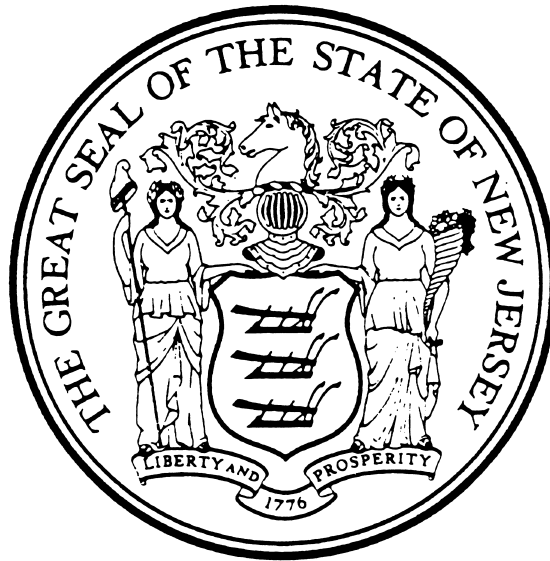


STATE OF NEW JERSEY
Division of Gaming Enforcement



CASINO HOTEL ALCOHOLIC BEVERAGE LICENSEE -
QUALIFIER DISCLOSURE FORM

**CASINO HOTEL ALCOHOLIC BEVERAGE CONTROL LICENSEE-
QUALIFIER DISCLOSURE FORM**

INSTRUCTIONS

I. COMPLETING THIS FORM:

- A. This application form is to be completed by any person who is identified as a qualifier on page 10 of the Casino Hotel Alcoholic Beverage (CHAB) License-Business Entity Disclosure Form, any person identified on page 8 of the Casino Hotel Alcoholic Beverage Licensee-Business Entity Disclosure Form-Holding Company, or is otherwise directed to do so by the Division of Gaming Enforcement (Division).
- B. Read this entire form carefully before answering any of the questions.
- C. Answer every question completely and truthfully. Do not leave any 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 as to a particular question, state "None" in response to that question.
- D. All entries on this form, except signatures, must be typed or block printed in ink. If your application is not readable, it will not be accepted.
- E. Initial each page of this form in the space provided after you have checked your answers and are sure they are complete and correct.
- F. If you need additional space to answer any question(s), use page 9. Be sure to indicate the number of the question you are answering if you use this additional space.
- G. In the space provided on page 5, attach a photograph of yourself that has been taken within the past year. Print your name along the bottom border on the front of the photograph before attaching it.
- H. Sign the Statement of Truth, the Release Authorization, and the Waiver of Liability on pages 11, 12, and 13 in the presence of a Notary Public and have your signatures notarized.
- I. *N.J.A.C. 13:69A-7.7* requires all qualifiers to be fingerprinted.
 - 1. For a first-time qualifier, the Division will provide your application number by mail with instructions for you to be fingerprinted. Any qualifier who has been fingerprinted by the Division with a past application will be notified in writing to be fingerprinted only if updated fingerprints are required. If you are directed by the Division to be fingerprinted, please call (609) 441-3050 and make an appointment with the Division's Identification Unit located in the Arcade Building, Tennessee Avenue and the Boardwalk in Atlantic City, to be fingerprinted. Please mention that you are being fingerprinted for a CHAB application/resubmission and provide your application number. Generally, you

will have 30 days upon written notice from the Division to be fingerprinted. Please call (609) 402-0441 if you do not receive any written correspondence or if there is a need for expedited processing. **Failure to be fingerprinted in a timely manner as required by regulations or Division request shall result in the denial/revocation of any interim casino hotel alcoholic beverage (CHAB) authorization or CHAB license.**

2. When you are fingerprinted in our Atlantic City office, you must establish your identity in accordance with *N.J.A.C. 13:69A-7.2A* at the time of your fingerprint appointment by providing the original document(s) listed below in a) or b):
 - a) A current and valid U.S. passport OR a Certificate of Naturalization OR a current identification card issued by the U.S. Citizenship & Immigration Services (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 a) 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 or casino key 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 USCIS 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. **Please call (609) 441-3050 if you have any questions about identification documents.**

3. If you reside outside the State of New Jersey and are unable to come to Atlantic City to be fingerprinted, the Division will provide you with information regarding the procedures for being fingerprinted by your local police department. However, we note that the in-person process is the preferred method and will likely avoid having to be fingerprinted again in the future.

II. IMPORTANT NOTICES

- A. You must immediately notify the Division of any change of address. All notices regarding this application will be sent to the address which you provide on this form. Changes of address should be forwarded to:

New Jersey Division of Gaming Enforcement
Service Industry Licensing Bureau (SILB), Intake Unit
1325 Boardwalk
Atlantic City, NJ 08401
Attn.: CHAB Licenses

- B. Any person who applies for and obtains qualification from the Division is required to submit to warrantless searches when present in a licensed casino hotel facility, pursuant to Sections 79(a)(6) and 80c of the Casino Control Act.
- C. Pursuant to Section 74.1 of the Casino Control Act, information supplied to the Casino Control 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 or licensee waives any liability of the State of New Jersey and its instrumentalities and agents, for any damages resulting from any disclosures or publication in any manner, other than a willfully-unlawful disclosure or publication.

