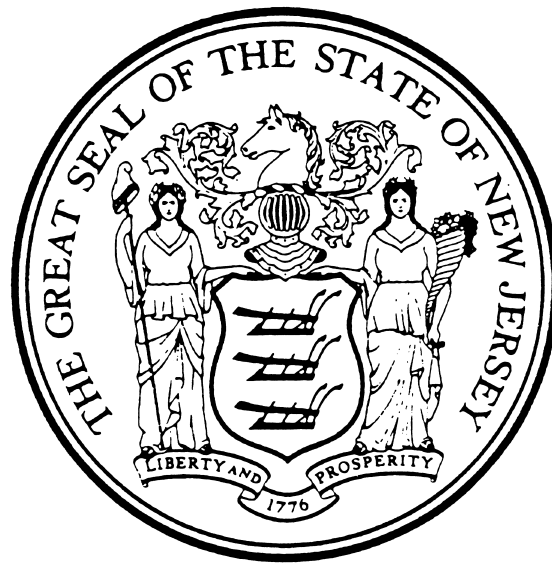


STATE OF NEW JERSEY
Division of Gaming Enforcement



**NEW JERSEY SUPPLEMENTAL FORM
TO THE MULTI-JURISDICTIONAL
PERSONAL HISTORY DISCLOSURE FORM -**

**Casino Qualifiers
Casino Key Employee Qualifiers**

**New Jersey Supplemental Form
to the Multi-Jurisdictional
Personal History Disclosure Form**

This form is a supplement to the MULTI-JURISDICTIONAL PERSONAL HISTORY DISCLOSURE FORM. If you are using the Multi-Jurisdictional Personal History Disclosure Form to apply for qualification in more than one jurisdiction, and one of those jurisdictions is New Jersey, you are required to file this supplemental form as part of your New Jersey application. The other jurisdictions where you are filing may also have supplemental forms, and it is your responsibility to obtain these forms and make the appropriate filings. Copies of the forms used in New Jersey are available on the Internet at <http://www.nj.gov/oag/ge/forms.html> or you may request that the forms be mailed to you by calling (609) 441-3846.

INSTRUCTIONS

I. COMPLETING THIS FORM:

- A. You are to complete this form and a Multi-Jurisdictional Personal History Disclosure Form if you are:
1. A qualifier of a casino applicant or casino licensee, pursuant to *N.J.S.A. 5:12-82b* or *c* and *85.1*; or
 2. An applicant for a casino key employee license, pursuant to *N.J.S.A. 5:12-89*, who is also a qualifier identified above; or
 3. Directed to do so by the Division of Gaming Enforcement (Division).

Note: If you are a qualifier of a casino applicant or casino licensee who is applying for a casino key employee license, you should be aware that the Division will not accept an application from or issue a license to any person who is not a citizen of the United States or who does not possess a valid employment authorization issued by the United States Citizenship & Immigration Services (USCIS). Furthermore, the expiration date of qualification or a license issued to any person who is not a citizen of the United States, cannot exceed the expiration date of that person's USCIS employment authorization.

- 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, write "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 the application is not legible, it will not be accepted. Any modification to the questions or the pre-printed information asked for in this form, will result in the rejection of your application.

- D. 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.
- E. All attachments requested in this form are to be labeled with an exhibit number and attached to the back of the form.

II. ESTABLISHING YOUR IDENTITY AND WORK AUTHORIZATION:

All applicants must come to the Division office listed below and establish their identity and employment authorization:

New Jersey Division of Gaming Enforcement
Arcade Building
Tennessee Avenue and the Boardwalk
Atlantic City, NJ 08401

To establish your identity and employment authorization, in accordance with *N.J.A.C. 13:69A-7.2A*, you must present the original document(s) listed below in A, B or C:

- A. A current and valid U.S. passport OR a Certificate of U.S. Citizenship OR a Certificate of Naturalization OR a current and valid identification card issued by the USCIS containing a photograph or fingerprints and identifying information such as name, date of birth, sex, height, color of eyes, and address.
- B. If the items in II (A) above are not available, a certified copy of a U.S. birth certificate issued by a state, county or municipal authority, with an official seal, must be presented along with any one of the following authentic documents:
 - 1. A current and valid state-issued driver's license that has a photograph and/or identifying information;
 - 2. A current and valid identification card issued by the Department of Defense to persons who serve in the U.S. military or their dependents that has a photograph and/or identifying information;
 - 3. A current and valid student identification card containing a photograph, an expiration date, the seal or logo of the issuing institution, and the signature of the card holder;
 - 4. A current and valid identification card issued by a federal, state or local government agency that has a photograph and/or identifying information; or
 - 5. A current and valid casino employee or casino key employee license, a casino employee or casino key employee license that expired within the last five years, or a valid casino service employee registration issued after February 2003.

