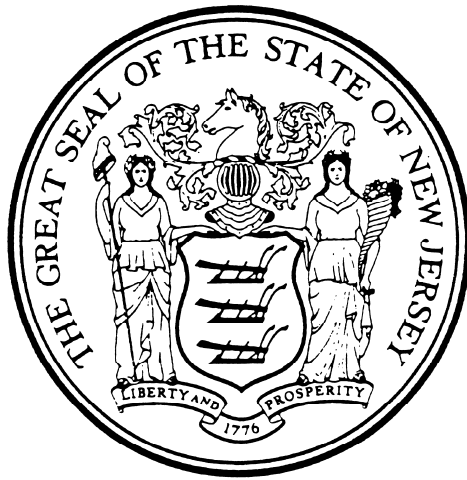


**STATE OF NEW JERSEY
CASINO CONTROL COMMISSION**



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

**NEW JERSEY SUPPLEMENTAL FORM
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 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 www.nj.gov/casinos/licens/info/forms.html or you may request the forms be mailed to you by calling (609) 441-3441.

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. 5:12-82(b) or (c), -84(b), -85(c), (d) and (e)*; or
 2. An applicant for a casino key employee license pursuant to *N.J.S.A. 5:12-89* who is also a qualifier as identified above; or
 3. Directed to do so by the Casino Control Commission (Commission).

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 Commission 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 Immigration and Naturalization Service (INS). Furthermore, the expiration date of a license issued by the Commission to any person who is not a citizen of the United States cannot exceed the expiration of that person's INS 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 IN CONNECTION WITH AN APPLICATION FOR A CASINO KEY EMPLOYEE LICENSE:

All qualifiers who are applicants for a casino key employee license must come to the Commission offices and establish their identity and employment authorization at the time they submit their application or are issued their license. Our offices are located at:

New Jersey Casino Control Commission
Licensing Unit
Arcade Building
Tennessee Avenue and Boardwalk
Atlantic City, New Jersey 08401

To establish your identity and employment authorization in accordance with *N.J.A.C. 19:41-7.2A*, you must present the original document(s) listed below in A or B.

- A. A current and valid U.S. passport OR Certificate of Naturalization OR a current identification card issued by the INS 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 (1) above are not available, any two of the following authentic documents may be accepted:
 - 1. A certified copy of a U.S. birth certificate issued by a state, county or municipal authority with an official seal;
 - 2. A current and valid state issued driver's license that has a photograph and/or identifying information;
 - 3. A current and valid identification card issued to persons who serve in the U.S. military or their dependents that has a photograph and/or identifying information;
 - 4. A current and valid school identification containing a photograph, an expiration date, the seal or logo of the issuing institution and the signature of the card holder;
 - 5. A current and valid identification card issued by a federal, state or local government agency that has a photograph and/or identifying information;
 - 6. A valid casino employee license, an expired casino employee or casino key employee license issued after 1998, or a valid casino service employee registration; or
 - 7. A current and valid foreign passport with a proper INS authorization.

NOTE: If the name on any of the provided identification is different than the name on your application, you must also provide a court ordered name change, marriage certificate or divorce decree to establish the reason for the different name.

Call (609) 441-3441 if you have any questions about identification documents.

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

- A. If you are 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 and the photocopies filed with the Commission.
- 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 COMMISSION:

- A. Submit this form and the Multi Jurisdictional Personal History Disclosure Form and all attachments as an original and three (3) photocopies. 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.* 19:41-9.4, and -9.11.
- C. The Commission may require you to be fingerprinted in connection with the filing of this application. To be fingerprinted, you may make an appointment with the Division of Gaming Enforcement's (Division) Identification Unit, which is located in the Arcade Building, Tennessee Avenue and Boardwalk, Atlantic City, New Jersey. Call for an appointment at (609) 441-3015. 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 your application is accepted, it becomes the property of the Commission and may not be withdrawn without the permission of the Commission.

