

MISSOURI GAMING COMMISSION



LEVEL II OCCUPATIONAL LICENSE APPLICATION PERSONAL DISCLOSURE FORM 2

You must make accurate statements and include all material facts. Any misrepresentation, or the failure to provide requested information, may result in the denial of your application and/or criminal charges being filed against you. Any statement that is not true or not disclosed which becomes known at any later date is cause for revocation of your occupational license.

Note: The Commission, notwithstanding the provisions of section 610.110, RSMo., has access to both closed and open records pursuant to section 313.004, RSMo. Please answer all the questions fully and thoroughly.

APPLICATION INSTRUCTIONS

THIS FORM MUST BE SUBMITTED BY APPLICANTS SEEKING A LEVEL II OCCUPATIONAL LICENSE.

PLEASE READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS FORM.

I. COMPLETING THIS FORM:

- a. You must make accurate statements and include all material facts. Any misrepresentation, or the failure to provide requested information, may result in the denial of your application and/or criminal charges being filed against you. Any statement that is not true or not disclosed which becomes known at any later date is cause for revocation of your occupational license. Notwithstanding the provisions under 610.110, RSMo, the Commission has access to both open and closed records as provided under 313.004, RSMo. Please be thorough and complete in response to these questions.

Prohibited acts, penalties--commission to refer violations to attorney general and prosecuting attorney--venue for actions.

313.830.4. A person commits a class D felony and, in addition, shall be barred for life from excursion gambling boats under the jurisdiction of the commission, if the person:

(15) Knowingly makes a false statement of any material fact to the commission, its agents or employees.

- 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, indicate "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 your application is not legible, it will not be accepted.
- d. You must personally initial and date in the space provided on the bottom of each page of the form.
- e. 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. The blank page on page 25 may be used to provide this additional information. You must personally initial and date your application at the bottom of each of these attachment pages.
- f. If you make any modification to the pre-printed questions or information contained in this form, your application will be rejected. Once your application is accepted, it becomes the property of the Missouri Gaming Commission and will not be returned.

IMPORTANT NOTICES

Persons submitting this form are required to be fingerprinted. You will be informed as to where you will be fingerprinted when you file this form.

You may be required to provide additional information or submit additional forms.

You must immediately notify the Missouri Gaming Commission of any changes in the information submitted in this form and related materials.

This application will expire 30 days from the date of execution.

Initials _____ Date _____

II. BE SURE TO:

- a. Attach a recent (within the past six months) color photograph of yourself in the space provided on page 8.
- b. Sign the Verification form on page 26, the Public Disclosure Verification on page 29 and the Individual's Request to Release Information on page 34 in the presence of a notary public, justice of the peace, commissioner for declarations or other person legally authorized to notarize your signature.
- c. Check to ensure that you have placed your initials and the date on the bottom of each page of this form in the space provided and on any attachment pages. Using BLUE ink will make it clear that your application is to be considered an original and not a photocopy.

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

- a. You have reviewed the Missouri Gaming Commission's filing instructions for the type of license, approval or qualification that you are seeking.
- b. You have included all required attachments listed in this form.
- c. The Verification, Public Disclosure Verification and Individual's Request to Release Information forms are notarized on the original application.
- d. Every question has been answered completely.
- e. You retain a completed copy of your application packet for your own records.

Initials _____ Date _____



**STATE OF MISSOURI
MISSOURI GAMING COMMISSION
LICENSEE ENTRY DATA**

APPLICATION NO.		GAMING LICENSEE NO.		SOCIAL SECURITY NO.		DATE OF BIRTH		AGE			
BOAT ID											
AR Argosy		AK Ameristar KC		AS Ameristar SC		IC Lady Luck Caruthersville		IB Isle of Capri Boonville		CG IOC - Cape Girardeau	
HA Harrah's NKC		HJ St Jo Frontier		HM Mark Twain		IK Isle of Capri KC		HC Hollywood		CC River City	LU Lumiere
SUPPLIER											
Company Name:											
LICENSE TYPE											
For these license types applicant must be 21 or older				KP Key Person		L1 Level 1		L2 Level 2			
An applicant 18 or over but under 21 is eligible only for a RESTRICTED license				RKP Key Person		R1 Level 1		R2 Level 2			
NAMES											
LAST NAME				FIRST NAME			MIDDLE NAME				
SELECT NAME SUFFIX, IF APPLICABLE											
JR		SR		II		III		IV		V	
OTHER NAMES USED E.G., MAIDEN NAME, ALL PREVIOUS MARRIED NAMES, ALIASES, AKA (ALSO KNOWN AS)											
ADDRESS											
ENTER LICENSEE'S HOME ADDRESS INCLUDING HOME AND MOBILE PHONE INFORMATION											
STREET ADDRESS, SUITE NO., ETC											
PO BOX							HOME PHONE:				
CITY:			STATE:		ZIP CODE:		MOBILE PHONE:				
*PLACE OF BIRTH:			**COUNTRY OF CITIZENSHIP:				GENDER: Male Female				
*SEE PAGE 5 FOR THE PLACE OF BIRTH CODE				**SEE PAGE 6 FOR THE COUNTRY OF CITIZENSHIP CODE							
ETHNIC ORIGIN											
African		African-America		Alaska Native		American Indian		Asian		Caucasian	
East Indian		Hispanic		Middle Eastern		Pacific Islander		Other			
HEIGHT: ft. in				WEIGHT: pounds							
HAIR											
Auburn		Bald		Black		Blonde		Brown		Gray	
Red		Salt/Pepper		Sandy		Strawberry		White		Other	
EYES											
Black		Blue		Brown		Gray		Green		Hazel	
Maroon		Pink		Other							
WORK DEPARTMENT											
Accounting	Casino Host	Facilities	Hard Count	Management	Purchasing Department	Soft Count	Warehouse				
Administration	Casino Operations	Finance	Hotel Sales	Marine Operations	Restaurant	Special Events					
Admission	Club	Food & Beverage	Housekeeping	Marketing	Safety	Surveillance					
Anti-Money Laundering	Consultant	General Management	Human Resources	MIS	Sales	Table Games					
Audit	Count	Gift Shop	Information Technology	PBX	Security	Ticketing					
Cage	EVS	Gold Card	Inventory Control	Players Club	Shuttle	Training/Development					
Casino Beverage	Executive	Guest Services	Maintenance	Property Operations	Slots	Wardrobe					
JOB TITLE											
OCCUPATION CLASSIFICATION (TO BE COMPLETED BY THE CASINO HUMAN RESOURCES DEPARTMENT)											
BLU Solid Blue			DIA Red Diagonal Stripes (gaming)			GRE Solid Green (surveillance)					
HOR Red Horizontal Stripes			RED Solid Red (security and guest safety)			WHI Solid White (non-casino)					

