Nebraska Racing and Gaming Commission Key **Persons License** Application AND GAMINE COMMISSION

EBRASK

2022 KEY PERSON LICENSE APPLICATION

| Office Use Only |
|-----------------|
| 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 LE | GAL NAME: | | | |
|---------|--|-----------------|-------------------------|-----------------------|
| | | Last | First | Middle |
| RACETR | ACK GAMING OPERATO | DR: | | |
| ADDRES | SS OF EMPLOYER: | | | |
| EXECUT | IVE POSITION HELD: | | | |
| BUSINE | SS PHONE: () | | | |
| SUPERV | /ISOR if any: | | | |
| Α. | List all other names you have used, including nicknames and maiden names. If you have ever used an surname other than your true name, during what period and under what circumstances were these names used? | | | |
| В. | Have you ever legally | changed your na | me? 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 Num | ber: | State | e issued |

RESIDENCE

| Α. | Current Home Address: |
|----|--|
| | Street or PO Box Number, City, State, Zip Code |
| В. | 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 | То | Street Address | City | State |
|------|----|----------------|------|-------|
| | | | | |
| | | | | |
| | | | | |
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NEBRASKA RACING AND GAMING COMMISSION

AFFIDAVIT VERIFYING LAWFUL PRESENCE IN THE UNITED STATES

Instructions for required verification of United States citizenship <u>OR</u> <i>qualified alien status in the United States: All persons applying for a license with the Nebraska Racing and Gaming Commission are required, by Nebraska Revised Statutes 4-108 through 4-114 must attest to the following and provide the Commission with verification of lawful presence in the United States by executing one of the statements below.

| , of lawful ag plicant's Full Legal Name) | | |
|---|--|--|
| rates, under penalty of perjury, as follows: | | |
| | | |
| e United States OR | | |
| lien under the Federal Immigration and Nationality tion status and alien number as follows: and I hereby agree to | | |
| provide a copy of my USCIS documentation upon request. | | |
| my response and the information provided on this d application for public benefits are true, complete, nderstand that this information may be used to verify n the United States | | |
| NOTARY PUBLIC | | |
| | | |
| | | |
| | | |
| day of, 20, | | |
| | | |

COMPLIANCE STATEMENT

By acceptance of a license issued pursuant to this application, I agree to comply with the rules and regulations of the Nebraska Racing and Gaming Commission (NRGC); the laws of the United States of America, the statutes of the State of Nebraska, Municipalities and other subdivisions thereof, and agree to permit personnel of the NRGC to search my vehicle(s), any premise which I may occupy or control or have the right to occupy or control and my personal property and effects including a personal search while within the enclosure of the racetrack and/or gaming facility, and the seizure of any article, having of which within such enclosure may be forbidden by statute, law or rule or regulation. I further agree to permit personnel of the NRGC to remove from the above listed areas any item(s) they deem relevant to their investigation. It is understood that I will receive a receipt from NRGC for any and all items thus removed. I further understand that any items so removed by the NRGC may be used in a court of law or Board of Stewards Hearing or NRGC hearings during a criminal prosecution or an administrative proceeding. I am giving this written permission to the NRGC freely and voluntarily.

I hereby request and authorize the NRGC to conduct an official investigation of my personal history and background. I understand that any investigation, the application, and any information submitted with relation to my application, are subject to the Open Records Act of Nebraska and shall be treated in accordance as such. I understand that, except where specific State or Federal statute creates a confidential privilege, persons who submit information to public bodies have no right to keep this information from public access, nor reasonable expectation that this information will be kept from public access. I understand that my fingerprints will be taken and submitted to the Federal Bureau of Investigation (FBI) and the Nebraska State Patrol for a Criminal Records Report. I understand that I have the right to challenge inaccurate information. I should contact the agency or entity that provided the information, or I can challenge the information with the FBI. I understand the FBI will retain my fingerprints and associated information/biometrics and, while retained, my fingerprints will continue to be compared against other fingerprints submitted to or retained by the FBI.

I hereby certify that the information and statements I have provided herein are true and correct. I further certify that I understand all of the statements above and further authorize all consumer reporting agencies to release to the NRGC any information requested by them in connection with the background investigation and processing of this application. I understand that failure to disclose all information completely and accurately may result in refusal to issue, denial, suspension, revocation, or cancellation of this license and/or other disciplinary action by the Board of Stewards and/or the Commission. I have read and understand the foregoing statements and conditions and knowingly and voluntarily attach my signature hereunto.

PRINTED Applicant's Name

| | | · · · · · · · · · · · · · · · · · · · |
|---|------------------|---------------------------------------|
| | | Applicant's SIGNATURE |
| | | |
| STATE OF)) SS: | | |
| COUNTY OF) | | |
| Cubacultural and success to before use this | dev ef | 20 |
| Subscribed and sworn to before me this | day of | , 20 |
| (SEAL) | | |
| | Notary P | ublic |
| My Comr | mission Expires: | |

_____, of lawful age, being first duly sworn upon oath, deposes and says:

Printed Name of Applicant

As an applicant for a Key Persons License, I have read the questions in the foregoing application and have answered them truthfully, fully, and completely. I hereby authorize educational and other institutions, my references, employers, business and professional associates, all governmental agencies and instrumentalities and all consumer reporting agencies to release to the Nebraska Racing and Gaming Commission or any of its employees, agents, or designees any information, files, records, or credit reports requested by the Nebraska Racing and Gaming Commission in connection with the processing of this application. I hereby release, waive, discharge, and agree to hold harmless, and otherwise waive liability as to the State of Nebraska, the Commission, commissioners, and other agents or employees of the State of Nebraska for any damages resulting from any use, disclosure, or publication in any manner, other than a willfully unlawful disclosure or publication, of any material or information acquired during inquiries, investigations, or hearings, and hereby authorize the lawful use, disclosure, or publication of this material or information.

| | PRINTED Applicant's Name | |
|--|--------------------------|--|
| | Applicant's SIGNATURE | |
| STATE OF)) SS: COUNTY OF) | | |
| Subscribed and sworn to before me this | day of 20 | |
| (SEAL) | | |
| | Notary Public | |
| My Commission Expires: | | |

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NEBRASKA RACING AND GAMING COMMISSION

REQUEST FOR FINANCIAL RECORDS AND RELEASE FROM LIABILITY

| I, | , do hereby request and direct that |
|---|--|
| Printed Name of Requesting Party | |
| | make available |
| Printed <u>Name and Address</u> of Financial Institutio | n holding records |
| to the Nebraska Racing and Gaming Commission, its employee | es, agents, and designees all of my financial records, |
| including but not limited to: Signature Cards, Checks, Drafts, Stat | ements, Ledger Cards, Deposit Tickets, and any other |
| financial information pertaining to any of my checking accour | ts, savings accounts, past and/or present loans, or |
| other business dealings. | |
| I do hereby release, absolve, and forever hold harmless | |
| | Name of Financial Institution |
| together with its agents and employees from any and all causes | of action accrued to me as a result of said disclosure |
| of financial records. | |
| | |
| _ | Signature of Requesting Party |
| STATE OF)) SS: | |
| COUNTY OF) | |
| Subscribed and sworn to before me thisday of | , 20 |
| | |
| (SEAL) | Notary Public |
| | |

(Use Additional Forms as needed for EACH institution.)

NEBRASKA RACING AND GAMING COMMISSION

REQUEST FOR EDUCATIONAL & DISCIPLINARY RECORDS AND RELEASE FROM LIABILITY

| I, | , do hereby request and direct that |
|---|--|
| Printed Name of Requesting Party | |
| | make available to |
| Printed Name and Address of Education Institution | _ |
| the Nebraska Racing and Gaming Commission, its employees, a the said institution which reflect my enrollment, attendance, di my dealings with them. | |
| I do hereby release, absolve, and forever hold harmless | _ , |
| together with its agents and employees from any and all causes disclosure of records. | <i>Name of Educational Institution</i> of action which may accrue to me as a result of said |
| _ | Signature of Requesting Party |
| Date of Birth:Social Security Number: | |
| STATE OF)) SS: | |
| COUNTY OF) | |
| Subscribed and sworn to before me this day of | , 20 |
| (SEAL) | |
| | Notary Public |