STATE OF NEW JERSEY

Division of Gaming Enforcement

PERSONAL HISTORY DISCLOSURE FORM 1

Casino Qualifiers

Personal History Disclosure Form 1 – Casino Qualifiers

INSTRUCTIONS

I. COMPLETING THIS FORM:

A. You are to complete this application if you are:

1. An outside director of a holding company required to qualify with respect to a casino licensee, pursuant to *N.J.S.A*. 13:69C-2.7; or

2. A trustee as defined in *N.J.S.A*. 5:12-95.12 and 95.13, pursuant to *N.J.A.C*. 13:69c-2.7; or

3. A trustee required to be qualified, pursuant to *N.J.S.A*. 13:69C-2.7; or

4. A beneficiary of a trust required to be qualified, pursuant to *N.J.S.A*. 13:69C-2.7; or

5. Directed to do so by the Division of Gaming Enforcement (Division).

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 you need additional space to answer any question(s), use the blank page provided on page 45 of this form. If you use this additional space, be sure to indicate the number(s) of the question(s) which 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
1325 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. You have established your identity and work authorization in accordance with Section II, above, and provided identification documents to the Division and attached copies of these documents to this form.

B. All attachments required in this form are labeled with an exhibit number.

C. The Statement of Truth and the Release Authorization forms are notarized.

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, along with all related attachments. If the attachments are not submitted, the application will not be accepted.

B. Once the application is accepted, it becomes the property of the Division and may not be withdrawn without the permission of the Division.

C. After you file your application, you may be required to be fingerprinted. If you are required to be fingerprinted, **you must be fingerprinted within 30 days after you file your application with the Division**.

To be fingerprinted at the DGE Identification Unit in Atlantic City, NJ, you must go to IdentoGO's website or visit the following website directly https://uenroll.identogo.com to pre-enroll and schedule your appointment.

You will be prompted to enter a Service Code that corresponds to the registration, license, or qualification for which you are applying. For this application you will use the **casino license application/qualifier code** (**QUAL Code)** identified in the instructions on the DGE website:
https://www.nj.gov/oag/ge/docs/Fingerprint%20Processes%20Final.pdf

The Service Codes have been designed by IdentoGO and assigned to the DGE to ensure that applicants are not accidentally or incorrectly processed for a service that is not required. The applicable Service code should be utilized ONLY by those individuals wishing to be fingerprinted at the DGE location, located at 1325 Boardwalk on the corner of Tennessee Ave & the Boardwalk in Atlantic City, NJ.

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. Failure to be fingerprinted shall be a basis for the denial of your qualification, pursuant to *N.J.A.C*. 13:69A-7.7.

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.

Si usted no puede entender este formulario completamente en Ingles, es su responsabilidad de obtener los metodos necesarios de traduccion.

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 qualification, 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 Division and Commission 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(b) of the Casino Control Act, an applicant or qualifier 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 Sections 85.1 and 89(b) of the Casino Control Act, each person filing this form must, prior to the issuance of such license, produce sufficient information, documentation and assurances to meet the qualification criteria.

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. Before you file this application, please make sure that the restrictions in the New Jersey Conflicts of Interest Law, *N.J.S.A*. 52:13D-17.2 and 17.3, regarding casino employment of certain New Jersey state and municipal employees and their family members, do not apply to you. For additional information, contact the State Ethics Commission, 28 West State Street, Room 1407, P.O. Box 082, Trenton, NJ 08625-0082.

I. Pursuant to Section 94(h)(1) and *N.J.A.C.* 13:69A-14.2(a), not later than five years after obtaining a qualification and every five years thereafter, the qualifier shall submit such information and documentation as the Division requires, to demonstrate that it continues to meet the qualification requirements.

J. Copies of this form and other Division forms are available on the Internet at http://www.nj.gov/oag/ge/forms.html or you may request that the form(s) be mailed to you by calling (609) 441-3846.

Personal History Disclosure Form 1 - Casino Qualifiers

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 (Mandatory[1])

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).