Initials _____

Date _____

Place of Birth

Code	Description	Code	Description	Code	Description	Code	Description	Code	Description	Code	Description
EE	Absentee Shawnee	DW	Citizen Band	HE	Heard Island And	YO	Mayotte, Territorial	PW	Pawnee Tribe	TW	Taiwan, Republic Of
AF	Afghanistan		Pottawatomie Tribe		Mcdonald Islands		Collect	PA	Pennsylvania		China
AG	Aguscalientes	DB	Clipperton Island	HL	Hidalgo	IX	Menominee Indian	RC	People's Republic	TJ	Tajikistan
AL	Alabama	CU	Coahuila	HD	Honduras		Nation		Of China	TA	Tamaulipas
AK	Alaska	DD	Cocos (Keeling)	HK	Hong Kong	MX	Mexico (State)	PU	Peru	TZ	Tanzania, United
AA	Albania		Islands	HO	Howland Island	MM	Mexico--Use Only	PI	Philippines		Republic Of
AB	Alberta	CL	Colima	HU	Hungary		When State Is	PC	Pitcairn, Henderson,	TN	Tennessee
AN	Algeria	CB	Colombia, Republic	IC	Iceland		Unknown		Ducie And Oeno	TX	Texas
AM	American Samoa		Of	ID	Idaho	DS	Miami Tribe		Islands	TH	Thailand
AD	Andorra	CO	Colorado	IL	Illinois	MI	Michigan	PO	Poland	TL	Thaxcala
AO	Angola	DP	Comanche Nation	II	India	MC	Michoacan	PN	Ponca Tribe	TO	Togo
AE	Anguilla	DG	Comoros	IN	Indiana	MW	Midway Islands	PT	Portugal	TK	Tokelau
AI	Antigua And	ZR	Congo, Democratic	IO	Indonesia	LC	Mille Lacs	PE	Prince Edward	TG	Tonga
	Barbuda		Republic Of (Zaire)	IA	Iowa	MN	Minnesota	PB	Puebla	TQ	Tongareva
AX	Apache Tribe	CT	Connecticut	IW	Iowa Tribe	MS	Mississippi	PR	Puerto Rico	TT	Trinidad And
AT	Argentina	DI	Cook Islands	IR	Iran	MO	Missouri	QA	Qatar		Tobago
AZ	Arizona	DJ	Coral Sea Islands	IQ	Iraq	LD	Moldova	PQ	Quebec	TM	Tromelin Island
AR	Arkansas	CR	Costa Rica	IE	Ireland	MJ	Monaco	QU	Queretaro	TD	Trust Territory Of
AP	Armenia	IY	Cote D'Ivoire	NI	Ireland (Northern)	MG	Mongolia	QR	Quintana Roo		The Pacific Islands
AJ	Aruba	KC	Croatia	IB	Isle Of Man	MT	Montana	RL	Red Lake Indian	TF	Tuamotu
AH	Ashmore And	CC	Cuba, Republic Of	IS	Israel	RR	Montserrat		Agency		Archipelago
	Cartier Islands	CS	Cyprus	IT	Italy	MR	Morelos	RB	Republic Of Congo,	TU	Tunisia
AS	Australia	EZ	Czech Republic	JL	Jalisco	MQ	Morocco		Brazzaville	TY	Turkey
AU	Austria	DE	Delaware	JM	Jamaica	ZO	Mozambique	RY	Republic Of Yemen	UR	Turkmenistan
AV	Azerbaijan	DK	Denmark	JN	Jan Mayen	DT	Muscogee (Creek)	RE	Reunion	TR	Turks And Caicos
AQ	Azores Islands	DL	Devil's Lake Sioux	JA	Japan		Tribe	RI	Rhode Island		Islands
BD	Bahamas		Tribe	JR	Jarvis Island	BR	Myanmar (Burma)	RU	Romania/Rumania	UC	Turtle Mtn. Band Of
BE	Bahrain/Bahrein	DC	District Of Columbia	JE	Jersey, Bailiwick Of	SJ	Namibia (South-	RA	Russia		Chippewa
BA	Baja California	DF	Distrito Federal	JI	Johnston Islands		West Africa)	RF	Russian Federation	TV	Tuvalu
	(Northern Section)	DN	Djibouti	JO	Jordan	NR	Nauru	RW	Rwanda	UG	Uganda
BJ	Baja California Sur	DM	Dominica	JU	Juan De Nova	VL	Navassa Island	FX	Sac & Fox	UK	Ukraine
	(Southern Section)	DR	Dominican Republic		Island	NA	Nayarit	HS	Saint Helena	TC	United Arab
BK	Baker Island	DO	Durango	KS	Kansas	NB	Nebraska	LU	Saint Lucia		Emirates
BW	Balearic Islands	EU	Ecuador	KT	Kazakhstan	NP	Nepal	PS	Saint Pierre And	XX	Unknown Place Of
BL	Bangladesh	EY	Egypt	KY	Kentucky	NE	Netherlands		Miquelon		Birth
BB	Barbados	EL	El Salvador	KE	Kenya	NV	Nevada	VV	Saint Vincent And	UY	Uruguay
BF	Bassas Da India	EN	England	KK	Kickapoo Tribe	NK	New Brunswick		The Grenadines	US	Usa (Us Govt/Us
BG	Belgium	EK	Equatorial Guinea	KI	Kingman Reef	NQ	New Caledonia	SL	San Luis Potosi		Military)
BH	Belize	ET	Eritrea	KW	Kiowa	NH	New Hampshire	SH	San Marino	UT	Utah
DH	Benin	ES	Estonia	KB	Kiribati	NJ	New Jersey	TP	Sao Tome And	UZ	Uzbekistan,
BM	Bermuda	EO	Ethiopia	KN	Korea (North)	NM	New Mexico		Principe		Republic Of
BN	Bhutan	ER	Europa Island	KO	Korea (South)	NY	New York	SN	Saskatchewan	HN	Vanuatu (Formerly
BV	Bolivia	FA	Falkland Island	KU	Kuwait	NZ	New Zealand	SB	Saudi Arabia		New Hebrides)
NX	Bonaire, Curacao	FO	Faroe Islands	KZ	Kyrgyzstan	NF	Newfoundland	SS	Scotland	VY	Vatican City
	(Netherlands	FS	Federated States Of	LP	Lac Du Flambeau-		(Includes Labrador)	SK	Seminole Nation	VZ	Venezuela
	Antilles)		Micronesia		Band of Lake	NU	Nicaragua	DV	Seneca-Cayuga	VC	Veracruz
BP	Bosnia and	FJ	Fiji		Superior	NN	Niger		Tribes	VT	Vermont
	Herzegovina	FD	Finland	LS	Laos	NG	Nigeria	SG	Senegal	VI	Virgin Islands (U.S.)
BT	Botswana	FL	Florida	LT	Latvia	IU	Niue	SE	Seychelles	VA	Virginia
BQ	Bouvet Island	FC	Fond Du Lac	LN	Lebanon	OF	Norfolk Island	KP	Shakopee	WK	Wake Island
BZ	Brazil	FN	France	LL	Leech Lake Band Of	NC	North Carolina	SA	Sierre Leone	WL	Wales
BC	British Columbia	FG	French Guiana		Chippewa	ND	North Dakota	SI	Sinaloa	WF	Wallis And Futuna
BO	British Indian Ocean	FP	French Polynesia	LE	Lesotho	NT	Northwest	SR	Singapore	WA	Washington
	Territory	FR	French Southern	LB	Liberia		Territories	LF	Slovakia	WB	West Bank
VB	British Virgin Islands		And Antarctic Lands	LY	Libya	NW	Norway	LO	Slovenia	WN	West Indies-For
BX	Brunei	GB	Gabon	LI	Liechtenstein	NS	Nova Scotia	RV	Socialist Republic		Islands Not Listed
BU	Bulgaria	GK	Gambia, The	LH	Lithuania	NL	Nuevo Leon		Of Vietnam	WV	West Virginia
UV	Burkina Faso	GZ	Gaza	LA	Louisiana	OA	Oaxaca	BS	Solomon Island	RS	Western Sahara
BI	Burundi	GA	Georgia	LX	Luxembourg	OS	Oglala Sioux		(Formerly British)		(Formerly Spanish)
BY	Byelarus	GD	Georgia (Formerly	OC	Macau (Formerly	OH	Ohio	SM	Somalia	WS	Western Samoa
CK	Caddo Tribe		Gruzinskaya)		Macao)	OI	Okinawa	SO	Sonora	WE	White Earth
CA	California	GE	Germany	ZD	Macedonia	OK	Oklahoma	SF	South Africa	WT	Wichita Tribe
CJ	Cambodia	GG	Ghana	IM	Madeira Islands	OM	Oman	SC	South Carolina	WI	Wisconsin
CM	Cameroon	RG	Gibraltar	ME	Maine	OT	Oneida Tribe Of	SD	South Dakota	WD	Wyandotte Tribe
CE	Campeche	GO	Glorioso Islands	MP	Malagasy Republic		Indians Of	GS	South Georgia &	WY	Wyoming
CD	Canada	GC	Greece		(Includes		Wisconsin		South Sandwich	YU	Yucatan
CZ	Canal Zone	GN	Greenland		Madagascar)	ON	Ontario	SP	Spain	YG	Yugoslavia
ZI	Canary Islands	GJ	Grenada	MF	Malawi	OR	Oregon	TE	Sprattly Islands,	YT	Yukon (Territory)
CV	Cape Verde Islands	GP	Guadeloupe	MZ	Malaysia	OG	Osage Nation		Tongareva Island	ZA	Zacatecas
CG	Caroline Islands	GM	Guam	MV	Maldives	YY	Other Foreign	CY	Sri Lanka (Was	ZM	Zambia
CP	Cayman Islands	GU	Guanajuato	ML	Mali		Country		Ceylon)	RH	Zimbabwe, Republic
CW	Central African	GT	Guatemala	MY	Malta	OO	Otoe-Missouria	TS	St. Christopher		Of
	Republic	GF	Guernsey, Bailiwick	KH	Manahiki Island		Tribe		(Kitts) And Nevis		
CF	Chad		Of	MB	Manitoba	PK	Pakistan	SU	Sudan		
DA	Cheyenne &	GR	Guerrero	MK	Mariana Islands	PD	Palau, Republic Of	ZC	Surinam		
	Arapaho Tribes	GI	Guinea	MH	Marshall Islands	PL	Palmyra Atoll	SV	Svalbard		
CI	Chiapas	PG	Guinea-Bissau	ZB	Martinique	PM	Panama	SW	Swaziland		
CH	Chihuahua		(Portugese Guinea)	MD	Maryland	NO	Papua New Guinea	SQ	Sweden		
CQ	Chile	GY	Guyana	MA	Massachusetts		(Was New Guinea)	SZ	Switzerland		
HR	Christmas Island,	HT	Haiti	MU	Mauritania	PF	Paracel Islands	SY	Syria		
	Territory Of	HI	Hawaii	UM	Mauritius	PV	Paraguay	TB	Tabasco		

