



Criteria for Obtaining a Gaming License Waiver

1. A completed gaming application consists of the following items (if applicable). Applicant must:
 - a. Be an enrolled member of the Spirit Lake Tribe or be providing for the support of an enrolled family member/significant other. Proof of Spirit Lake Tribal enrollment is required for self or family member/significant other.
 - b. Complete both the Gaming License Waiver Application and the Background Licensing Application with the Backgrounds/Licensing Officer.
 - c. Applicant must submit disposition papers for felony conviction(s) to the Backgrounds/Licensing Officer.
 - d. If required by sentence, submit a letter of proof for completion of a rehabilitation/treatment program. A rehabilitation program is a positive when applying for a gaming license waiver.
 - e. Submit a non-refundable gaming license fee of \$40. This fee covers a \$25 Tribal Court background check and a \$15 state background check.
2. Once all the information is obtained, the Backgrounds/Licensing Officer will submit the Gaming License Waiver to the Spirit Lake Gaming Commission Executive Director for gaming commission consideration. The Spirit Lake Gaming Commission meets regularly on the third Thursday of every month. Applicants will be notified of a change in schedule.
3. The Executive Director will call and send applicant a written notification on the outcome via certified mail within 2-3 days after a decision has been made. The Executive Director will also send notification to both the Human Resource Director and Background Licensing Officer.
4. If the Gaming License Waiver is approved, then the applicant will then be allowed to apply for positions with Human Resources. A waiver application is not considered an employment application, they are two separate processes. After approval and if hired, the applicant's tribal and state backgrounds will not need to be resubmitted during orientation.
5. If the Gaming License Waiver is disapproved, then the applicant will have to wait six (6) months to reapply.
6. 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.
7. 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: 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: cbrown@spiritlakecasino.com



Felony Gaming Waiver Application

Please complete the information below and fill out a Spirit Lake Casino & Resort Background Application, included in this packet. For any questions, please read the Criteria on the previous page.

Personal Information

Full Name:		DOB:	
Address:		SSN:	
City, State, ZIP:		Phone:	
Desired Position:		Email:	
Reason for Applying for a Felony Gaming Waiver:			
Enrollment #:		Name, Relation	Enrollment #
Name and number(s) of enrolled spouse and/or dependent(s), if applicant is not enrolled:			

Felony Information:

Date	Felony Charge	Jurisdiction	Release/Probation End Date

*If you need more room, please attach a list with similar details.

By signing this application, you agree that all information is true to the best of your knowledge.

Applicant Signature

Application Date

For Official Use Only, Spirit Lake Gaming Commission			
Date Received:		Waiver Approved:	
Received By:		SLGC Approval Date:	



Cody Greywater
Backgrounds/Licensing Officer
Spirit Lake Casino & Resort
7889 Hwy 57 S
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 to Spirit Lake Casino & Resort. This amount varies depending on the background checks performed.
- Background Investigation (10 years prior) including probation end date.
- 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 General's Office/BCI
- Applicant **MUST NOT** have any active warrants. (Application will be put on hold until active warrant is dismissed.)

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. The Background Licensing Officer is available Monday – Friday 9:00am to 5:00pm should you have any questions. Thank you for your cooperation!



Cody Greywater
Backgrounds/Licensing 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 legibly, and use black or blue 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() _____

Physical Address: _____
Street /P.O. Box City/State Zip code

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

Email Address: _____

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 **TWO** personal references **not related** to you

INCLUDE ONE PERSONAL REFERENCE WHO WAS ACQUAINTED WITH THE APPLICANT DURING EACH PERIOD OF RESIDENCE LISTED

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 list details:

Tribal Affiliation: _____

Enrollment ID #: _____

Address & Telephone Number of Tribal Enrollment Office:

SECTION 4. Employment of Relatives

In your position of employment at Spirit Lake Casino & Resort, will you be in a direct reporting relationship with any immediate family member, including spouse, parent, sibling, child, aunt, uncle, niece, nephew, grandchild, grandparent, great-grandparent, great-grandchild, mother-in-law, father-in-law, or significant other. If so, please list all relationships:

SECTION 5. 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 _____

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 felony?
 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
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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

NONCRIMINAL JUSTICE APPLICANT'S PRIVACY RIGHTS

As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for employment or a license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below. All notices must be provided to you in writing.¹ These obligations are pursuant to the Privacy Act of 1974, Title 5, United States Code (U.S.C.) Section 552a, and Title 28 Code of Federal Regulations (CFR), 50-12, among other authorities.

- You must be provided an adequate written FBI Privacy Act Statement (dated 2013 or later) when you submit your fingerprints and associated personal information. This Privacy Act Statement must explain the authority for collecting your fingerprints and associated information and whether your fingerprints and associated information will be searched, shared, or retained.²
- You must be advised in writing of the procedures for obtaining a change, correction, or update of your FBI criminal history record as set forth at 28 CFR 16.34.
- You must be provided the opportunity to complete or challenge the accuracy of the information in your FBI criminal history record (if you have such a record).
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the employment, license, or other benefit based on information in the FBI criminal history record.
- If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at <https://www.fbi.gov/services/cjis/identity-history-summary-checks> and <https://www.edo.cjis.gov>.
- If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI by submitting a request via <https://www.edo.cjis.gov>. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.)
- You have the right to expect that officials receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.³

¹ Written notification includes electronic notification but excludes oral notification.

² <https://www.fbi.gov/services/cjis/identity-history-summary-checks>

³ See 42 U.S.C. § 114121, 44 U.S.C. § 2111, and 16 C.F.R. § 117.100, which are cited as 12 U.S.C. & Executive Order No. 13024, 68 Fed. Reg. 7023 (Feb. 1, 2003).



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 Zip code

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 AND/OR including probation end date (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 for 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 Use

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.



**NON-CRIMINAL JUSTICE REQUEST FOR
CRIMINAL HISTORY RECORD INFORMATION**
OFFICE OF ATTORNEY GENERAL
BUREAU OF CRIMINAL INVESTIGATION
SFN 50744 (05/14)

FOR BCI USE ONLY	
Check Number	
Amount	
Receipt Number	
Receipt Date	

INSTRUCTIONS

- 1 Please type or print legibly and ensure that all information is complete. Incomplete or illegible requests will be returned
- 2 Background request only covers North Dakota criminal history records
- 3 State law (NDCC § 12-60-16.6) requires the subject's name and at least two other provided items of information match the data in the criminal history record system before a record may be released. Providing maiden or former names is very important. Please ensure Social Security Number and Date of Birth are provided and are correct. A set of fingerprints is not required, but may be submitted.
- 4 The required \$15.00 fee [U.S. Dollars] per record check must be included with this request. The check or money order must be made payable to the North Dakota Attorney General.
- 5 To complete the criminal history record check, we must have a signed authorization form (SFN 51156) from the subject OR the subject's current address. If a signed authorization form is not provided, state law requires BCI provide notice to the subject if a record is disseminated. (NDCC § 12-60-16.8)
6. Return the request to:

Criminal Records Section
North Dakota Bureau of Criminal Investigation
4205 State Street
PO Box 1054
Bismarck ND 58502-1054
(701) 328-5500

Use street address when shipping by next day service.

REQUESTER INFORMATION - RESULTS WILL BE MAILED TO INDIVIDUAL OR COMPANY INDICATED IN THIS BLOCK

Mail to Attention of Spirit Lake Gaming Commission		Telephone Number (701) 766-4747
Name/Company Spirit Lake Casino & Resort		
Address 7889 Highway 57		
City St. Michael	State NORTH DAKOTA	ZIP Code 58370

RECORD CHECK WILL BE CONDUCTED ON INDIVIDUAL LISTED BELOW

Last Name	First Name (no initials)	Middle Name
(AKA/Maiden/Former) Last Name(s)	First Name	Middle Name
Date of Birth (MM/DD/YYYY)	Social Security Number	BCI State ID Number (if known)
Specific reportable criminal event identified by date, offense, and agency or court (if known)		
Current Address (If current address is not furnished, a signed authorization form must be attached)		
City	State	ZIP Code

Your social security number is requested to permit the North Dakota Bureau of Criminal Investigation to conduct a criminal history record information background investigation under N D C C § 12-60-16.6. Disclosure of your social security number is voluntary. However, not providing this information will result in the requirement that other information be provided, including a reportable criminal event or the submission of fingerprints.

FOR BCI USE ONLY

SID Number	Released Date	Y/N	P/P	OFND	OFND LTR
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