PLEASE CHECK APPROPRIATE BOX

HAIR COLOR:	EYE COLOR:	SEX:	RACE:[2]
☐ (BK) Black	☐ (BK) Black	☐ (M) Male	☐ (C) Caucasian
☐ (BR) Brown	☐ (BR) Brown	☐ (F) Female	☐ (B) Black
☐ (BD) Blond	☐ (HZ) Hazel	☐ (X) Non-Binary	☐ (H) Hispanic
☐ (RD) Red	☐ (BL) Blue		☐ (A) Asian
☐ (GY) Gray	☐ (GY) Gray		☐ (N) Native American
☐ (WH) White	☐ (GR) Green		
☐ (BA) Bald			
☐ 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 **AND**

_____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:_____

IMPORTANT

FAILURE TO ANSWER ANY
QUESTION ON THIS FORM
COMPLETELY AND TRUTHFULLY
WILL RESULT IN THE DENIAL
OF YOUR LICENSE.

THE DIVISION WILL AFFIX

A PHOTOGRAPH HERE

Check the appropriate statement:

☐ I am applying for an initial qualification.

☐ I am an outside director of a holding company or a business entity required to qualify with respect to a casino licensee.

☐ I am a trustee as defined in *N.J.S.A*. 5:12-95.12 and 95.13.

☐ I am a trustee required to be qualified pursuant to *N.J.A.C*. 13:69C-2.7.

☐ I am a beneficiary of a trust required to be qualified.

Note: Qualifiers have positions of authority or control with a casino licensee or applicant or its holding, intermediary or affiliated entities.

1. Are you a citizen of the United States?

   ☐ Yes ☐ No

2. If you are a naturalized citizen of the United States, attach a copy of your Certificate of Naturalization to this form, labeled as Exhibit 2.

3. 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:

   _____

   _____

   _____

4. 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 4.

   USCIS "A" number: _____

   Expiration Date: _____

RESIDENCE DATA

5. Beginning with your current residence(s) and working backwards, provide the following information with respect to each place where you have lived during the last 10 years or since the age of 18, whichever is less:

DATES		ADDRESS (NUMBER, STREET, APT., CITY, STATE, ZIP CODE & COUNTRY)	OWN OR RENT	NAME, ADDRESS & PHONE NUMBER OF LANDLORD OR MORTGAGE HOLDER, IF KNOWN
FROM (MONTH, YEAR)	TO (MONTH, YEAR)			

FAMILY/SOCIAL DATA

6. Circle your current marital status: ☐ Single ☐ Married ☐ Legally Separated ☐ Divorced ☐ Civil Union Partner

How many times have you been married? _____ Provide the information listed below regarding each marriage:

WHEN AND WHERE	NAME OF SPOUSE AND FORMER SPOUSE(S) (INCLUDE MAIDEN NAME, IF APPLICABLE)	DATE OF BIRTH	IF ANNULLED, SEPARATED OR DIVORCED, INDICATE DATE AND JURISDICTION WHERE SUCH ACTION WAS TAKEN	DOCKET NUMBER OF DIVORCE ACTION, IF KNOWN	PRESENT ADDRESSES OF SPOUSE AND/OR FORMER SPOUSE(S) (NUMBER, STREET, APT., CITY, STATE, ZIP CODE & COUNTRY)

7. List all family members of you and your spouse. Family members include parents, children and siblings, living or deceased. Former spouses need not be included.

RELATIONSHIP	NAME	ADDRESS	DATE OF BIRTH	PHONE NUMBER	NAME OF PARENTS

7. **FAMILY/SOCIAL DATA**, Continued

RELATIONSHIP	NAME	ADDRESS	DATE OF BIRTH	PHONE NUMBER	NAME OF PARENTS

MILITARY SERVICE DATA

8. Have you ever served in a military organization of the United States or been an active or inactive member of the Reserve Forces of the United States?

   If Yes, provide the following information:

   Branch of Service: _____

   Service Serial No.:_____

   Highest Rank Held: _____

   Period(s) of Active Service**:-** From:_____To:_____ From: _____To:_____

9. Date and type of discharge or separation (Honorable, Dishonorable, Honorable Conditions, Medical, etc.) from military service(s):

   Date of each discharge/separation: _____

   Type of discharge(s):_____

   Note: Attach a copy of your military record (DD214), labeled as Exhibit 9. If unavailable, attach a copy of a letter to the appropriate branch of the military requesting a copy of your DD214 labeled as Exhibit 9. If in Reserves, please attach a copy of your discharge papers.

