

**State of New Jersey  
Casino Control Commission  
CASINO KEY EMPLOYEE LICENSE REVIEW APPLICATION**



Filing Due Date: Mo \_\_\_\_\_ Yr \_\_\_\_\_ License Number: \_\_\_\_\_ -11

Application for Review **MUST** be submitted to the Casino Control Commission **FIVE** months prior to the expiration date of the current license. The review fee for a **casino key employee license is \$750.00**. Payment may be made by credit card (Visa, MasterCard, American Express or Discover) or check or money order (NO CASH) payable to:  
**CASINO CONTROL FUND. ALL APPLICATION FEES ARE NON-REFUNDABLE.**

Please type or print:

Name: \_\_\_\_\_  
LAST FIRST MI

\*Change of Name: \_\_\_\_\_  
LAST FIRST MI

\*Reason for change of name: *Please check one:* MARRIAGE DIVORCE COURT ORDER OTHER \_\_\_\_\_  
 A name change must include a copy of the marriage license, divorce decree or court order.

Address: \_\_\_\_\_  
Number and Street or Post Office Box Apt No.

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

DOB: \_\_\_\_\_ Weight: \_\_\_\_\_ Height: \_\_\_\_\_ Hair: \_\_\_\_\_

\*\*SS#: \_\_\_\_\_

Phone Number: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

**\*\*In accordance with Section 7 of the Privacy Act, disclosure of your Social Security number is mandatory.**

**INSTRUCTIONS:**  
 Read and answer each question carefully and completely. Leave no question unanswered. **TYPE** or **PRINT** (in ink) all entries except your signature. If you are filing for review of a **casino key employee license** you must complete a **FINANCIAL STATEMENT** and attach a copy of all tax returns filed with the Internal Revenue Service and the State of New Jersey, including copies of all W-2 Wage and Tax Statements, since you were initially licensed or since your last license review.  
 Send the **ORIGINAL** and **ONE (1) COPY** of both this **COMPLETED FORM**, the **RELEASE AUTHORIZATION** and any other **REQUIRED ATTACHMENTS** to:  
**Casino Control Commission  
 Attn: Licensing Unit  
 Tennessee Avenue and Boardwalk  
 Atlantic City, New Jersey 08401**

1. Are you a United States citizen?

Yes  No

**If no**, you must submit a copy of your US Citizenship and Immigration Services (USCIS, formerly Immigration and Naturalization Service) Employment Authorization and a copy of any other USCIS document that conditions or restricts your employment.

2. Are you now or have you been employed by any casino hotel or applicant for a casino hotel license since your last application filing?

Yes  No

**If yes**, please complete the following beginning with your current or most recent employment, listing any casino hotel employment since you were initially licensed or since your last license review.

Name/Address of Casino Hotel	From: Month/Year	To: Month/Year	Positions Held

3. Are you employed in any non-casino hotel position or any position not identified in the previous question?

Yes  No

**If yes**, please complete the following:

Name of Business	Street Address	City	State	Zip	Supervisor's Name

4. Have you been reprimanded, suspended, terminated, or asked to leave (for any reason) by an employer since you were initially licensed or since your last license review?

Yes  No

If yes, please complete the following:

Name/Address of Casino Hotel	Nature of Action	Reason	Date

5. Have you had any license, work permit, or certificate to work in the casino gaming industry suspended, revoked, denied, or had any disciplinary action taken concerning it, in New Jersey or any other state or jurisdiction since you were initially licensed or since your last license review?

Yes  No

If yes, please complete the following:

Nature of Action	Type of License, Permit or Certificate	Government Agency Involved	Date of Action	Reason of Action

6. For the purpose of this question, the word "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." The word "charge" includes any indictment, complaint, information, summons, or other notice of the alleged commission of any "offense." The word "offense" includes all felonies, or crimes, high misdemeanors, misdemeanors, disorderly persons offenses, petty disorderly offenses, driving while intoxicated/impaired motor vehicle offenses and violations of probation or any other court order.

**NOTE:** YOU NEED NOT DISCLOSE ANY ARREST OR CHARGE WHICH HAS BEEN THE SUBJECT OF A LAWFUL COURT ORDER OF EXPUNGEMENT OR SEALING IF SUCH ORDER ENTITLES YOU TO ANSWER "NO."

