

PERSONAL HISTORY RECORD
FOR REGISTRATION RENEWAL AS AN INDEPENDENT HOST or PROMOTER

Date _____

GENERAL INSTRUCTIONS

Type an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, continue on supplemental page or use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made herein is subject to verification. Applicant must initial each page, as provided in lower right hand corner. By placing his/her initials on each page, the applicant is attesting to the accuracy and completeness of the information contained on that page.

All applicants are advised that this Personal History Record is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or call forward for finding of suitability regarding the applicant.

All applicants are further advised that an application for filing as an independent host or promoter, finding of suitability, or for other action may not be withdrawn without the permission of the licensing agency.

1. GENERAL INFORMATION

For which club venue will you be performing Hosting or VIP Services? _____

Name of Independent Host's or Promoter's Company (if applicable) _____

2. PERSONAL INFORMATION

Last Name (Surname)	First Name (Given Name)	Middle Name
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Alias(ie, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise) _____

Home Address: Since _____ (Date)	Apt. #	City/Town	State/Country	Zip Code
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Mailing Address (If Different Than Home Address)	Apt. #	City/Town	State/Country	Zip Code
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Present Business Name/Address: Since _____ (Date)	Apt. #	City/Town	State/Country	Zip Code
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Telephone Numbers: Residence: (____) ____-____ Business: (____) ____-____ Cellular: (____) ____-____ Fax: (____) ____-____	Occupation E-Mail Address/Company Web Address
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Date of Birth (Month/Day/Year)	Age	Place of Birth (City/County/State/Country)	US Social Security # or Country & Passport #
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Country of citizenship _____ If a non-U.S. citizen, Registration No. _____

If naturalized U.S. citizen, Certificate No. _____ Date _____

Place _____ (If Naturalized, document must be verified.)

3. MARITAL INFORMATION

Single ☐ Married ☐ Separated ☐ Divorced ☐ Widowed ☐ Engaged ☐ Life Partner ☐

A. **Current Marriage:**

Date of Marriage		Place of Marriage (City/County/State/Country)				
Spouse's Full Name (Maiden)				Social Security Number or Passport Number		
Date of Birth		Place of Birth				
Residence Address		Apt. #	City/Town	State/Country	Zip Code	
Telephone						
Residence () - Business () -						
Spouse's Employer				Occupation		
Address of Employer			City/Town	State/Country	Zip Code	

B. **Previous Marriages:** If ever legally separated, divorced, or annulled, indicate below:

Name of Spouse	Date of Order or Divorce Decree	Date and Place of Marriage	Nature of Action	City/County/State

4. ARREST INFORMATION

Arrests, Detentions and Litigations: (List all arrests regardless of disposition, expunged or sealed.)

A. In the past 5 years, have you been arrested, detained, charged, indicted, or summoned to answer for any criminal offense or violation for any reason whatsoever, regardless of the disposition of the event? (Except **minor** traffic citations.)

Yes ☐ No ☐

Date of Arrest	Age	Charge	Location – City and State	Disposition and Date	Arresting Agency

ARREST INFORMATION – Continued

- B. In the past 5 years, has a criminal indictment, information, or complaint been returned against you, but for which you were not arrested or in which you were named as an unindicted co-party? Yes ☐ No ☐ If yes, furnish details.

- C. In the past 5 years, have you been questioned or deposed by a city, state, federal, or law enforcement agency, commission or committee? Yes ☐ No ☐

- D. In the past 5 years, have you been subpoenaed to appear or testify before a federal grand jury or commission? Yes ☐ No ☐

- E. In the past 5 years, have you had a civil or criminal record expunged or sealed by a court order? Yes ☐ No ☐

If yes, when?: _____ city, county, and state _____

- F. In the past 5 years, have you received a pardon for any criminal offense? Yes ☐ No ☐

If yes, when?: _____ city, county, and state _____

- G. In the past 5 years, has any member of your family or of your spouse's family been convicted of a felony? Yes ☐ No ☐

If yes, complete the following:

Name	Relationship	Date	Charge	Location

- H. In the past 5 years, have you, as an individual, member of a partnership, or owner, director, or officer of a corporation or LLC, been a party to a lawsuit or arbitration as either a plaintiff or defendant? Yes ☐ No ☐ (Other than divorces.)

If yes, give details below. List all cases without exception, including bankruptcies. **(If bankruptcy, furnish copies listing creditors and amounts discharged.)**

Date Filed	Description of Lawsuit	Court and Case Number	City, County, and State	Disposition/Date

If your answer to any of the above questions (A through H) is yes, furnish details.

6. EDUCATION

Name of School		Location	Dates Attended	Graduate
College/ University				Yes ☐ No ☐
Other				

Type of degree obtained, if any _____

College or University where obtained _____

7. FAMILY INFORMATION

A. Children and Dependents:

List all children, including step-children and adopted children and give the following information:

Name	Birth Date	Birth Place	Residence Address

B. Child Support Information:

Please mark the appropriate response:

- ☐ I am not subject to a court order for the support of a child.
- ☐ I am subject to a court order for the support of one or more children and am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or
- ☐ I am subject to a court order for the support of one or more children and am NOT in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

District attorney or public agency responsible for enforcing the child support order:

Name _____

Address _____

Contact Person _____

FAMILY INFORMATION – Continued

C. Parents:

List names, residence address, dates of birth, and most recent occupations of parents, parents-in-law, or legal guardian. **If retired or deceased, list last address and occupation.**

Name (Maiden)	Birth Date	Address	Occupation
Father			
Mother			
Father-in-Law			
Mother-in-Law			

D. Brothers and Sisters:

List names, residence address, dates of birth, and most recent occupations of brothers and sisters and of their respective spouses.

Name (Maiden)	Birth Date	Address	Occupation
Sibling			
Spouse			
Sibling			
Spouse			
Sibling			
Spouse			
Sibling			
Spouse			

8. RESIDENCES

Beginning with your current residence, list all residences you have had for the last 5 years:

Month and Year (From – To)	Street and Number	City	State or Country
-			
-			
-			
-			
-			
-			
-			
-			
-			

9. EMPLOYMENT

A. Beginning with your current employment, list your work history, all businesses with which you have been involved, and/or **all periods of unemployment for the past five (5) years.**

Month and Year (From – To) -	Name/Mailing Address/Type of Business/Phone Number		Is Business Incorporated? Yes ☐ No ☐	Reason for Leaving
Title	Description of Duties	Name of Supervisor/Title		Gaming Present: Yes ☐ No ☐
Month and Year (From – To) -	Name/Mailing Address/Type of Business/Phone Number		Is Business Incorporated? Yes ☐ No ☐	Reason for Leaving
Title	Description of Duties	Name of Supervisor/Title		Gaming Present: Yes ☐ No ☐
Month and Year (From – To) -	Name/Mailing Address/Type of Business/Phone Number		Is Business Incorporated? Yes ☐ No ☐	Reason for Leaving
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Title	Description of Duties	Name of Supervisor/Title		Gaming Present: Yes ☐ No ☐

Month and Year (From – To) -	Name/Mailing Address/Type of Business/Phone Number		Is Business Incorporated? Yes ☐ No ☐	Reason for Leaving
Title	Description of Duties	Name of Supervisor/Title		Gaming Present: Yes ☐ No ☐

Month and Year (From – To) -	Name/Mailing Address/Type of Business/Phone Number		Is Business Incorporated? Yes ☐ No ☐	Reason for Leaving
Title	Description of Duties	Name of Supervisor/Title		Gaming Present: Yes ☐ No ☐

Month and Year (From – To) -	Name/Mailing Address/Type of Business/Phone Number		Is Business Incorporated? Yes ☐ No ☐	Reason for Leaving
Title	Description of Duties	Name of Supervisor/Title		Gaming Present: Yes ☐ No ☐

EMPLOYMENT – Continued

- B. List all corporations, partnerships, limited liability companies, or any other business ventures with which you have been associated as an **officer, director, stockholder, member, or related capacity**, in the past five (5) years.

Note: List only those entities not previously disclosed in section 9A, above.

Month and Year (From – To) -	Name and Address of Firm, Corporation, or Other Business Entity		Reason for Leaving
Title of Office or Position Held		Description of Duties	

Month and Year (From – To) -	Name and Address of Firm, Corporation, or Other Business Entity		Reason for Leaving
Title of Office or Position Held		Description of Duties	

Month and Year (From – To) -	Name and Address of Firm, Corporation, or Other Business Entity		Reason for Leaving
Title of Office or Position Held		Description of Duties	

10. CHARACTER REFERENCES

List three character references who have known you five years or more. Do not include relatives, present employer, or employees.