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 Commission and the Division of any change of address.

- C. Pursuant to section 86(b) of the Casino Control Act, failure to answer any question completely and truthfully will result in denial of your license application.
- D. Pursuant to sections 79(a)(6) and 80 of the Casino Control Act, any person who applies for and obtains a license from the Commission or is required to qualify is subject to warrantless searches when present in a license casino hotel facility.
- E. Pursuant to section 74 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 80 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 89(b)(4) of the Casino Control Act, each applicant for a casino key employee license shall be a resident of the State of New Jersey prior to the issuance of a casino key employee license. In order for a license to remain valid, New Jersey residency must be maintained.
- G. In accordance with section 5 of the Privacy Act, 5 U.S.C. 552a, disclosure of your social security number is voluntary. Failure to disclose your social security number is not grounds for denial of your application. The request for your social security number is made pursuant to the Casino Control Act, *N.J.S.A. 5:12-1 et seq.* (Specifically *N.J.S.A. 5:12-80, -89 and -102.*) If provided, your social security number will be used by the Commission and Division to obtain and verify information in your application for qualification. The absence of a social security number on the application may delay the final determination of your application.
- H. Pursuant to *N.J.A.C. 19:41-14.2(a)*, applications for the renewal of a casino key employee license must be filed with the Commission five months prior to the expiration date of the current license.

1. Provide the following information about the casino with which you are seeking to be associated 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.

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. Call the Commission's Employee License Bureau at (609) 441-3441 for information concerning licensing and other additional fees.

B. I am a qualifier because I am a:

- | | |
|--|--------------------------------------|
| <input type="checkbox"/> Owner | <input type="checkbox"/> Stockholder |
| <input type="checkbox"/> Investor | <input type="checkbox"/> Director |
| <input type="checkbox"/> Officer | <input type="checkbox"/> Partner |
| <input type="checkbox"/> Principal Employee | |
| <input type="checkbox"/> Other (Specify) _____ | |

in the business(es) identified in item C and/or D.

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

D. If applicable, the name of 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?

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 to 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 INS "A" number or other INS authorization in the space provided below, and attach to this form a copy of your INS identification card and/or any other INS document that conditions or restricts your employment labeled as Exhibit 7N.

INS "A" number: _____

8. Have you ever had a civil or criminal record expunged or sealed by court order ^{**}? Yes No

If yes, when? _____ Where? _____
City County State

**** IF YOU HAVE ANY RECORDS RELATING TO ANY ADMINISTRATIVE, CIVIL, OR CRIMINAL CHARGE, OFFENSE, ARREST OR CONVICTION, WHICH HAVE BEEN EXPUNGED OR SEALED BY COURT ORDER, ATTACH A COPY OF THE EXPUNGEMENT OR SEALING ORDER TO THIS SUPPLEMENTAL FORM LABELED AS EXHIBIT 8N.**

9. During the last ten 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 acting 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 competitive 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 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

10. State when you filed your last Federal Income Tax Return Form 1040, to what IRS Center it was sent and the tax period it covered.

Date Filed: _____ Period Covered: _____

IRS Office Location: _____

Attach to the back of this form and label as Exhibit 10N, a copy of each IRS Form 1040 and 1040X (Amended Return) 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.

11. Has your Federal Income Tax Return ever been audited or adjusted? Yes No

If yes, for what tax year(s)? _____

12. Have you ever failed to file Federal or State Income Tax returns? Yes No

If yes, for what year(s)? _____

13. 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 ten years?

Yes No

If yes, complete the following chart:

| TAX YEAR(S) FILED | COUNTRY FILED | AMOUNT OF TAX |
|-------------------|---------------|---------------|
| | | |

Attach to the back of the Form and label as Exhibit 13N a copy of each such tax return and all appropriate schedules or other attachments required by the tax authorities of the foreign jurisdiction.

RELEASE AUTHORIZATION

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

I, _____ have authorized
(Print Name)

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 photocopy 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

STATE