Have you been arrested or charged, even if not convicted, with any crime or offense in any jurisdiction since you were initially licensed or since your last review?

Yes  Yes (Expunged or Sealed)  No

If yes, please complete the following:

Nature of Charge or Offense	Name and Address of Law Enforcement Agency or Court Involved	Date of Charge	Disposition

7. Have you been sued or named as a defendant or respondent (including matrimonial matters, negligence matters, auto accident matters, contract matters, collection matters, debt matters, etc.) since you were initially licensed or since your last license review? Or have you had any financial liens or judgments filed against you (including federal and state tax liens, delinquent child support obligations, defaulted student loans, unemployment judgments, etc.) since you were initially licensed or since your last review?

Yes  No

If yes, please complete the following:

Nature of Suit	Name/Address of Court	Date Filed	Names of Other Parties Involved	Disposition

**COMPLETE THE SECTION BELOW AFTER ALL QUESTIONS HAVE BEEN ANSWERED**

This affidavit must be signed by you in the presence of a notary public and your signature notarized.

I swear (or affirm) that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

Sworn and subscribed to before me  
this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Applicant: \_\_\_\_\_  
(Legal Signature of Applicant)

Notary Public: \_\_\_\_\_

Date: \_\_\_\_\_



**State of New Jersey  
Casino Control Commission  
CASINO KEY EMPLOYEE REVIEW  
FINANCIAL STATEMENT**

LAST NAME: \_\_\_\_\_  
 FIRST NAME: \_\_\_\_\_ MI: \_\_\_\_\_  
 LICENSE NUMBER: \_\_\_\_\_ - 11

**INSTRUCTIONS:** Fill in all spaces; insert "NONE" where applicable. If more space is needed, attach separate schedules that should be clearly identified as being part of this statement. Such schedules should be signed and dated in the same manner as this statement.

ASSETS	COST AT DATE ACQUIRED OR PURCHASED (A)	CURRENT MARKET VALUE (B)	SPECIAL VALUATION DATE, IF ANY	LIABILITIES AND NET WORTH	ORIGINAL AMOUNT OF LIABILITY (C)	AMOUNT OUTSTANDING (D)
1. CASH a. ON HAND		a.		10. LOANS, NOTES & OTHER PAYABLES (SCHEDULE G)		
b. IN BANK (SCHEDULE A)		b.	b.	11. TAXES PAYABLE (SCHEDULE H)		
2. LOANS, NOTES AND OTHER RECEIVABLES (SCHEDULE B)				12. MORTGAGES OR LIENS ON REAL ESTATE (SCHEDULE I)		
3. SECURITIES (SCHEDULE C)				13. LOANS AGAINST INSURANCE/PENSION (SCHEDULE J)		
4. REAL ESTATE INTERESTS (SCHEDULE D)				14. OTHER INDEBTEDNESS (SCHEDULE K)		
5. CASH VALUE - LIFE INSURANCE (SCHEDULE E)				<b>TOTAL LIABILITIES</b>		
6. CASH VALUE - PENSION/RETIREMENT FUNDS (SCHEDULE F)				<b>NET WORTH</b> Total Assets (from Column B) Less Total Liabilities (from Column D)		
7. VEHICLES				CONTINGENT LIABILITIES (ITEMIZE)		
8. FURNITURE/CLOTHING						
9. OTHER ASSETS (ITEMIZE)						
<b>TOTAL ASSETS</b>						

**SUPPLEMENTARY SCHEDULES** - Supplemental space available on page 6

**INSTRUCTIONS:** Fill in all spaces, insert "NONE" where applicable. Insert the totals from the **bold outlined columns** in these Supplementary Schedules in the appropriate space in the chart above. **When using fill-in form, balance will automatically insert into financial statement from schedules.**

**A. CASH IN BANK** - List all bank accounts (checking, savings, time deposits, certificates of deposit, money market funds, etc.) foreign and domestic, maintained by you, your spouse or dependent children. Identify with an asterisk (\*) any check writing accounts held with brokerage houses, insurance companies, etc.

Name and Address of Institution	Name of Person(s) Appearing on Account	Account Number	Type of Account	Date of Balance	<b>Balance</b> Enter as item 1b, column B

**B. LOANS, NOTES AND OTHER RECEIVABLES** - List all loans, notes, and other receivables held by you, your spouse or dependent children.

