant must wait one (1) year before applying for another waiver.

Contact Information: Peter Owlboy, Jr.
Executive Director, Spirit Lake Gaming Commission
7889 Hwy 57 S
St. Michael, ND 58370
Phone: 701.766.4747 Ext 252
Fax: 701.766.4054
Email: powlboyjr@spiritlakecasino.com



Date of Request: _____

To: Spirit Lake Gaming Commission

I am requesting a Gaming License Waiver to work at the Spirit Lake Casino and Resort. I understand where I will be allowed to work.

Reason for applying for a Gaming License Waiver _____

Position Desired: _____

Name: _____

Date of Birth: _____

Social Security Number: _____

Address: _____

Phone: _____

1. I have explained my felony as follows:

Felony Charge: _____

Year of Felony: _____

State Felony Federal Felony

2. I am an enrolled member of the Spirit Lake Tribe

Spirit Lake Tribal Enrollment Number: _____

Signature: _____

Return to: Peter Owlboy, Executive Director
Spirit Lake Gaming Commission
2nd Floor of the Hotel
7889 Highway 57
St. Michael, North Dakota 58370-9000



Sheena Belgarde, Backgrounds Officer
Spirit Lake Casino & Resort
7889 Hwy 57
St. Michael, ND 58370-9000
701-766-4747 Ext. 290

Welcome to the Spirit Lake Casino & Resort

The Spirit Lake Gaming Commission (SLGC) is responsible for protecting the tribe, its gaming assets, casino employees and patrons by ensuring that the gaming activities are free from criminal activities and corruptive elements. The required information on this Gaming License Application will be used to determine the suitability of you, the applicant, to be employed by or associated with the gaming activities at the Spirit Lake Tribe.

Applicants must be licensed by the Spirit Lake Gaming Commission (SLGC) and be 18 years of age or older for "Key" positions. A majority of the positions within the Spirit Lake Casino & Resort require a Gaming License. The Background Licensing Officer is here to assist you in applying for a Gaming License. The following is required for a Spirit Lake Gaming License:

- Applicant will pay a non-refundable gaming license fee of \$49.00 payable to Spirit Lake Casino & Resort.
- Background Investigation (10 years prior)
- Applicant must complete a Gaming License Application
- Applicant must complete a FBI Fingerprint Check
- Applicant must complete a background from the Spirit Lake Tribal Court Criminal/Traffic Office
- Applicant must complete a background from the State's Attorney's Office

The application for a Gaming License is an official document and any misrepresentation or failure to reveal information requested may be deemed sufficient cause for denying you a gaming license. Do not incorrectly state or omit any information as each statement made on this application will be verified during the background investigation process. Unsatisfactory results of background investigations will be grounds for denial of a Gaming License.

The Gaming License Application must be returned to Spirit Lake Gaming Commission (SLGC) Background Licensing Officer in original form to avoid delaying ability to start work at the casino. We will attempt to issue you a temporary license pending all requested information is included. The Background Licensing Officer is available Monday - Friday 8:30am to 4:30pm should you have any questions. Thank you for your cooperation!

We wish you an enjoyable employment opportunity with the Spirit Lake Casino and Resort.



Sheena Belgarde, Backgrounds Officer
Spirit Lake Casino & Resort
7889 Hwy 57
St. Michael, ND 58370-9000
701-766-4747 Ext. 290

Information for Gaming License Application

PLEASE READ AND ANSWER EVERY QUESTION! Type or print with BLACK INK ONLY. If you require more space, please attach additional sheets. If a question does not apply to you, please state so with the acronym "N/A" or insert the words "not applicable."

YOU ARE REQUIRED TO BRING THE FOLLOWING DOCUMENTS WITH YOU

- A completed Gaming Licensing Application
- A completed listing of your employment (going back 10 years)
- Copies of all Felony charges regardless of the outcome (Court documents include dispositions or the outcome of any and all charges, convictions, whether pending investigation, dismissed, dropped, filed nolle prosequi, or closed. Do not include minor traffic violations.)

PRIVACY ACT 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 USC2701 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 Tribal gaming regulatory authorities and by the Nation 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 in 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).

I have read the above notices and consent to the routine uses as described.