Country of Citizenship

Code	Description	Code	Description	Code	Description	Code	Description
AF	Afghanistan	DR	Dominican Republic	LX	Luxembourg	LU	Saint Lucia
AC	Africa	DO	Durango	OC	Macau (Formerly Macao)	SL	San Luis Potosi
SF	Africa (South)	EU	Ecuador	IM	Madeira Islands	SH	San Marino
AG	Aguascalientes	EY	Egypt	MP	Malagasy Republic (Includes Madagascar)	TP	Sao Tome & Principe
AA	Albania	EL	El Salvador	MF	Malawi	SB	Saudia Arabia
AN	Algeria	EN	England	MZ	Malaysia	SS	Scotland
AM	American Samoa	EK	Equatral Guinea	MV	Maldives	SG	Senegal
AD	Andorra	ES	Estonia	ML	Mali	SE	Seychelles
AO	Angola	EO	Ethiopia	MY	Malta	SA	Sierra Leone
AY	Antartica	FA	Falkland Island	MK	Mariana Islands	SK	Sikkim
AI	Antigua	FJ	Fiji	MH	Marshall Islands	SI	Sinaloa
AT	Argentina	FD	Finland	ZB	Martinique	SR	Singapore
AS	Australia	FN	France	MU	Mauritania	BS	Solomon Island (Formerly British)
AU	Austria	FG	French Guiana	UM	Mauritius	SM	Somalia
AQ	Azores Islands	FP	French Polynesia	MM	Mexico	SO	Sonora
BD	Bahamas	GB	Gabon	MX	Mexico (State)	SP	Spain
BE	Bahrain/Bahrein	GK	Gambia	MC	Michoacan	CY	Sri Lanka
BA	Baja California (Northern Section)	GE	Germany	MW	Midway Islands	PS	St. Pierre & Miquelon
BJ	Baja California (Southern Section)	EM	Germany (East)	MJ	Monaco	VV	St. Vincent & The Grenadadines
BL	Bangladesh	WG	Germany (West)	MG	Mongolia	SU	Sudan
BB	Barbados	GG	Ghana	RR	Montserrat	ZC	Surinam
BG	Belgium	RG	Gibraltar	MR	Morelos	SV	Svalbard
BH	Belize (was British Honduras)	GL	Gilbert & Ellice Islands	MQ	Morocco	SW	Swaziland
DH	Benin (Formerly Dahomey)	GC	Greece	ZO	Mozambique	SQ	Sweden
BM	Bermuda	GN	Greenland	SJ	Nambia (Southwest Africa)	SZ	Switzerland
BN	Bhutan	GJ	Grenada	NR	Nauru	SY	Syria
BV	Bolivia	GP	Guadeloupe	NA	Nayarit	TB	Tabasco
BF	Bosnia	GM	Guam	NP	Nepal	TW	Taiwan
BT	Botswana	GU	Guanajuato	NE	Netherlands (Holland)	TA	Tamaulipas
BZ	Brazil	GT	Guatemala	NX	Netherlands Antilles	TZ	Tanzania, United Republic of
BO	British Indian Ocean Territory	GR	Guerrero	NQ	New Caledonia	TH	Thailand
VB	British Virgin Islands	GI	Guinea	NZ	New Zealand	TL	Tlaxcala
BX	Brunei	PG	Guinea-Bissau (Portugese Guinea)	NU	Nicaragua	TO	Togo
BU	Bulgaria	GY	Guyana	NN	Niger	TG	Tonga
UV	Burkina Fasco (Formerly Upper Volta)	HT	Haiti	NG	Nigeria	TT	Trinidad and Tobago
BR	Burma	HL	Hidalgo	NW	Norway	TU	Tunisia
BI	Burundi	HD	Honduras	OA	Oaxaca	TY	Turkey
CJ	Cambodia	HK	Hong Kong	OM	Oman	TR	Turks & Caicos Islands
CM	Cameroon	HU	Hungary	YY	Other Foreign Country	UG	Uganda
CE	Campeche	IC	Iceland	PK	Pakistan	UR	Ukraine
CD	Canada	II	India	PM	Panama	TC	United Arab Emirates
CZ	Canal Zone	IO	Indonesia	NO	Papua New Guinea (was New Guinea)	UA	United Arab Republic
ZI	Canary Islands	IR	Iran	PV	Paraguay	US	United States of America
CV	Cape Verde Islands	IQ	Iraq	RC	Peoples Republic of China	UY	Uruguay
CG	Caroline Islands	IE	Ireland	PU	Peru	HN	Vanuatu (Formerly New Hebrides)
CP	Cayman Islands	NI	Ireland (Northern)	PI	Philippines	VZ	Venezuela
CW	Central African Republic	IS	Israel	PC	Pitcairn, Henderson, Ducie, Oeno Island	VC	Veracruz
CF	Chad	IT	Italy (Includes Sicily & Sardinia)	PO	Poland	VM	Vietnam
CI	Chiapas	JL	Jalisco	PT	Portugal	VN	Vietnam (North)
CH	Chihuahua	JM	Jamaica	TI	Portugueses Timor	VS	Vietnam (South)
CQ	Chile	JA	Japan	PB	Puebla	WK	Wake Island
CN	China	JI	Johnston Islands	QA	Qatar	WL	Wales
CU	Coahuila	JO	Jordan	QU	Queretaro	WN	West Indies
CL	Colima	KE	Kenya	QR	Quintana Roo	RS	Western Sahara (Formerly Spanish)
CB	Colombia	KR	Korea	RB	Republic of Congo, Brazzaville	WS	Western Samoa
CR	Costa Rica	KN	Korea (North)	RE	Reunion	YE	Yemen Arab Republic
IY	Cote D'Ivoire, Republic (Ivory Coast)	KO	Korea (South)	RH	Rhodesia, now Republic of Zimbabwe	ST	Yemen (Southern)
CX	Croatia	KU	Kuwait	RU	Romania/Rumania	YU	Yucatan
CC	Cuba	LS	Laos	SX	Russia (USSR)	YG	Yugoslavia
CS	Cyprus	LT	Latvia	RW	Rwanda	ZA	Zacatecas
CK	Czechoslovakia	LN	Lebanon	HS	Saint Helena	ZR	Zaire, Republic of
DK	Denmark	LE	Lesotho	AW	Saint Kitts - Nevis-Anguilla	ZM	Zambia, Republic of
DF	Distrito Federal (Mexico, D.F.)	LB	Liberia			ZW	Zimbabwe
DM	Dominica	LY	Libya				
		LI	Liechtenstein				
		LH	Lithuania				