Self, Spouse or Dependent Child	Name and Address of Debtor	Interest Rate (%)	<b>Original Loan Amount</b> Enter as item 2 A.	Original Date of Loan/ Receivable	Date Due	Nature of Security, if any. Indicate if Unsecured	<b>Current Balance</b> Enter as item 2 B

**C. SECURITIES** - List all stocks, bonds, mutual funds, commodity accounts, options, warrants, etc., held or controlled by you, your spouse or dependent children. Whenever interest exists through a mutual fund or holding company, the individual stocks or bonds held by such mutual fund or holding company need not be listed; whenever such interest exists through a beneficial interest in a trust, the securities held in such trust shall be listed if you, your spouse or dependent children have knowledge of what securities are so held. **Indicate Publicly Traded Securities by an Asterisk (\*).**

Self, Spouse or Dependent Child	No. of Securities or Contracts Held	Type of Security	Issuing Company or Government Agency	<b>Date of and Price at Purchase</b> Enter as item 3 A	Percentage of Ownership, if greater than 5%	Registered Owner	Date of Valuation	<b>Current Market Value</b> Enter as item 3 B

**D. REAL ESTATE INTERESTS** - Indicate the location, size, general nature, and acquisition date of any real property in which any direct, indirect, vested or contingent interest is held by you, your spouse or dependent children, along with the names of all individuals or entities who share a direct, indirect, vested or contingent interest therein.

Self, Spouse or Dependent Child	Address Parcel/Lot Number	Type of Property	Date Acquired	Individuals or Entities Sharing Interest (Include % of Ownership for Each)	Purchase Price of % Owned Enter as item 4 A	Monthly Rental Income, if any	Estimated Market Value of % Owned Enter as item 4 B

**E. CASH VALUE - LIFE INSURANCE** - List the cash value of all life insurance policies held by you, your spouse or your dependent children.

Self, Spouse or Dependent Child	Date Purchased	Insurance Carrier	Policy Number	Beneficiary(ies)	Face Value	Annual Premium Payments	Cash Surrender Value Enter as item 5 B

**F. CASH VALUES - PENSION/RETIREMENT FUNDS** - List the cash value of all pension funds held by you or your spouse. Include IRA, 401K and KEOGH plans.

Self or Spouse	Type of Fund	Type of Securities Held	Employer/Institution	Account Number, if any	Total Employee Contribution Enter as item 6 A	Total Employer Contribution	Current Cash Value Enter as item 6 B

**G. LOANS, NOTES AND OTHER PAYABLES** - List all accounts payable (include lines of credit, installment loans, revolving charge accounts and any other accounts) for which you, your spouse or your dependent children are obligated.

Self, Spouse or Dependent Child	Name and Address of Creditor	Account Number, if any	Date Incurred	Due Date	Interest Rate (%)	Nature of Account	Original Amount of Liability Enter as item 10 C	Nature of Security, if any	Current Amount Outstanding Enter as item 10 D

**H. TAXES PAYABLE** - List all real estate and income taxes payable for which you, your spouse or your dependent children are obligated.

Self, Spouse or Dependent Child	Taxing Authority	Nature of Tax	Date and Amount of Original Obligation Enter as item 11 C.	Fines, Penalties And Interest, if any	Total Amount Due Enter as item 11 D.

**I. MORTGAGES OR LIENS ON REAL ESTATE** - List below all mortgages or liens payable on real estate for which you, your spouse or dependent children are obligated.

Self, Spouse or Dependent Child	Name and Address of Mortgagee or Lien Holder	Account Number	Date Incurred	Original Amount of Liability Enter as item 12 C	Description/ Address of Real Estate	Term of Mortgage/ Interest Rate (%)	Periodic Payment Amount/ Pay Period	Current Mortgage Balance Enter as item 12 D

**J. LOANS AGAINST INSURANCE/PENSION** - List all loans against life insurance policies, pension plans, 401K plans, etc., taken by you, your spouse or your dependent children.

Self, Spouse or Dependent Child	Insurance Carrier/ Pension Plan	Purpose of Loan	Original Amount of Loan Enter as item 13 C	Interest Rate (%)	Date of Loan	Periodic Payment Amount/ Pay Period	Current Loan Balance Enter as item 13 D

**K. OTHER INDEBTEDNESS** - List any other indebtedness, including rent, for which you, your spouse or your dependent children are obligated.