D. 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.

**CASINO HOTEL ALCOHOLIC BEVERAGE CONTROL LICENSEE-
QUALIFIER DISCLOSURE FORM**

FULL NAME:

ALIAS OR NICKNAME / MAIDEN NAME:

CURRENT TELEPHONE NUMBERS:

Home Telephone Number with Area Code Daytime OR Work Telephone Number with Extension and Area Code

Cell Number with Area Code E-Mail Address Fax Number (if available)

PERSONAL DATA:

DATE AND PLACE OF BIRTH Height Weight SOCIAL SECURITY NUMBER (Mandatory¹)

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

POSITION HELD WITH THE ENTERPRISE APPLYING FOR A CASINO HOTEL ALCOHOLIC BEVERAGE LICENSE:

IMPORTANT

**FAILURE TO ANSWER ANY QUESTION ON THIS FORM
COMPLETELY AND TRUTHFULLY COULD RESULT
IN A FINDING OF DISQUALIFICATION.**

FOR STATE OF NEW JERSEY USE ONLY			
VRF	LOG #	QUAL #	POSITION CODE(S)
SEX	RACE	FOR TIME PERIOD	

¹ In accordance with Section 7 of the Privacy Act, disclosure of your Social Security Number is mandatory. See Section II, D, under Important Notices on Page 4 of this application.

**PASTE A PHOTOGRAPH HERE
THAT WAS TAKEN WITHIN THE
PAST YEAR.**

**PRINT YOUR NAME ALONG THE
BOTTOM BORDER OF THE
FRONT OF THE PHOTOGRAPH
BEFORE ATTACHING IT.**

1. Name: _____
2. Beginning with your current residence and working backwards, provide the following information with respect to each residence you have held for the past five years.

DATES		ADDRESS (Number, Street, Apartment Number, City, State, Zip Code, COUNTRY)
FROM	TO	

3. Employment History: List the last three jobs you have held, beginning with the most recent and working backwards. Note with an asterisk (*), any employment where gaming was conducted on the premises.

DATES		NAME AND ADDRESS OF EMPLOYER	POSITION AND DUTIES	NAME OF SUPERVISOR	REASON FOR LEAVING
FROM	TO				

4. Have you ever before applied to the Division of Gaming Enforcement or the New Jersey Casino Control Commission for any license, permit, approval, or registration?

Yes No

If Yes, complete the following table:

TYPE OF LICENSE, PERMIT, APPROVAL, OR REGISTRATION PREVIOUSLY APPLIED FOR	DATE APPLICATION WAS FILED	DISPOSITION (GRANTED, PENDING, DENIED)	IF ISSUED LICENSE(S), GIVE LICENSE NUMBER(S)

5. Have you ever applied, in any jurisdiction for, or have had a denied, suspended, or revoked license, permit, approval, registration, or other authorization to participate in a lawful gambling operation (including casino gaming, horse racing, dog racing, pari-mutuel operation, lottery, sports betting, etc.)?

Yes No

If Yes, complete the following table:

TYPE OF GAMBLING OPERATION	POSITION SOUGHT OR HELD	LICENSING AGENCY (INCLUDING STATE, COUNTY OR MUNICIPALITY)	DISPOSITION (GRANTED, PENDING, SUSPENDED, DENIED)	IF ISSUED LICENSE(S), GIVE LICENSE NUMBER(S)

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, in order to answer for the alleged performance of any “offense” in this or any other state or foreign country; the word “charge” includes any indictment, complaint, information, summons, or other notice of the alleged commission of any “offense” in this or any other state or foreign country; and the word “offense” includes all high misdemeanors, felonies, misdemeanors, disorderly persons offenses, and juvenile violations.

Have you ever been arrested or charged, even if not convicted, with any felony, crime, misdemeanor, disorderly persons offense, juvenile offense, or other offense (other than a traffic violation), in New Jersey or anywhere else?

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” to such inquiry.

Yes No

If Yes, complete the following chart:

NATURE OF CHARGE OR ARREST	NAME AND ADDRESS OF GOVERNMENT AGENCY OR COURT INVOLVED	DISPOSITION (CONVICTED, ACQUITTED, DISMISSED, PENDING, ETC.)	DATE OF DISPOSITION	SENTENCE

7. 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.

8. Use this page for additional information. Be sure to indicate the number of the question you are answering.

STATEMENT OF TRUTH

STATE OF _____:

SS:

COUNTY OF _____:

I, _____, being duly sworn according to law, on my oath, deposes and says:
(Print Name)

1. I am the applicant who is submitting this application form.
2. I personally supplied the information contained in this form.
3. I understand and read the English language, or I have had an interpreter read, explain and record the answer to each and every question on this application form.
4. 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.

(Date)

_____ (Legal Signature)
(Signature of Applicant)

Subscribed and sworn to before me

this _____ day of _____, 20__.

(Notary Public)

(State)

RELEASE AUTHORIZATION

TO: All Courts, Probation Departments, Selective Service Boards, Employers, Educational Institutions, Banks, Credit Agencies, Financial and Other Such Institutions and All Governmental Agencies – Federal, State and Local, without exception, both foreign and domestic.

I, _____, have authorized the New Jersey Division of Gaming
(Print Name)

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, provided that he or she certifies to you that I have an application pending before the Division of Gaming Enforcement and 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.

NOTICE
The Division, in connection with its investigation of this submission, will conduct checks with law enforcement / fingerprint agencies and credit agencies.

(Date)

_____ (Legal Signature)
(Signature of Applicant)

Subscribed and sworn to before me
this _____ day of _____, 20__.

(Notary Public)

(State)

WAIVER OF LIABILITY

I, _____, hereby waive liability as to the State of New Jersey and
(Print Name)

its instrumentalities and agents, for any damages resulting to me from any disclosure or publication in any manner, other than a willfully, unlawful disclosure or publication, of any material or information acquired during the licensing process or during any inquiries, investigations or hearings.

(Date)

(Signature)

Subscribed and sworn to before me
this _____ day of _____, 20__.

(Notary Public)

(State)