Name and Employer	Street, City, State, Country, Zip Code	Telephone	Years Known
Name	Home	() -	
Employer	Business	() -	
Name	Home	() -	
Employer	Business	() -	
Name	Home	() -	
Employer	Business	() -	

11. In the past five years, have you held a privileged or professional license in any state, including but not limited to the following:

Liquor Lawyer Race horse/race dog owner Securities dealer Insurance
Pilot Doctor Jockey Contractor Gaming
Accountant Boxing promoter Trainer or manager Real estate salesperson Real estate broker

Yes ☐ No ☐ If yes, state type, where, dates held, and the nature of any disciplinary actions taken against you:

12. In the past 5 years, have you appeared before any licensing agency or similar authority in or outside the State of Nevada, for any reason whatsoever?

Yes ☐ No ☐ If yes, submit details.

13. In the past 5 years, have you been refused a gaming or liquor license or related finding of suitability or been a participant in any group which has been denied a gaming or liquor license or related finding of suitability?

Yes ☐ No ☐ If yes, state where, when, and for what reason.

14. Do you have any relatives associated with or employed in the gaming or liquor industry?

Yes ☐ No ☐ If yes, state name, relationship, and association or employment.

15. Have you had any cash transactions exceeding \$10,000 in the past five (5) years?

Yes ☐ No ☐ If yes, describe the transaction.

16. MEDICAL/RECREATIONAL MARIJUANA INFORMATION

- A. Have you or your spouse ever made an application for, or held, any Marijuana related license, permit or certification, in any jurisdiction, including but not limited to the following: dispensaries, cultivation, production, laboratories, retail, product manufacture or any other type of marijuana related approvals? If you or your spouse ever applied and the application was granted, denied, returned by the licensing agency for any reason, withdrawn or is currently pending answer Yes to this question.

Yes ☐ No ☐ If yes, complete the following:

Name on License	Type of License	Date From:	Date To:	Name of Licensing Agency	Disposition

- B. Have any of the Marijuana related licenses, permits or certifications applied for, or held by you or your spouse, as identified in the previous question ever been denied, suspended, revoked or subject to any conditions in any jurisdiction?

Yes ☐ No ☐ If yes, complete the following:

Type of License, Permit or Certificate	Name of Government Agency/Organization	Date of Denial, Suspension, Revocation or Condition	Reason(s) for Denial, Suspension, Revocation

- C. Have you or your spouse ever made any loan which was used to finance a Marijuana related operation, license, permit or certification, in any jurisdiction?

Yes ☐ No ☐ If yes, complete the following:

Date of Loan	Name of Borrower	Original amount of Loan	Type of Marijuana related enterprise the funds were used to finance

STATE OF _____ }
COUNTY OF _____ } ss.

I, _____, being duly sworn, depose and say that I have read the foregoing
(Registrant's Name)

application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; **that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of a state gaming license**; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 463.140(5) provides "any person making false oath in any matter before either the Board or Commission is guilty of perjury."; and, further, that I have familiarized myself with the contents of the Nevada Gaming Control Act, as amended, and the Regulations of the Nevada Gaming Commission as promulgated thereunder and agree, if licensed, to abide thereby.

I hereby expressly waive release, and forever discharge the State of Nevada, the licensing agency and their agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall, or may have against the State of Nevada, the licensing agency and their agents, as a result of my applying for a gaming license in the State of Nevada.

Signature of Registrant

SUBSCRIBED AND SWORN TO BEFORE ME

THIS _____ DAY OF _____, _____

Signature of Notary Public

(SEAL/STAMP)

CERTIFICATION OF FORM

Nevada Gaming Regulation 10.010 requires that every attorney, certified public account, or other agent who prepares this document on behalf of the registrant be properly enrolled with the Commission. Regulation 10.110 requires any such representative to certify such document. If this document was prepared by such a representative, please have that person complete the following:

I, _____, do hereby certify that I am enrolled to practice before the Nevada
(Representative's Name)

Gaming Commission and am fully knowledgeable of my responsibilities under Regulation 10. I further certify that I have prepared this document on behalf of the registrant in conformity with the Nevada Gaming Control Act and the Regulations of the Nevada Gaming Commission.

(Signature of Attorney, C.P.A. or Agent)

(Business Address)

(Telephone)

ATTACH PHOTOGRAPH
TAKEN WITHIN LAST 30
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