Self, Spouse or Dependent Child	Name and Address of Creditor	Interest Rate (%)	Description of Liability, Type of Obligation and Nature of Security, if any	Due Date	Periodic Payment Amount/ Pay Period	Original Amount of Liability Enter as item 14 C	Outstanding Amount of Indebtedness Enter as item 14 D

CERTIFICATION - This is to certify that all the statements contained herein and in any supporting schedules are true and give a correct showing of my financial condition as of the date indicated. I further certify that I had no liabilities, direct, contingent or business except as set forth in this statement, and that the title to all assets therein set forth are in my name solely, except as may be otherwise noted. IN THE EVENT OF ANY MATERIAL ADVERSE CHANGE IN MY FINANCIAL CONDITION, I AGREE TO NOTIFY THE CASINO CONTROL COMMISSION IMMEDIATELY IN WRITING.

DATE: \_\_\_\_\_

LEGAL SIGNATURE: \_\_\_\_\_



State of New Jersey

CASINO CONTROL COMMISSION

RELEASE AUTHORIZATION

To All Courts, Probation Departments, Selective Service Boards, Employers, Educational Institutions, Banks Financial and Other Institutions, and All Governmental Agencies – federal, state and local, without exception, both foreign and domestic.

NAME: \_\_\_\_\_ LICENSE # \_\_\_\_\_-11

I have authorized the New Jersey Casino Control Commission and the New Jersey Division of Gaming Enforcement to conduct a full investigation into my background and activities.

Therefore, you are hereby authorized to release any and all information pertaining to me, documentary or otherwise, as requested by any employee or agent of the Division of Gaming Enforcement or the Casino Control Commission, provided that he or she certifies to you that I have an application pending before the Casino Control Commission or that I am presently a licensee, registrant or other person required to be qualified under the provisions of the Casino Control Act.

This authorization shall supersede and countermand any prior request or authorization to the contrary.

A photo static copy of this authorization will be considered as effective and valid as the original.

DATED: \_\_\_\_\_ (LEGAL SIGNATURE)
(Signature of Applicant)

Subscribed and sworn to
before me this \_\_\_\_\_ day
of \_\_\_\_\_, 20\_\_\_\_\_.

NOTARY PUBLIC

SEAL OR AUTHORITY OF NOTARY



**State of New Jersey**  
**Casino Control Commission**  
**CASINO KEY EMPLOYEE REVIEW**  
**ADDITIONAL SUPPLEMENTARY SCHEDULES**

LAST NAME: \_\_\_\_\_

FIRST NAME: \_\_\_\_\_ MI: \_\_\_\_\_

LICENSE NUMBER: \_\_\_\_\_ - 11

**ADDITIONAL SUPPLEMENTARY SCHEDULES**

**INSTRUCTIONS:** Fill in all spaces, insert "NONE" where applicable. Insert the totals from the **bold outlined columns** in these Supplementary Schedules in the appropriate space in the chart above. **When using fill-in form, balance will automatically insert into financial statement from schedules.**

**A1. CASH IN BANK** - List all bank accounts (checking, savings, time deposits, certificates of deposit, money market funds, etc.) foreign and domestic, maintained by you, your spouse or dependent children. Identify with an asterisk (\*) any check writing accounts held with brokerage houses, insurance companies, etc.

Name and Address of Institution	Name of Person(s) Appearing on Account	Account Number	Type of Account	Date of Balance	<b>Balance</b> Enter as item 1b, column B

**B1. LOANS, NOTES AND OTHER RECEIVABLES** - List all loans, notes, and other receivables held by you, your spouse or dependent children.