10. Have you ever been tried by military court martial or have you had charges filed against you under Article 15 of the Uniform Code of Military Justice (summary court, deck court, captain's mast, company punishment, etc.)?

    ☐ Yes ☐ No

    If Yes, give details of the charge(s) and their disposition(s).

EDUCATIONAL DATA

11. Beginning with secondary school (high school), provide the information listed below with respect to each school, college, graduate or post-graduate school you have attended:

DATES		NAME AND ADDRESS OF SCHOOL, TRAINING PROGRAM, ETC.	DESCRIPTION OF EDUCATION PROGRAM	LIST ANY DEGREE OR CERTIFICATION ATTAINED
FROM (MONTH, YEAR)	TO (MONTH, YEAR)			

OFFICES AND POSITIONS

12. List all offices, trusteeships, directorships or fiduciary positions (including non-profit charitable entities and family trusts) held by you with any firm, corporation, association, partnership or other business entity during the last ten year period. Begin with the most recent and work backward.

DATES		TITLE OF OFFICE OR POSITION HELD	NAME AND ADDRESS OF FIRM, CORPORATION, ASSOCIATION, PARTNERSHIP OR OTHER BUSINESS ENTITY	COMPENSATION RECEIVED
FROM: (MO/YR)	TO: (MO/YR)			

Initials_____ Gaming Agency_____ Date_____

12. (Cont.)

DATES		TITLE OF OFFICE OR POSITION HELD	NAME AND ADDRESS OF FIRM, CORPORATION, ASSOCIATION, PARTNERSHIP OR OTHER BUSINESS ENTITY	COMPENSATION RECEIVED
FROM: (MO/YR)	TO: (MO/YR)			

13. List all government positions and offices, whether salaried or unsalaried, held by you during the last ten year period. Begin with the most recent and work backward.

DATES		TITLE OF OFFICE OR POSITION HELD	NAME AND ADDRESS OF GOVERNMENT AGENCY/ORGANIZATION
FROM: (MO/YR)	TO: (MO/YR)		

Initials_____ Gaming Agency_____ Date_____

EMPLOYMENT AND LICENSING DATA

14. In the chart below, provide the information regarding your employment for the past 10 years or from age 18, whichever is less. Begin with your present job and work backwards. Give dates of any unemployment between jobs in proper sequence. Include all part-time and full-time employment and any military service. Note by means of an asterisk (*), any gaming-related employment (such as casino gaming, horse racing, dog racing, pari-mutuel operation, lottery, sports betting, etc.):

DATES		NAME AND MAILING ADDRESS OF EMPLOYERS	TELEPHONE NUMBER	TITLE/POSITION HELD AND DESCRIPTION OF DUTIES	NAME OF SUPERVISOR	REASON FOR LEAVING
FROM (MONTH, YEAR)	TO (MONTH, YEAR)					

15. With regard to the previously-listed employments:

a. Were you ever discharged, suspended or asked to resign from employment?

☐ Yes ☐ No

b. During the last 10-year period, were you ever charged with any infraction in relation to any employment which was the subject of any disciplinary action?

☐ Yes ☐ No

If YES to either question, complete the following chart as to each such time you were discharged, suspended, asked to resign, or disciplined:

DATE	NAME AND ADDRESS OF EMPLOYER	NAME OF SUPERVISOR	REASON(S) FOR DISCHARGE, SUSPENSION, RESIGNATION OR DISCIPLINARY ACTION

16. Have you ever applied in New Jersey or any other jurisdiction for a license, permit, 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 chart:

NAME AND ADDRESS OF LICENSING AGENCY (INCLUDING COUNTRY, STATE, COUNTY OR MUNICIPALITY)	TYPE OF LICENSE, PERMIT, APPROVAL OR REGISTRATION	DATE OF APPLICATION	DISPOSITION (GRANTED, DENIED OR PENDING)	LICENSE, PERMIT, APPROVAL OR REGISTRATION NUMBERS

17. Have you or has your spouse ever had any license, permit, or certification denied, suspended or revoked by a governmental agency in New Jersey or anywhere else? (Do not include driver's license).