_____ Applicant's Initials _____ Background Licensing Officer's Initials

APPLICATION FOR A SPIRIT LAKE GAMING LICENSE

(Please print clear and legibly, use black ink or type the information. If the application cannot be read, it will not be considered)

Position applying for _____

New Applicant

Re-Hire

Renewal

SECTION 1. A. APPLICANT INFORMATION

Name _____ SSN _____
Last First Middle

IMPORTANT: LIST ALL OTHER NAMES USED: ALIAS, MAIDEN, PREVIOUS MARRIAGE, WRITTEN OR ORAL

Telephone: Home () _____ Work () _____ Message () _____

Address _____
Street/P.O. Box City/State Zipcode

Date of Birth ____ / ____ / ____ City _____ State _____ County _____

Are you under the age of 21 at the time of this application? Yes No

Driver's License/ID # _____ State _____ Expiration Date _____

Please list all other (Non North Dakota) Driver's License or ID's held within the last 10 years

State & Date of Issuance	Driver's License or ID #	Name as shown on Driver's License or ID
_____	_____	_____
_____	_____	_____
_____	_____	_____

List all languages Spoken or Written

Have you previously been employed by Spirit Lake Casino & Resort

If yes, _____
Dates (Month/Year) Job Title Reason for Leaving

Do you have or had a Valid Spirit Lake Gaming License Yes No

If yes, give License # _____ Expiration Date ____ / ____ / ____

SECTION 1. B. LIST ALL RESIDENCES (PAST 10 YEARS)

City	County	State	From month/year To month/Year
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List the names and current address of three personal references not related to you

Name	Address	City	State	Phone Number
_____	_____	_____	_____	() _____
_____	_____	_____	_____	() _____
_____	_____	_____	_____	() _____

SECTION 2. Military Service

Date(s) _____ Branch of Service _____

Rank _____ Type of Discharge _____

While in the military, were you ever charged with an offense that resulted in disciplinary action or special or general court martial? Yes No

If yes, please attach documents.

SECTION 3. Tribal Enrollment

Enrolled member of a Federally Recognized Tribe Yes No

If yes, please fill out below

Tribal Affiliation: _____

Enrollment ID #: _____

Address & Telephone Number of Tribe where you are Enrolled

SECTION 4. A. EMPLOYMENT HISTORY (PAST 10 YEARS)

Begin with the most recent employer

Employer _____ Phone Number () _____

Address _____

From _____ To _____ Job Title _____ Supervisor _____

Reason for Leaving _____

Employer _____ Phone Number () _____
Address _____
From _____ To _____ Job Title _____ Supervisor _____
Reason for Leaving _____

Employer _____ Phone Number () _____
Address _____
From _____ To _____ Job Title _____ Supervisor _____
Reason for Leaving _____

Employer _____ Phone Number () _____
Address _____
From _____ To _____ Job Title _____ Supervisor _____
Reason for Leaving _____

Employer _____ Phone Number () _____
Address _____
From _____ To _____ Job Title _____ Supervisor _____
Reason for Leaving _____

Employer _____ Phone Number () _____
Address _____
From _____ To _____ Job Title _____ Supervisor _____
Reason for Leaving _____

Employer _____ Phone Number () _____
Address _____
From _____ To _____ Job Title _____ Supervisor _____
Reason for Leaving _____

Employer _____ Phone Number () _____
Address _____
From _____ To _____ Job Title _____ Supervisor _____
Reason for Leaving _____

Employer _____ Phone Number () _____
Address _____
From _____ To _____ Job Title _____ Supervisor _____
Reason for Leaving _____

B. List any businesses you have or owned or had interest in within the past 10 years

Business Name	Address	% Owned/Interest	Dates
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

C. List any previous or existing business relationships with Indian Tribes or the Gaming Industry, including ownership interests in those businesses

D. Have you ever applied for a Permit or License related to Gaming? Yes No
Have you ever been denied a Permit or License related to Gaming? Yes No
If yes, please provide the following information

Type of Licenses _____ State _____

Agency Issuing License _____

Address _____ Phone () _____

If License was revoked, provide details _____

E. Are you now or have you ever been convicted of or are you being currently prosecuted for a felon? Yes No

If yes, please list charge, date, city, name and address of the courts involved and disposition:

F. Are you now being or have you ever been prosecuted or convicted of a misdemeanor (excluding minor traffic violations) within the last 10 years of the date of this application? Yes No

If yes, please list charge, date, city, name and address of the courts involved and disposition:

G. Are you being or have you ever been charged with any crime **(excluding minor traffic violations)** within the last 10 years of the date of this application that is not otherwise listed in E or F? Yes No

If yes, please list charge, date, city, name and address of the courts involved and disposition:

H. Have you ever held or applied for a privileged or professional license with any regulatory Agency? Yes No

If yes, list the name and address of each licensing or regulatory agency

Name	Address	City	State	Phone Number
_____	_____	_____	_____ ()	_____
_____	_____	_____	_____ ()	_____
_____	_____	_____	_____ ()	_____

I certify that all statements made by me in this document are true, complete and correct to the best of my knowledge and belief and are made in good faith.

Signature: _____ Date: _____

ATTACHMENT:

PHOTOGRAPH

This Record is subject to the following use and dissemination restrictions.

Under provisions set forth in Title 28, Code of Federal Regulations (CFR), Section 50.12, both Governmental and Nongovernmental entities authorized to submit fingerprints and receive FBI identification records must notify the individuals finger printed that the fingerprints will be used to check the criminal history records of the FBI.

Identification records obtained from the FBI may be used solely for the purpose requested and may not be disseminated outside the receiving department, related agency or other authorized entity. If the information on the record is used to disqualify an applicant, the official making the determination of suitability for licensing or employment shall provide the applicant the opportunity to complete, or challenge the accuracy of, the information contained in the FBI identification record. The deciding official should not deny the license or employment based on the information in the record until the applicant has been afforded a reasonable time to correct or complete the information, or has declined to do so. An individual should be presumed not guilty of any charge/arrest for which there is no final disposition stated on the record or other determined. If the applicant wishes to correct the record as it appears in the FBI's CJIS Division Records System, the applicant should be advised that the procedures to change, correct or update the record are set forth in Title 28, CFR Section 16.34.

Signature: _____ Date: _____



REQUEST FOR RECORD CHECK
OFFICE OF ATTORNEY GENERAL
 SFN 50424 (09-01-2008)

- New Employee
 Renewal

Mail this form and fee(s) to:
 OFFICE OF ATTORNEY GENERAL
 GAMING DIVISION
 600 EAST BOULEVARD AVE - DEPT 125
 BISMARCK ND 58505-0040
 E-mail: recordcheck@nd.gov

Fee is \$15. The organization, distributor, or Casino will be contacted if an additional fee is necessary for an out of state record check.

- Charitable Organization
 Distributor
 Indian Gaming

Please Type or Print Legibly

EMPLOYEE INFORMATION					
Last Name		First Name		Middle Initial	
Social Security Number		Date of Birth	Place of Birth (city and state)		
Address					MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>
City	State	Zip Code	Home Phone Number	Work Phone Number	
Have you ever previously used any other first or last name, including a maiden name? <input type="checkbox"/> YES <input type="checkbox"/> NO If "YES", list all other names used.					

PRIVACYACT NOTIFICATION

Your social security number is requested to permit the North Dakota Attorney General to properly conduct a background investigation pursuant to N.D.C.C. section 53-06.1-03 and N.D.A.C. sections 99-01.3-01-03, 99-01.3-02-02, 99-01.3-15-01 before the issuance of a state gaming license or the conducting of a gaming employee criminal record check. Disclosure of your social security number is voluntary. However, not providing this information may result in delay in the issuance of a license due to misidentification or criminal records check requirements of other state, local, or federal agencies.

RESIDENCE(S) OF PREVIOUS 5 YEARS (10 YEARS FOR INDIAN GAMING)

Have you lived in another state in the last 5 years? (10) YES NO Out-of-State record check will be completed by the Organization, Distributor, or Tribe
 If "YES", list all of the states in which you have lived during the previous 5 years. (10)

State	Year to	State	Year to	State	Year to
State	Year to	State	Year to	State	Year to

CERTIFICATION AND AUTHORIZATION

I declare that the employee information on this form is true and correct. I authorize the Office of Attorney General to obtain information about my background and to release information on any criminal record found, including a copy of a "Report of Arrest and Prosecution," to the organization or distributor referenced below.