Self, Spouse or Dependent Child	Name and Address of Debtor	Interest Rate (%)	<b>Original Loan Amount</b> Enter as item 2 A.	Original Date of Loan/ Receivable	Date Due	Nature of Security, if any. Indicate if Unsecured	<b>Current Balance</b> Enter as item 2 B

**C1. SECURITIES** - List all stocks, bonds, mutual funds, commodity accounts, options, warrants, etc., held or controlled by you, your spouse or dependent children. Whenever interest exists through a mutual fund or holding company, the individual stocks or bonds held by such mutual fund or holding company need not be listed; whenever such interest exists through a beneficial interest in a trust, the securities held in such trust shall be listed if you, your spouse or dependent children have knowledge of what securities are so held. **Indicate Publicly Traded Securities by an Asterisk (\*).**

Self, Spouse or Dependent Child	No. of Securities or Contracts Held	Type of Security	Issuing Company or Government Agency	<b>Date of and Price at Purchase</b> Enter as item 3 A	Percentage of Ownership, if greater than 5%	Registered Owner	Date of Valuation	<b>Current Market Value</b> Enter as item 3 B

**D1. REAL ESTATE INTERESTS** - Indicate the location, size, general nature, and acquisition date of any real property in which any direct, indirect, vested or contingent interest is held by you, your spouse or dependent children, along with the names of all individuals or entities who share a direct, indirect, vested or contingent interest therein.

Self, Spouse or Dependent Child	Address Parcel/Lot Number	Type of Property	Date Acquired	Individuals or Entities Sharing Interest (Include % of Ownership for Each)	<b>Purchase Price of % Owned</b> Enter as item 4 A	Monthly Rental Income, if any	<b>Estimated Market Value of % Owned</b> Enter as item 4 B

**E1. CASH VALUE - LIFE INSURANCE** - List the cash value of all life insurance policies held by you, your spouse or your dependent children.

Self, Spouse or Dependent Child	Date Purchased	Insurance Carrier	Policy Number	Beneficiary(ies)	Face Value	Annual Premium Payments	<b>Cash Surrender Value</b> Enter as item 5 B

**F1. CASH VALUES - PENSION/RETIREMENT FUNDS** - List the cash value of all pension funds held by you or your spouse. Include IRA, 401K and KEOGH plans.

Self or Spouse	Type of Fund	Type of Securities Held	Employer/Institution	Account Number, if any	<b>Total Employee Contribution</b> Enter as item 6 A	Total Employer Contribution	<b>Current Cash Value</b> Enter as item 6 B

**G1. LOANS, NOTES AND OTHER PAYABLES** - List all accounts payable (include lines of credit, installment loans, revolving charge accounts and any other accounts) for which you, your spouse or your dependent children are obligated.

Self, Spouse or Dependent Child	Name and Address of Creditor	Account Number, if any	Date Incurred	Due Date	Interest Rate (%)	Nature of Account	<b>Original Amount of Liability</b> Enter as item 10 C	Nature of Security, if any	<b>Current Amount Outstanding</b> Enter as item 10 D

**H1. TAXES PAYABLE** - List all real estate and income taxes payable for which you, your spouse or your dependent children are obligated.

Self, Spouse or Dependent Child	Taxing Authority	Nature of Tax	Date and Amount of Original Obligation Enter as item 11 C.	Fines, Penalties And Interest, if any	Total Amount Due Enter as item 11 D.

**I1. MORTGAGES OR LIENS ON REAL ESTATE** - List below all mortgages or liens payable on real estate for which you, your spouse or dependent children are obligated.

Self, Spouse or Dependent Child	Name and Address of Mortgagee or Lien Holder	Account Number	Date Incurred	Original Amount of Liability Enter as item 12 C	Description/ Address of Real Estate	Term of Mortgage/ Interest Rate (%)	Periodic Payment Amount/ Pay Period	Current Mortgage Balance Enter as item 12 D

**J1. LOANS AGAINST INSURANCE/PENSION** - List all loans against life insurance policies, pension plans, 401K plans, etc., taken by you, your spouse or your dependent children.

Self, Spouse or Dependent Child	Insurance Carrier/ Pension Plan	Purpose of Loan	Original Amount of Loan Enter as item 13 C	Interest Rate (%)	Date of Loan	Periodic Payment Amount/ Pay Period	Current Loan Balance Enter as item 13 D

**K1. OTHER INDEBTEDNESS** - List any other indebtedness for which you, your spouse or your dependent children are obligated.

Self, Spouse or Dependent Child	Name and Address of Creditor	Interest Rate (%)	Description of Liability, Type of Obligation and Nature of Security, if any	Due Date	Periodic Payment Amount/ Pay Period	Original Amount of Liability Enter as item 14 C	Outstanding Amount of Indebtedness Enter as item 14 D

Add Additional Comments Below: