



***Nebraska Racing and
Gaming Commission Key
Persons License
Application***

2022
KEY PERSON LICENSE APPLICATION

<i>Office Use Only</i>	
Effective	_____
FP	_____
Rec#	_____
Clerk	_____

LICENSE FEE:

- Application must be typewritten or **CLEARLY PRINTED** in black ink. All questions must be answered in full. If a question is not applicable, so state. **Applications, which are not complete and legible, will not be considered.**
- If space provided is not sufficient for complete answers or you wish to furnish additional information, attach additional sheets of the same size and number answers to correspond with the question.
- The enclosed various Release of Information/Liability forms, Military Personnel Records Form SF-180 (if applicable), Fingerprints and your three (3) most recent years Federal and State tax returns must be completed and returned with this application.
- A Multi- Jurisdictional Personnel History package must be complete
- Please do not use extra staples, paperclips, or tabbed pages.

I. PERSONAL DATA

FULL LEGAL NAME: _____
Last First Middle

RACETRACK GAMING OPERATOR: _____

ADDRESS OF EMPLOYER: _____

EXECUTIVE POSITION HELD: _____

BUSINESS PHONE: (____) _____

SUPERVISOR if any: _____

A. List all other names you have used, including nicknames and maiden names. If you have ever used any surname other than your true name, during what period and under what circumstances were these names used?

B. Have you ever legally changed your name? NO YES _____
Date, Place and Court

C. Date of Birth: _____ **Social Security Number:** _____

Gender: Male Female **Place of Birth:** _____

Height: _____ **Weight:** _____ **Race:** _____

Eyes: _____ **Hair:** _____

Driver's License Number: _____ **State issued** _____

RESIDENCE

- A. **Current Home Address:** _____
Street or PO Box Number, City, State, Zip Code
- B. **Home Telephone:** (_____) _____ **Cell:** (_____) _____
- C. **Email Address:** _____

D. **List chronologically all of your residences for the past 10 years, including addresses while attending school if away from home:**

From	To	Street Address	City	State