Signature	Date
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ORGANIZATION, DISTRIBUTOR, OR TRIBE (Please type or print legibly)

Organization, Distributor, or Casino Requesting the Record Check		Organization or Distributor License No.
Employment Statement: This person will be employed on: _____ Date of Employment	If Indian Gaming Casino, this person will be employed as: <input type="checkbox"/> Gaming Employee <input type="checkbox"/> Non-Gaming Employee <input type="checkbox"/> Management _____ Specify	
Signature of Organization, Distributor, or Tribal Representative	Title	Date

OFFICE OF ATTORNEY GENERAL USE ONLY	Date Stamp
_____ No information is available because either no information exists or dissemination is prohibited.	
_____ No check has been done in the state of _____ because access to record system was denied.	
_____ Criminal Record Found (read attached copy of Report of Arrest and Prosecution)	

Based on the result of a record check, an organization, distributor, or casino must determine whether a person is eligible for employment as a gaming employee. Gaming organizations and distributors you may refer to North Dakota Century Code § 53-06.1-06(5)(a) and (b), which prohibit a person who has a certain criminal history record from being eligible for employment for a certain time. As referenced by these laws, section 6-08-16.1 relates to issuing a check or draft without account; chapter 12.1-06 relates to criminal attempt, facilitation, solicitation, and conspiracy; chapter 12.1-23 relates to theft and related offenses; chapter 12.1-24 relates to forgery and counterfeiting; chapter 12.1-28 relates to gambling and related offenses; and chapter 53-06.2 relates to parimutuel horse racing.



Background Licensing Officer
 Spirit Lake Casino & Resort
 701-766-4747 Ext. 290

Background Investigation

Authority of release of information

Date: _____ Position Selected For: _____
 (Today's Date) (Department and Title)

Name _____ SSN _____
 Last First Middle

Other Name Now or Previously Used (Print): _____
 (Alias, Maiden, Previous Marriage, Witten or Oral)

Telephone: Home () _____ Work () _____ Message () _____

Address _____
 Street/P.O. Box City/State Zipcode

Date of Birth ____ / ____ / ____ City _____ State _____ County _____

Driver's License/ID # _____ State _____ Expiration Date _____

Are you a United States Citizen? Yes No Sex: Male Female

Tribal Affiliation: _____ Enrollment ID #: _____

Have you ever been employed by the Spirit Lake Casino & Resort? Yes No

Have you ever been charged or convicted of a Felony, Misdemeanor or Theft related charge within the last 10 years (Federal Court, State Court and/or Tribal Court)? Yes No

NOTE: If you have been charged with or convicted of a crime within the last 10 years, you must list all of the charges and convictions, regardless of disposition, dismissed or not. If more room is needed, please use a separate sheet of paper.

Date of Arrest	Offense	City	State	Felony/Misdemeanor	Disposition

I hereby attest that the above information is true and accurate to the best of my knowledge and authorize any investigator hearing this release, or a copy thereof, anytime during my employment with Spirit Lake Casino, to obtain any information from schools, credit bureaus, residential management agents, employers, criminal justice agencies, or individuals, relating to my activities. This information may include, but is not limited to, academic, residential, achievement, performance, attendance, personal history, medical, disciplinary, arrest and conviction records. I hereby direct you to release such information upon request of the bearer. I understand that the information released is for official use and maybe disclosed to such third parties as necessary in the fulfillment of official responsibilities.

I acknowledge that this type of information may be released, even though this record is designated as "nonpublic." I also agree to hold harmless the Spirit Lake Tribe, the State of North Dakota, any other states listed above, or any officer or employee from all liability for any claim or damages resulting from the release of this information.

In the event of my employment, I understand that false or misleading information will result in an immediate discharge from employment. I also understand that in the event that my background investigation is inconsistent with the North Dakota State Gaming Compact and the Indian Gaming Regulatory Act, I may not be suitable for certain gaming positions.

Signature: _____ Date: _____

PRIVACY ACT NOTICE

Authority for Collection Information

E.O. 10450; 5 USC 1303-1305, 42 USC 2165 and 2455; 22 USC and 2519; and 5USC 3301

Purposes and Uses

Information provided on this form will be furnished to individuals in order to obtain information regarding your activities in connection with an investigation to determine (1) fitness for employment, (2) clearance to perform contractual service, (3) security clearance or access. The information obtained may be furnished dot third parties as necessary in the fulfillment of official responsibilities.

Effects of Non disclosure

Furnishing the request information is voluntary but failure to provide all or part of the information may result in a lack of further consideration for employment, clearance or access, or in the termination of your employment.