- C. If the applicant is not a United States citizen, a current and valid foreign passport with an employment authorization issued by the USCIS must be presented, along with any one of the following authentic documents:
1. A current and valid state-issued driver's license that has a photograph and/or identifying information;
 2. A current and valid identification card issued by the Department of Defense to persons who serve in the U.S. military or their dependents that has a photograph and/or identifying information;
 3. A current and valid student identification card containing a photograph, an expiration date, the seal or logo of the issuing institution, and the signature of the card holder;
 4. A current and valid identification card issued by a federal, state or local government agency that has a photograph and/or identifying information; or
 5. A current and valid casino employee or casino key employee license, a casino employee or casino key employee license that expired within the last five years, or a valid casino service employee registration issued after February 2003.

Note: Any person whose current legal name is different from the name on his or her certified birth certificate (*e.g.*, maiden name), must show legal proof of the name change. Legal proof accepted is a certified marriage or civil union certificate, divorce decree or court order linking the new name with the previous name. A divorce decree may be used as authority to resume using a previous name only if it contains the new name and permits a return to use of the previous name.

Call (609) 441-3846 if you have any questions about identification documents.

III. BEFORE YOU SUBMIT THIS FORM TO THE DIVISION, BE SURE THAT:

- A. If you are also applying for a casino key employee license, you have established your identity and work authorization in accordance with Section II and attached copies of these documents to this form.
- B. All attachments required in this form and in the Multi-Jurisdictional Personal History Disclosure Form are labeled with an exhibit number and included in both the original, the photocopies and the computer disk filed with the Division.
- C. The Statement of Truth form in the Multi-Jurisdictional Personal History Disclosure Form and the Release Authorization form attached to this New Jersey Supplement are notarized on the original application.
- D. Every question has been answered completely.

- E. You initial and date each page of this form in the spaces provided.
- F. You retain a completed copy of this form for your own records.

IV. FILING THIS FORM WITH THE DIVISION:

- A. Submit this form and the Multi-Jurisdictional Personal History Disclosure Form and all attachments as an original, two photocopies and a computer disk. If the photocopies of these forms are not clear, the application **will not be accepted**.
- B. The fees relating to individual qualification/casino key employee licensure are as set forth in *N.J.A.C. 13:69A-9.1, et seq.*
- C. You will be required to be fingerprinted in connection with the filing of this application, *N.J.S.A. 5:12-80f*. To be fingerprinted, you may make an appointment with the Division's Identification Unit, which is located in the Arcade Building, Tennessee Avenue and the Boardwalk, Atlantic City, New Jersey. Call for an appointment at (609) 441-3050. There is no charge for fingerprinting. **When you arrive for your fingerprinting appointment, you must present the identification documents listed in Section II to establish your identity or you will not be fingerprinted.** If you are unable to come to Atlantic City to be fingerprinted, call the Division at (609) 441-3015 and request the requisite fingerprint cards be sent to you so you can be fingerprinted at your local police department.
- D. Once the application is accepted, it becomes the property of the Division and may not be withdrawn without the permission of the Division.

V. IMPORTANT NOTICES

- A. Should you be unable to fully understand this form or any other form, in English, it is your responsibility to acquire adequate means of translation.
- B. All notices regarding your application will be sent to the address which you provide on this form. You must immediately notify the Division of any change of address.
- C. Pursuant to Section 86b of the Casino Control Act, failure to answer any question completely and truthfully will result in denial of your license application.
- D. Pursuant to Section 79a(6) of the Casino Control Act, any person who applies for and obtains a license from the Division or is required to qualify, is subject to warrantless searches when present in a licensed casino facility.

- E. Pursuant to Section 74.1 of the Casino Control Act, information supplied to the Commission and Division or otherwise obtained by either of them, is confidential and shall not be revealed, except in the course of the necessary administration of the Casino Control Act, or upon the lawful order of a court of competent jurisdiction or, with the approval of the Attorney General, to a duly-authorized law enforcement agency. Nevertheless, pursuant to Section 80b of the Casino Control Act, an applicant, licensee or person required to qualify, waives any liability of the State of New Jersey and its instrumentalities and agents, for any damages resulting from any disclosure or publication in any manner, other than a willfully unlawful disclosure or publication.

- F. Pursuant to Section 89b(4) of the Casino Control Act, each applicant also applying for a casino key employee license who is employed by a casino licensee, shall be a resident of the State of New Jersey prior to the issuance of a casino key license. In order for a license to remain valid, New Jersey residency must be maintained.

- G. Pursuant to 42 U.S.C. § 405(c)(2)(C)(i), *N.J.S.A.* 54:50-25, 42 U.S.C. § 666(a)(13), and *N.J.S.A.* 2A:17-56.60, the Division of Gaming Enforcement is required to obtain your Social Security number. Pursuant to these authorities, the Division of Gaming Enforcement is also obligated to provide your Social Security number to:
 - 1. The Director of Taxation to assist in the administration and enforcement of any tax law, including for the purpose of reviewing compliance with State tax law and updating and correcting tax records; and
 - 2. The Probation Division or any other agency responsible for child-support enforcement, upon request.

- H. Pursuant to *N.J.A.C.* 19:41-14.2, an application for retention of a casino key employee license must be filed five months prior to the end of every successive five-year period.

New Jersey Supplemental Form to the Multi-Jurisdictional Personal History Disclosure Form

OFFICIAL USE ONLY	
1. DGE _____	2. DGE _____

PLEASE PRINT OR TYPE THE ANSWERS TO THE FOLLOWING QUESTIONS IN THE SPACE PROVIDED:

NAME (Last, First, Middle Initial and Jr./Sr., if any)

DATE OF BIRTH (Month, Day, Year)

Height Weight

SOCIAL SECURITY NUMBER (Mandatory¹)

IF YOU DO NOT HAVE A SOCIAL SECURITY NUMBER, PLEASE EXPLAIN WHY:

Home Telephone Number with Area Code

Daytime OR Work Telephone Number with Extension and Area Code

Cell Number with Area Code

E-Mail Address

HOME ADDRESS (Number and Street with Apartment #, if any, City, State, Zip Code)

MAILING ADDRESS, if different (P.O. Box, City, State, Zip Code)

Have you been known by any other name(s)? Yes No

If YES, list the additional name(s) below and specify dates of use for each. (Include maiden name, aliases, nicknames, or any other names).

<u>PLEASE CHECK APPROPRIATE SPACE</u>			
<u>HAIR COLOR:</u>	<u>EYE COLOR:</u>	<u>SEX:</u>	<u>RACE:</u> ²
<input type="checkbox"/> (BK) Black	<input type="checkbox"/> (BK) Black	<input type="checkbox"/> (M) Male	<input type="checkbox"/> (C) Caucasian
<input type="checkbox"/> (BR) Brown	<input type="checkbox"/> (BR) Brown	<input type="checkbox"/> (F) Female	<input type="checkbox"/> (B) Black
<input type="checkbox"/> (BD) Blond	<input type="checkbox"/> (HZ) Hazel		<input type="checkbox"/> (H) Hispanic
<input type="checkbox"/> (RD) Red	<input type="checkbox"/> (BL) Blue		<input type="checkbox"/> (A) Asian
<input type="checkbox"/> (GY) Gray	<input type="checkbox"/> (GY) Gray		<input type="checkbox"/> (N) Native American
<input type="checkbox"/> (WH) White	<input type="checkbox"/> (GR) Green		
<input type="checkbox"/> (BA) Bald			
<input type="checkbox"/> Other			

¹ In accordance with Section 7 of the Privacy Act, disclosure of your Social Security Number is mandatory. See Section V, G., under Important Notices on Page 5 of this application.

² Your response is optional.

DO NOT WRITE ON THIS PAGE
THIS PAGE FOR OFFICIAL USE ONLY

Name _____

Date of Birth _____

Any one of the following:

____ United States Passport Expiration Date _____

____ Certificate of Naturalization

____ USCIS Identification Card Expiration Date _____

Specify Status _____

OR, any two of the following:

____ Certified Birth Certificate

____ Motor Vehicle Operator's License Expiration Date _____
Jurisdiction _____

____ U.S. Military Card

____ Student Identification Card

____ Government Identification Card
Specify _____

____ Division or Commission License or Registration
Specify _____

____ Foreign Passport USCIS Expiration Date _____
Country _____

Comments: _____

Authorized by: _____

Date: _____

1. Provide the following information about the casino with which you are seeking to be associated with and your position in it:

NAME OF ENTITY

ADDRESS OF ENTITY (Number and Street, City, State, Zip Code)

TITLE OF POSITION (Held or Will Hold)

2. Check all appropriate areas below and fill in the appropriate blanks indicating the reason for submitting this application:

- A. I am applying for qualification in connection with:

- A casino license
- An applicant for a casino license
- An interim casino authorization application
- I am also applying for a casino key employee license.
- I am also applying for retention of my casino key employee license.

Note: Pursuant to *N.J.A.C. 19:41-9.11*, a minimum application fee of \$750 is required if you are also applying for a casino key employee license or for retention of a casino key employee license. Call the Division's Employee Licensing Bureau at (609) 441-3015 for information concerning licensing and other additional fees.

- B. I am a qualifier because I am a:

- Owner Stockholder
- Investor Director
- Officer Partner
- Principal Employee
- Other (Specify) _____
in the business(es) identified in C and/or D.

- C. Name of the casino applicant or licensee of which I am a qualifier:

- D. If applicable, the name of the holding company(ies) of the casino applicant or licensee with which I have any positions:

3. Do you have any ownership interest, financial interest or financial investment in any business entity applying to, or presently licensed by, the New Jersey Casino Control Commission and/or the Division of Gaming Enforcement?

Yes No

If YES, complete the following chart:

NAME OF BUSINESS ENTITY	NATURE AND AMOUNT OF YOUR INTEREST/INVESTMENT	% OF OWNERSHIP IN THE BUSINESS ENTITY	GAMING AGENCY

4. Are you a citizen of the United States?

Yes No

5. If you are a naturalized citizen of the United States, attach a copy of your Certificate of Naturalization to this form and label as Exhibit 5N.

6. If you are not a citizen of the United States, please indicate:

a. The country of which you are a citizen: _____

b. Place of birth: _____

c. Port of entry into the United States: _____

d. Name and address of sponsor upon your arrival:

7. If you are not a United States citizen, but you are a legally-authorized permanent resident alien, or you are authorized to be employed in the United States, please provide your USCIS "A" number or other USCIS authorization and expiration date in the space provided below, and attach to this form a copy of your USCIS identification card and/or any other USCIS document that conditions or restricts your employment labeled as Exhibit 7N.

USCIS "A" number: _____

Expiration Date: _____

8. During the last 10-year period, have you held a 5% or greater interest in or been a director, officer or principal employee of any entity that:

- a. Has made or has been charged with (either itself or through third parties for it), bribes or kickbacks to any government official, domestic or foreign, to obtain favorable treatment or to any company, employee or organization to obtain a favorable advantage?

Yes No

- b. Has held a foreign bank account or has had authority to control disbursements from a foreign bank account?

Yes No

- c. Has maintained a bank account or other account, whether domestic or foreign, which was not reflected on the books or records of the business?

Yes No

- d. Has maintained a domestic or foreign-numbered bank account or other bank account in a name other than the name of the business?

Yes No

e. Has donated or loaned corporate funds or corporate property for the use or benefit of, or for the purpose of opposing, any government, political party, candidate or committee, either domestic or foreign?

Yes No

f. Has compensated any of its directors, officers or employees for time and expenses incurred in performing services for the benefit of or in opposing any government or political party, either domestic or foreign?

Yes No

g. Has made any loans, donations or other disbursements to its directors, officers or employees, for the purpose of making political contributions or reimbursing such individuals for political contributions?

Yes No

9. State when you filed your last Federal Income Tax Return and any and all State Income Tax Returns, to what IRS Center and State Center it was sent and the tax period it covered:

Date Filed: _____

Period Covered: _____

IRS/State Office Location: _____

Note: Attach to the back of this form and label as Exhibit 9N, a copy of each IRS and State Form, with any amendments, and all appropriate schedules filed by you in the last five years. If you and your spouse filed separate tax returns for any year in the last five years, also attach a copy of your spouse's tax returns.

10. Has your Federal Income Tax Return ever been audited or adjusted?

Yes No

If YES, for what tax year(s): _____

11. Has you ever failed to file Federal or State Income Tax Returns?

Yes No

If YES, for what tax year(s): _____

12. Have you or your spouse ever filed any type of tax return, statement, or form, in any jurisdiction, outside the United States, within the last 10 years?

Yes No

If YES, complete the following chart:

TAX YEAR(S) FILED	COUNTRY FILED	AMOUNT OF TAX

Note: Attach to the back of this form and label as Exhibit 12N, a copy of each such tax return and all appropriate schedules or other attachments required by the tax authorities of the foreign jurisdictions.

13. Please certify, under penalty of perjury, the following:

- a. Do you currently have a child support obligation? Yes No
- (1) If "Yes," are you in arrears in payment of said obligation? Yes No
- (2) If "Yes," does the arrearage relate to a period longer than six months? Yes No
- b. Have you failed to provide any court-ordered health insurance coverage? Yes No
- c. Have you failed to respond to a subpoena relating to either a paternity or child-support proceeding? Yes No
- d. Are you the subject of a child-support-related arrest warrant? Yes No

An answer of "Yes" to any of the questions a through d above shall, in accordance with N.J.S.A. 5:12-86j, require you to provide proof to the director's satisfaction of payment or arrangement to pay any such debts prior to licensure.

In accordance with N.J.S.A. 2A:17-56.44(d), any false certification of the above may subject you to contempt of court and a penalty, including, but not limited to, immediate revocation or suspension of licensure or certification.

By initialing here _____, I acknowledge the terms of the above provisions.