STATE OF MISSOURI
MISSOURI GAMING COMMISSION
LICENSEE ENTRY DATA

1. DO YOU HOLD OR HAVE YOU EVER HELD A GAMING LICENSE IN THE STATE OF MISSOURI?
YES NO

2. IS YOUR LICENSE ACTIVE OR HAS IT EXPIRED?
ACTIVE EXPIRED

3. WHAT IS YOUR MISSOURI GAMING LICENSE NUMBER

4. IN THE LAST 30 DAYS, HAVE YOU APPLIED FOR A LICENSE AT ANOTHER BOAT IN MISSOURI?
YES NO

5. IF THE ANSWER TO NUMBER 4 ABOVE WAS YES, WHERE DID YOU APPLY?

6. ARE YOU CURRENTLY EMPLOYED BY A CASINO IN MISSOURI?
YES NO

7. IF THE ANSWER TO NUMBER 6 ABOVE IS YES, AT WHICH CASINO ARE YOU EMPLOYED?

8. IF THE ANSWER TO NUMBER 6 IS NO, WHAT WAS YOUR TERMINATION DATE?

9. HAS YOUR LICENSE EVER BEEN DENIED OR REVOKED IN ANY OTHER JURISDICTION?
YES NO

10. DID YOU REQUIRE ASSISTANCE TO COMPLETE THIS APPLICATION?
YES NO

11. WHAT IS YOUR PRIMARY LANGUAGE?

12. DO YOU HAVE ANY SCARS, TATTOOS, OR OTHER DISTINGUISHING MARKS AND/OR CHARACTERISTICS?
IF SO, DESCRIBE.

Initials _____

Date _____

IMPORTANT

FAILURE TO ANSWER ANY QUESTION ON THIS FORM COMPLETELY AND TRUTHFULLY WILL RESULT IN DENIAL OF YOUR APPLICATION AND/OR CRIMINAL CHARGES BEING FILED AGAINST YOU. ANY STATEMENT THAT IS NOT TRUE OR NOT DISCLOSED WHICH BECOMES KNOWN AT ANY LATER DATE IS CAUSE FOR REVOCATION OF YOUR OCCUPATIONAL GAMING LICENSE.

**AFFIX A COLOR PHOTOGRAPH
HERE THAT WAS TAKEN WITHIN
THE PAST SIX MONTHS.**

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

Initials _____ Date _____

1. Of what country are you a citizen? _____

A. Please indicate:

1. Date of birth: _____

2. Place of birth: _____
CITY/TOWN STATE/PROVINCE

3. Country of birth: _____

B. Attach a copy of:

1. Birth Certificate. If not available, provide proof that you have applied for a duplicate birth certificate.
2. Social Security Card. If not available, provide proof that you have applied for a duplicate Social Security Number Card.
3. Driver License or other government issued photo ID.
4. Marriage License if currently married or documentation of any name change.
5. Department of Homeland Security documents authorizing legal presence in the United States if not a citizen.

C. The original documents or a receipt showing documents have been ordered are required at the time of interview.

Initials _____ Date _____

2. Have you ever been issued a passport?

Yes

No

If yes, provide the following information about your passport(s):

PASSPORT NUMBER	COUNTRY OF ISSUE	PLACE ISSUED	DATE ISSUED	EXPIRATION DATE

3. If you are not a citizen of the United States:

(a) List the port of entry into the United States: _____

(b) Name and address of sponsor upon arrival:

4. If you are a naturalized citizen, provide the following information:

(a) Petition Number: _____

(b) Date Citizenship Granted: _____

(c) Court: _____

(d) City/State of Court: _____

(e) Certificate Number: _____

Initials _____

Date _____

RESIDENCE DATA

5. Beginning with your current residence(s) and working backward, provide the following information with respect to each place where you have lived (including residences while attending college or while in military service) during the past three (3) years or since the age of 18, whichever is less.

DATES		ADDRESS <small>(NO., STREET, APT#/FLAT#, CITY/TOWN, COUNTY/PARISH, STATE/PROVINCE, COUNTRY & ZIP/POSTAL CODE)</small>	OWN OR RENT
FROM: <small>(MO/YR)</small>	TO: <small>(MO/YR)</small>		

Initials _____ Date _____

FAMILY/SOCIAL DATA

6. What is your current marital status: Single Married Legally Separated Divorced Widow/Widower

A. CURRENT MARRIAGE (Provide a copy of your Marriage license and any government document that shows a name change)

Provide the information below regarding your current marriage and spouse:

Date of Marriage: _____

Name of Spouse: _____ Spouse's Place of Employment: _____
FIRST MIDDLE LAST

Spouse's Date of Birth: _____

Home Address: _____
STREET CITY/TOWN COUNTY/PARISH STATE/PROVINCE ZIP/POSTAL CODE

Telephone Number: _____ Spouse's Social Security Number: _____

B. PREVIOUS MARRIAGES

Provide the information below regarding your previous marriages:

(Do **NOT** include current spouse.)

NAME OF FORMER SPOUSE(S) (INCLUDE MAIDEN NAME, IF APPLICABLE)	DATE OF BIRTH	IF ANNULLED, SEPARATED OR DIVORCED, INDICATE DATE AND JURISDICTION WHERE SUCH ACTION WAS TAKEN

Initials _____ Date _____

MILITARY SERVICE DATA

7. Have you ever served in a military organization of any country or have you been an active or inactive member of a reserve force of any country?
 Yes No

If yes, provide the following information:

Country of Service: _____

Branch of Service: _____ Service Serial #: _____

Highest Rank Held: _____

Period(s) of Active Service: From: _____ To: _____

From: _____ To: _____

8. Date and type of discharge or separation (Honorable, Dishonorable, Honorable Conditions, Medical, etc.) from Military Service(s):

Date of each discharge/separation: Type of discharge(s):

Attach a copy of your DD214. If unavailable, attach a copy of a letter to the appropriate branch of the military requesting a copy of your DD214. If in reserves, please attach a copy of your discharge papers.

9. Have you ever been tried by military court martial or have you had charges** filed against you? Yes No

If yes, complete the following chart:

NATURE OF CHARGE OR ARREST	DATE AND LOCATION OF CHARGE OR ARREST	NAME OF MILITARY ORGANIZATION FILING CHARGES	DISPOSITION (CONVICTED, ACQUITTED, DISMISSED, PLEADING, ETC.)	SENTENCE

*In the United States, a military record is called a DD214. If you have served in the U.S. military, you **must** provide a copy of this record. If your military service was in another country, you should provide a copy of whatever official documentation was provided to you at the time of your discharge.

** Charges filed against you by the military authorities in any country would fall under the Code of Military Justice applicable to that jurisdiction. In the United States, this means any charges filed against you under Article 15 of the Uniform Code of Military Justice (summary court, deck court, captain's mast, company punishment, etc.)

Initials _____ Date _____

OFFICES AND POSITIONS

10. No casino may employ any person, their spouse or dependent child, who is currently an elected or appointed official of a city or county that has voted to approve riverboat gambling where a casino is located, or who has held such a position within the last two years. Please list all government positions and offices, whether salaried or unsalaried, held by you or your spouse during the last two (2) year period, beginning with the most recent.

DATES		TITLE OF OFFICE OR POSITION HELD	NAME AND ADDRESS OF GOVERNMENT AGENCY/ORGANIZATION
FROM: (MO/YR)	TO: (MO/YR)		

Initials _____ Date _____

EMPLOYMENT AND LICENSING DATA

11. a. Have you ever made application for, or held, a license, permit, registration, finding of suitability, qualification or other authorization to participate in any form or type of casino, gaming/gambling related operation (including any manufacturer of gaming/gambling equipment, junket operation, horse racing, dog racing, pari-mutuel operation, lottery, sports betting, Internet gaming, etc.) or alcoholic beverage operation in any jurisdiction? ***You must answer "YES" to this question if you ever applied and your application was granted, denied, returned to you by the gaming agency for any reason, withdrawn or is currently pending.***

Yes No

If yes, complete the following chart:

NAME & ADDRESS OF LICENSING AGENCY/ORGANIZATION (INCLUDING COUNTRY, STATE/PROVINCE, COUNTY OR MUNICIPALITY/TOWN)	TYPE OF LICENSE, PERMIT, APPROVAL OR REGISTRATION	DATE OF APPLICATION	DISPOSITION (GRANTED, DENIED OR PENDING, ETC.)	LICENSE, PERMIT, APPROVAL OR REGISTRATION NUMBER

Initials _____ Date _____

11.b. For each casino, gaming/gambling related or alcoholic beverage operation application, license, permit, registration, finding of suitability, qualification or other authorization identified in the previous question, were you ever called to appear to testify, or otherwise participate in a hearing or proceeding, before the licensing agency or commission to which you were applying?

Yes No

If yes, complete the following chart

NAME AND ADDRESS OF LICENSING AGENCY OR COMMISSION	DATE OF APPEARANCE(S)	NATURE OF HEARING	WAS TESTIMONY GIVEN?

Initials _____ Date _____

12. In the chart below, provide the information regarding your employment for the past five (5) years or from age 18, whichever is less. Begin with your present job and work backwards. Give dates of any unemployment between jobs in proper sequence. Include all part-time and full-time employment and any military service.

DATES		NAME, MAILING ADDRESS, AND TELEPHONE NUMBER OF EMPLOYER(S)	TITLE/POSITION HELD AND DESCRIPTION OF DUTIES	NAME OF SUPERVISOR	REASON FOR LEAVING/ COMPENSATION AT DEPARTURE
FROM: (MO/YR)	TO: (MO/YR)				

Initials _____ Date _____

(con't)

DATES		NAME, MAILING ADDRESS, AND TELEPHONE NUMBER OF EMPLOYER(S)	TITLE/POSITION HELD AND DESCRIPTION OF DUTIES	NAME OF SUPERVISOR	REASON FOR LEAVING/ COMPENSATION AT DEPARTURE
FROM: (MO/YR)	TO: (MO/YR)				

Initials _____ Date _____

13. a. Are any members of your family (spouse, parents, grandparents, children, grandchildren, siblings, uncles, aunts, nephews, nieces, fathers-in-law, mothers-in-law, sons-in-law, daughters-in-law, brothers-in-law and sisters-in-law whether by whole or half blood, by marriage, adoption or natural relationship) associated with or employed in any form or type of casino or gaming/gambling related operation as defined in question 11a in any jurisdiction?

Yes No

b. Do you or any members of your family (spouse, parents, grandparents, children, grandchildren, siblings, uncles, aunts, nephews, nieces, fathers-in-law, mothers-in-law, sons-in-law, daughters-in-law, brothers-in-law and sisters-in-law whether by whole or half blood, by marriage, adoption or natural relationship) have an ownership interest in any alcoholic beverage entity in any jurisdiction?

Yes No

If yes to either question, complete the following chart:

NAME OF PERSON	RELATIONSHIP	NAME OF GAMING/GAMBLING OR ALCOHOLIC BEVERAGE BUSINESS AND ADDRESS	BUSINESS TELEPHONE

Initials _____ Date _____

CIVIL, CRIMINAL AND INVESTIGATORY PROCEEDINGS

The next question asks about any arrests, charges or offenses you have committed. Prior to answering this question, carefully review the definitions and instructions which follow.

DEFINITIONS: For purposes of this question:

- A. "Arrest" includes any detaining, holding, or taking into custody by any police or other law enforcement authorities to answer for the alleged performance of any "offense."
- B. "Charge" means any indictment, complaint, information, summons, ticket, or other notice of the alleged commission of any "offense."
- C. "Offense" means all felonies, crimes, misdemeanors, municipal ordinance violations, military court-martials, and violations of probation or other court order. An "offense" does not include traffic or parking violations, except for driving while revoked/suspended, alcohol/drug-related traffic violations, and leaving the scene of an accident.

INSTRUCTIONS: 1. Answer "YES" and provide all information to the best of your ability EVEN IF:

- A. You did not commit the offense charged;
- B. The charges were dismissed or subsequently downgraded to a lesser charge;
- C. You completed a Pretrial Intervention (PTI) or equivalent diversionary program in other jurisdictions;
- D. You were not convicted;
- E. You did not serve any time in prison or jail;
- F. The charges or offenses happened a long time ago; or
- G. If any records relating to a charge, an arrest or conviction have been expunged or otherwise officially sealed by a court or government agency.
- H. You have a SIS (Suspended Imposition of Sentence).
- I. Pursuant to 313.004, RSMo, Missouri Gaming Commission has access to both open and closed records. When in doubt about disclosure of closed record, seek legal counsel.

IMPORTANT

Missouri Gaming Commission investigators will make inquiries to establish whether the applicant has had any involvement with law enforcement agencies.

Failure to disclose any such involvement will be taken into account in assessing your character, honesty and integrity, and may result in denial of your application and/or criminal charges being filed against you

Initials _____ Date _____

14. a. Have you ever been arrested or given a ticket for driving while intoxicated or under the influence of alcohol or drugs, driving while license under suspension, or revocation, or leaving scene of an accident?

If no, leave chart blank. If yes, complete the following chart:

Yes No

NATURE OF CHARGE OR OFFENSE/ LOCATION OF WHERE INCIDENT OCCURRED	DATE OF CHARGE OR OFFENSE	NAME AND ADDRESS OF LAW ENFORCEMENT AGENCY OR COURT INVOLVED	DISPOSITION (ENTERED GUILTY PLEA, RECEIVED SIS, PROBATION, DISMISSED, PENDING, ETC.)	SENTENCE

Initials _____ Date _____

14. b. Have you ever been arrested, detained, charged, indicted, convicted, pleaded guilty or nolo contendere (no contest), or forfeited bail concerning any crime or offense, in any federal, state, or local jurisdiction, including any findings or pleas in a suspended imposition of sentence?

Yes No

If no, leave chart blank. If yes, complete the following chart:

NATURE OF CHARGE OR OFFENSE/ LOCATION OF WHERE INCIDENT OCCURRED	DATE OF CHARGE OR OFFENSE	NAME AND ADDRESS OF LAW ENFORCEMENT AGENCY OR COURT INVOLVED	DISPOSITION (ENTERED GUILTY PLEA, RECEIVED SIS, PROBATION, DISMISSED, PENDING, ETC.)	SENTENCE

Initials _____

Date _____

14. c. Has any government agency/organization agreed to dismiss, suspend or defer any criminal investigation or prosecution against you for any criminal offense?

Yes No

If yes, complete the following chart:

DATE OF DISMISSAL, SUSPENSION OR DEFERRAL	ORIGINAL CHARGE	NAME AND ADDRESS OF GOVERNMENT AGENCY/ORGANIZATION GRANTING DISMISSAL, SUSPENSION OR DEFERRAL

15. Have you ever been barred or otherwise excluded (Disassociated Person, (DAP) Voluntary Exclusion), for any reason*, other than for the denial, suspension or revocation of a license or registration, from any form or type of casino or gaming/gambling related operation in any jurisdiction? (Check "YES" even if the disbarment or exclusion is no longer in effect or has been lifted.)

*** To include being banned or evicted by a casino**

Yes No

If yes, complete the following chart:

GAMING/GAMBLING AGENCY	DATE OF EXCLUSION	REASON FOR EXCLUSION

Initials _____ Date _____

FINANCIAL DATA

16. Have your wages, earnings, or other income been subject to garnishment, attachment, charging order, voluntary wage execution or the like during the past ten year period?

Yes No

If yes, complete the following chart:

DATE FILED	DOCKET/CASE NUMBER	NAME AND ADDRESS OF COURT	NATURE OF OBLIGATION	AMOUNT OF OBLIGATION	NAME AND ADDRESS OF HOLDER OF OBLIGATION

Initials _____

Date _____

17. As indicated in the instructions on page 2 of this form, this page is to be used by you for any questions which require additional space to answer. The number of the question must be stated immediately prior to your answer. If additional pages are needed, photocopy this page or add paper of similar size and identify these pages with corresponding numbers and letters. **You must personally initial your application at the bottom of any new page added.**

IDENTIFY ALL ANSWERS BY ORIGINAL QUESTION NUMBERS

USE ADDITIONAL PAGES IF NECESSARY

Initials _____ Date _____

VERIFICATION

STATE/PROVINCE OF _____:

COUNTY/PARISH/DISTRICT OF _____:

_____, being duly sworn according to law deposes and says:

1. I am the applicant who is submitting this application form.
2. I personally supplied the information contained in this form.
3. I understand and read the English language or I have had an interpreter read, explain and record the answer to each and every question on this application form.
4. Any document accompanying this Missouri Gaming Commission Personal Disclosure Form that is not an original document is a true copy of the original document.
5. I swear (or affirm) that the foregoing statements made by me are true, complete and accurate to the best of my knowledge. I am aware that if any of the foregoing statements made by me are knowingly false, I am subject to criminal charges.

(Applicant's Signature)

Subscribed and sworn to before me this _____ day of _____, 20__

(Notary Public)

(Notarial Seal)

My commission expires: _____

Notary Public in and for the County of _____

State of _____

Initials _____ Date _____

7. State whether the applicant or licensee has filed, or been served with a complaint or other notice filed with any public body, regarding the delinquency in the payment of, or a dispute over the filings concerning the payment of, any tax required under federal, state or local law, including the amount, type of tax, the taxing agency and the time periods involved.

8. State whether the applicant or licensee has made, directly or indirectly, any political contribution, or any loans, donations or other payments of one hundred dollars (\$100) or more, to any candidate or office holder, within five (5) years from the date of filing this application form, update or supplement. Specify to whom the payment was made, the amount of the payment and method of payment.

9. State the name, business address, and business telephone number of the legal counsel, if any, representing the applicant or licensee in matters before the commission.

10. List the name of any business in which the applicant or licensee, or the applicant's or licensee's spouse or children, have an equity (ownership) interest, including, if applicable, the state of incorporation or registration of the business. (Do not include the names of any mutual funds owned by the licensee).

11. List the names and titles of all public officials, officers of any unit of government, and relatives of such public officials or officers who, directly or indirectly, are the creditors of or have any interest in any contractual or service relationship with the applicant or licensee.

Initials _____ Date _____

PUBLIC DISCLOSURE VERIFICATION

State of _____

County of _____

I, _____, being first duly sworn upon oath or affirmation, depose and state—

1. I am the applicant or licensee submitting this Public Disclosure Section;
2. I personally supplied the information contained in this form;
3. I swear (or affirm) that the information contained in this form is true, complete and accurate to the best of my knowledge and belief;
4. I understand and agree that the Public Disclosure Form will be provided to any member of the public who requests this information from the Missouri Gaming Commission. I further understand my continuing obligations to update and supplement this form if any of the information provided changes; and
5. I swear (or affirm) that I have read and agree to abide by the terms of the Riverboat Gaming Act and any rule promulgated by the commission, including any emergency rules and proposed rules.

(Applicant's Signature)

Subscribed and sworn to before me this _____ day of _____, 20____

(Notary Public)

(Notarial Seal)

My commission expires: _____

Notary Public in and for the County of _____

State of _____

Initials _____ Date _____

LICENSEE'S RESPONSIBILITIES

11 CSR 45-4.260 Occupational Licenses for Class A, Class B, and Suppliers

PURPOSE: This rule establishes occupational licenses.

(1) Every person in a position classified as Occupational License Level I or Occupational License Level II or otherwise participating in gaming operations in any capacity shall, prior to performing or practicing his/her business profession or skills, be a current employee of the Class A, Class B, or supplier licensee, and have obtained the appropriate occupational license from the commission, except for public officers and public employees engaged in the performance of their official duties and other individuals exempted by the commission. The commission may authorize the director to license or make the initial determination of unsuitability on the application of any Level II occupational license applicant, and the commission may further authorize the director to make the initial determination to revoke or suspend the Level I or Level II occupational license of any person; provided, however, that this section shall not limit any other authorization of the director. The authorization provided hereunder shall not include the authority to review findings of a hearing officer under the provisions of 11 CSR 45-13.

(2) As a condition of licensure, all applicants for occupational licenses are required to be fingerprinted, photographed and to execute such waivers as may be provided by forms approved by the commission, provided that applicants for a key business entity license need not be fingerprinted or photographed.

(3) On forms available on the commission's website, the applicant must demonstrate that his/her experience, reputation, competence and financial responsibility are consistent with the best interest of gaming and the provisions of the statutes of Missouri and the United States.

(4) The commission may refuse an occupational license to any person or revoke or suspend an occupational license of any person—

(A) Who has been convicted of a crime or has been found guilty of, plead guilty or *nolo contendere* to, or entered an Alford plea to a crime, or received a suspended imposition of sentence, for violations of any federal, state, county or city law including ordinance violations;

(B) Who is unqualified to perform the duties required of the applicant;

(C) Who has a current addiction to a controlled substance;

(D) Who fails to disclose or states falsely information called for in the application process or uses fraud, deception, misrepresentation, or bribery in securing a permit or license issued under the Riverboat Gambling Act;

(E) Who has failed to comply with or make provision for complying with Chapter 313, RSMo, the rules of this commission, or any federal, state, or local law or regulation;

(F) Who fails to comply with any rule, order or ruling of the commission or its agents;

(G) Whose license has been suspended, revoked or denied in any jurisdiction;

(H) Who is a past or present member or participant in organized crime as such membership or participation may be found or determined by the commission;

(I) Who is an illegal alien;

(J) Who is an employee of the commission or is a spouse, child, brother, sister, parent, son-in-law, daughter-in-law, stepchild or -steparent of any employee or member of the commission;

(K) Who is currently serving or has within the past two (2) years served as a member or employee of the commission, a member of the general assembly, or as an elected or appointed official of the state or of any city or county within the state in which the licensing of excursion gambling boats has been approved in either the city or the county or both or as an employee of the state highway patrol designated by the superintendent of the highway patrol or any employee of the state attorney general's office designated by the state attorney general to have direct regulatory authority related to excursion gambling boats;

(L) Who is financially irresponsible;

(M) Who is not of good moral character or has associated with, in either social or business affairs, or employed persons of notorious or unsavory reputation or who have police records, or who have failed to cooperate with any officially constituted investigatory or administrative body and would adversely affect public confidence and trust in gambling;

(N) Who provides the commission or its agents with false or misleading information, documents, or data or who makes false or misleading statements to the commission or its agents;

(O) Who commits an act or omission that, if committed by a Class A licensee, would be grounds for discipline or denial of an application;

(P) Who obtains or attempts to obtain any fee, charge, or other compensation by fraud, deception, or misrepresentation; or

(Q) For incompetence, misconduct, gross negligence, fraud, misrepresentation or dishonesty in the performance of the functions or duties regulated by sections 313.800 to 313.850, RSMo.

LICENSEE'S RESPONSIBILITIES

(5) Within the five (5)-year period immediately preceding application for an occupational license or while holding an occupational license, a conviction, plea of guilty or *nolo contendere*, or the entering of an Alford plea in any jurisdiction for the following types of misdemeanor or county or city violations to include ordinance violations, including such findings or pleas in a suspended imposition of sentence, shall make the applicant or licensee unsuitable to hold an occupational license: 1) any gambling-related offense; or 2) any offense an essential element of which is theft, fraud, or dishonesty. Applicants or licensees may be unsuitable to hold an occupational license for convictions, pleas of guilty or *nolo contendere*, or the entering of an Alford plea for other types of misdemeanor or county or city violations to include ordinance violations within such five (5)-year period, including such findings or pleas in a suspended imposition of sentence.

(6) If the employment of a key person, Level I, or Level II occupational licensee with a Class A, Class B, or supplier licensee is terminated for any reason, then the occupational license will be placed into a casino restricted status. Casino restricted status is the status assigned to an occupational licensee with a valid license who is not employed by a Class A, Class B, or supplier licensee.

(7) The key person/key business entity employed by suppliers will be required to be licensed by the Missouri Gaming Commission. The supplier key person/key business entity application shall require a one (1)-time nonrefundable fee of one thousand dollars (\$1,000) plus the annual licensing fee of one hundred dollars (\$100). The applicant or licensee shall be assessed fees, if any, to cover the additional costs of the investigation. The licensing and renewal fees for Level I and Level II occupational licenses shall be the same as set forth for Class A and Class B occupational licensees. Additionally, the executive director may waive or modify licensing fees.

AUTHORITY: section 313.004, RSMo 2000, and section 313.805, RSMo Supp. 2013. Emergency rule filed Sept. 1, 1993, effective Sept. 20, 1993, expired Jan. 17, 1994. Emergency rule filed Jan. 5, 1994, effective Jan. 18, 1994, expired Jan. 30, 1994. Original rule filed Sept. 1, 1993, effective Jan. 31, 1994. Emergency amendment filed Dec. 20, 1994, effective Dec. 30, 1994, expired April 27, 1995. Amended: Filed March 2, 1995, effective Aug. 30, 1995. Amended: Filed Dec. 7, 1995, effective June 30, 1996. Amended: Filed Aug. 30, 1996, effective April 30, 1997. Amended: Filed Jan. 21, 1997, effective Aug. 30, 1997. Amended: Filed July 2, 1997, effective Feb. 28, 1998. Amended: Filed May 13, 1998, effective Oct. 30, 1998. Amended: Filed Oct. 29, 2001, effective May 30, 2002. Amended: Filed Dec. 7, 2001, effective Aug. 30, 2002. Amended: Filed Feb. 24, 2004, effective Oct. 30, 2004. Amended: Filed April 28, 2004, effective March 30, 2005. Amended: Filed March 21, 2006, effective Nov. 30, 2006. Amended: Filed Dec. 3, 2007, effective May 30, 2008. Amended: Filed Aug. 30, 2012, effective March 30, 2013. Amended: Filed Jan. 31, 2013, effective Sept. 30, 2013. Amended: Filed Dec. 5, 2013, effective Aug. 30, 2014.*

11 CSR 45-10.020 Licensee's and Applicant's Duty to Disclose Changes in Information

PURPOSE: This rule establishes the applicant's duty to disclose changes in information.

(1) All licensees and applicants for Class A, Class B, supplier, key person/key business entity, or Level I occupational licenses issued by the commission shall have a continuing duty to disclose in writing, within ten (10) calendar days for an applicant and thirty (30) calendar days for a licensee, any material change in the information provided in the application forms and requested materials submitted to the commission. Any change in information that is not material must be disclosed to the commission during the licensee's next subsequent application for license renewal.

(2) All Level II occupational licensees and applicants shall have a continuing duty to disclose in writing, within ten (10) calendar days, any material change in the information provided in the application forms and requested materials submitted to the commission.

(3) The duty to disclose changes in information shall continue throughout any application period or period of licensure granted by the commission. This duty shall be in addition to any other reporting requirements.

(4) For the purposes of this rule, "material change" shall mean any change in personal identification or residence information, such as name, address, and phone number; information required in section 313.847, RSMo; or other information that might affect an applicant or licensee's suitability to hold a gaming license, including, but not limited to, arrests, convictions, and guilty pleas, disciplinary actions or license denials in other jurisdiction(s), significant changes in financial condition, or relationships or associations with persons having criminal records or notorious reputations.

AUTHORITY: section 313.004, RSMo 2000, and sections 313.800, 313.805, and 313.807, RSMo Supp. 2013. Emergency rule filed Sept. 1, 1993, effective Sept. 20, 1993, expired Jan. 17, 1994. Emergency rule filed Jan. 5, 1994, effective Jan. 18, 1994, expired Jan. 30, 1994. Original rule filed Sept. 1, 1993, effective Jan. 31, 1994. Amended: Filed April 28, 2004, effective Dec. 30, 2004. Amended: Filed March 21, 2006, effective Nov. 30, 2006. Amended: Filed Dec. 3, 2007, effective May 30, 2008. Amended: Filed Feb. 23, 2011, effective Oct. 30, 2011. Amended: Filed Dec. 5, 2013, effective Aug. 30, 2014.*

11 CSR 45-10.030 Licensee's Duty to Report and Prevent Misconduct

PURPOSE: This rule establishes a licensee's duty to report and prevent misconduct.

LICENSEE’S RESPONSIBILITIES

(1) Licensees shall promptly report to the commission any facts which the licensee has reasonable grounds to believe indicate a violation of law (other than minor traffic violations), minimum internal control standard requirements or commission rule committed by licensees, their employees or others, including, without limitation, the performance of licensed activities different from those permitted under their license.

(2) At no time, under any circumstances, shall any licensee or employees of the licensee fail to immediately prevent or suppress any violent quarrel, disorder, brawl, fight, or other improper or unlawful conduct of any person upon the licensed premises, nor shall any licensee or employees of the licensees allow any indecent, profane or obscene activity upon the licensed premises.

(3) In the event that a licensee or employees of the licensee knows or should have known that an illegal or violent act has been committed on or about the licensed premises, they shall immediately report the occurrence to law enforcement authorities and shall cooperate with law enforcement authorities and agents of the commission during the course of any investigation into an occurrence.

(4) Licensees shall take reasonable actions to safeguard from loss all tokens, tickets, chips, checks, funds, and other gaming assets.

(5) Licensees shall take reasonable actions to safeguard from loss, tampering, alteration, destruction, and unauthorized access to all gaming-related reports, records, files, automated data, and data systems.

(6) Class A, Class B, and supplier licensees shall ensure that all agents and occupational licensees employed by said licensees shall have a working knowledge of Missouri Gaming Statutes, Chapter 313.800, RSMo et seq., *Code of State Regulations*, Title 11 Division 45, the commission’s published minimum internal control standards and the licensee’s system of internal controls as they pertain to the responsibilities and limitations of their job.

(7) All occupational licensees shall have a working knowledge of Chapter 313.800, RSMo et seq., *Code of State Regulations*, Title 11 Division 45, and the internal controls of the Class A or B licensees for whom they are currently employed by as they pertain to the responsibilities and limitations of their job.

AUTHORITY: sections 313.004, 313.805, 313.807, and 313.812, RSMo 2000 and section 313.800, RSMo Supp. 2007. Emergency rule filed Sept. 1, 1993, effective Sept. 20, 1993, expired Jan. 17, 1994. Emergency rule filed Jan. 5, 1994, effective Jan. 18, 1994, expired Jan. 30, 1994. Original rule filed Sept. 1, 1993, effective Jan. 31, 1994. Amended: Filed Jan. 23, 2004, effective Aug. 30, 2004. Amended: Filed Dec. 3, 2007, effective May 30, 2008.*

I have read and understand the licensee’s responsibilities explained in CSR 45-4.260, CSR 45-10.020, and CSR 45-10.030 shown above.

Any changes will be disclosed directly to the Missouri Gaming Commission Office on _____ Casino.

Disclosure to _____ Casino Personnel is not sufficient to satisfy these regulatory requirements.

Signature: _____ Date: _____

Print Name: _____

INDIVIDUAL'S REQUEST TO RELEASE INFORMATION

To: _____

From: _____
(Applicant's Name)

1. I hereby authorize and request all persons or entities to whom this request is presented having information relating to or concerning me to furnish such information to a duly appointed officer of the Missouri Highway Patrol, financial investigator or licensing technician with the Missouri Gaming Commission, whether or not such information would otherwise be protected from disclosure by any constitutional, statutory or other legal privilege.

2. I hereby authorize and request all persons or entities to whom this request is presented having documents relating to or concerning me to permit a duly appointed officer of the Missouri Highway Patrol, financial investigator or licensing technician with the Missouri Gaming Commission to review and copy any such documents, whether or not such documents would otherwise be protected from disclosure by any constitutional, statutory or other legal privilege.

3. If the person or entity to whom this request is presented is a brokerage firm, bank, savings and loan, or other financial institution or an officer of same, I hereby authorize and request that a duly appointed officer of the Missouri Highway Patrol, financial investigator or licensing technician with the Missouri Gaming Commission shall be permitted to review and obtain copies of any and all documents, records or correspondence pertaining to me, including, but not limited to, past loan information, notes cosigned by me, checking account records, savings deposit records, safe deposit box records, passbook records and general ledger folio sheets.

4. I hereby authorize disclosure of all financial records pertaining to my relationship with any financial institution pursuant to the Missouri Right to Financial Privacy Act, sections 408.675 to 408.700, RSMo, for twenty-four (24) months from the date of execution or at the termination of all licenses issued to me by the Missouri Gaming Commission, whichever occurs later. I understand that I may revoke this authorization at any time before the financial records are disclosed. I authorize disclosure of the financial records identified above to the Missouri Highway Patrol and /or Missouri Gaming Commission for the purpose of evaluating my application for a gaming license, and acknowledge that said agencies have complied with and afforded all applicable rights under Sections 408.675 to 408.700, RSMo

5. I do hereby make, constitute and appoint any duly appointed officer of the Missouri Highway Patrol, financial investigator or licensing technician with the Missouri Gaming Commission my true and lawful attorney-in-fact, for me in my name, place, stead, and on my behalf and for my use and benefit:

- (a) To request, review, copy, sign for, or otherwise act for investigative purposes with respect to documents and information in the possession of the person or entity to whom this request is presented as I might;
- (b) To name the person or entity to whom this request is presented and insert that person's or entity's name in the appropriate location on this request; and
- (c) To place the name of the Missouri Highway Patrol officer, Missouri Gaming Commission financial investigator or licensing technician presenting this request in the appropriate location on this request.

6. I grant to said attorney-in-fact full power and authority to do, take, and perform all and every act and thing whatsoever requisite, proper, or necessary to be done, in the exercise of any of the rights and powers herein granted, as fully to all intents and purposes as I might or could do if personally present, with full power of substitution or revocation, hereby ratifying and confirming all that said attorney-in-fact, or his/her substitute(s) shall lawfully do or cause to be done by virtue of this power of attorney and the rights and powers herein granted.

7. This power of attorney ends twenty-four (24) months from the date of execution or at the termination of all licenses issued to the applicant/me by the Missouri Gaming Commission, whichever occurs later.

Initials _____ Date _____

8. I do, for myself, my heirs, executors, administrators, successors and assigns, hereby release remise, and forever discharge the person or entity to whom this request is presented, and his/her/its agents and employees from any and all manner of actions, causes of action, suits, debts, judgments, executions, claims, and demands whatsoever, known or unknown, in law or equity, which I ever had, now have, may have, or claim to have against the person or entity to whom this request is presented or his/her/its agents or employees arising out of or by reason of complying with this request.

9. I agree to indemnify and hold harmless the person or entity to whom this request is presented and his/her/its agents and employees from and against all claims, damages, losses and expenses, including reasonable attorneys' fees arising out of or by reason of complying with this request.

10. A reproduction of this request by photocopy shall be for all intents and purposes as valid as the original.

IN WITNESS WHEREOF, I have executed this request at _____, _____
(City) (State)
on the _____ day of _____, 20_____

(Applicant's Signature)

Subscribed and sworn to before me this _____ day of _____, 20_____

(Notary Public)

(Notarial Seal)

My commission expires: _____

Notary Public in and for the County of _____

State of _____

Initials _____ Date _____