☐ Yes ☐ No

If YES, complete the following chart:

TYPE OF LICENSE, PERMIT, OR CERTIFICATE	NAME AND ADDRESS OF GOVERNMENTAL AGENCY	DATE OF DENIAL, SUSPENSION OR REVOCATION	REASON FOR DENIAL, SUSPENSION OR REVOCATION

The next question asks about any arrests, charges or offenses you, your spouse or your children may have committed. Prior to answering this question, carefully review the definitions and instructions which follow.

DEFINITIONS: For purposes of this question:

A. "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."

B. "Charge" includes any indictment, complaint, information, summons, or other notice of the alleged commission of any "offense."

C. "Offense" includes all felonies, 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. Juvenile offenses that occurred within the most recent 10-year period are also included within the definition of "offenses."

INSTRUCTIONS:

A. Answer "Yes" and provide all information to the best of your ability, EVEN IF:

1. You did not commit the offense charged;

2. The charges were dismissed or subsequently downgraded to a lesser charge;

3. You completed a Pretrial Intervention (PTI) or equivalent diversionary program in other jurisdictions;

4. You were not convicted;

5. You did not serve any time in prison or jail; or

6. The charges or offenses happened a long time ago.

B. Answer "No" if:

1. You have never been arrested or charged with any crime or offense; or

2. The records relating to a charge, an arrest or conviction, have been expunged or otherwise officially sealed by a court or government agency.

18. Have you, your spouse, or any of your children, ever been arrested or charged with any crime or offense in New Jersey or any other jurisdiction?

☐ Yes ☐ No

If YES, complete the following chart:

NAME OF PERSON	RELATIONSHIP	NATURE OF CHARGE OR OFFENSE/ LOCATION OF WHERE INCIDENT OCCURRED	DATE OF CHARGE OR OFFENSE	NAME AND ADDRESS OF LAW ENFORCEMENT AGENCY OR COURT INVOLVED	DISPOSITION (CONVICTED, ACQUITTED, DISMISSED, PENDING, PARDONED, ETC.)	SENTENCE

19. Have you ever been called to testify before, been the subject of an investigation conducted by, or requested to take a polygraph exam by any governmental agency, court, committee, grand jury, or investigatory body (municipal, state, county, province, federal, national, etc.), other than in response to a traffic summons?

☐ Yes ☐ No

If YES, complete the following chart:

NAME AND ADDRESS OF COURT OR OTHER AGENCY	NATURE OF PROCEEDINGS OR INVESTIGATION	WAS TESTIMONY GIVEN?	DATE ON WHICH TESTIMONY WAS GIVEN	APPROXIMATE TIME PERIOD OF INVESTIGATION

20. In the past 10 years, have you been a party to a lawsuit? (Include matrimonial matters, negligence matters, auto accident matters, contract matters, collection matters, debt matters, etc.)

☐ Yes ☐ No

If YES, complete the following chart:

DATE FILED	NAME AND ADDRESS OF COURT	DOCKET NUMBER	OTHER PARTIES TO SUIT	NATURE OF SUIT	DISPOSITION	DATE OF DISPOSITION

VEHICLE OPERATOR DATA

21. Do you possess a current motor vehicle operator license?

☐ Yes ☐ No

If YES, list all current motor vehicle operator licenses (automobiles, motorcycles, airplanes, boats, recreational vehicles, etc.), issued to you by the State of New Jersey or any other jurisdiction in the following chart:

DATE LAST ISSUED	LICENSE NUMBER	TYPE OF LICENSE	JURISDICTION ISSUING LICENSE	EXPIRATION DATE OF LICENSE

FINANCIAL DATA

22. List any businesses in which you have held an ownership interest for the past 20 years, or since the age of 18, whichever is less. (Do not include publicly-traded corporations in which you owned stock).

DATES		NAME(S) AND ADDRESS(ES) OF BUSINESS(ES)	CURRENT STATUS OF BUSINESS(ES)	% INTEREST HELD BY YOU	NAME(S) OF OTHER OWNER(S)	ADDRESS(ES) OF OTHER OWNER(S)
FROM (MONTH, YEAR)	TO (MONTH, YEAR)					

23. 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: _____

Attach to the back of this form and label as Exhibit 21, 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.

24. 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. 5:12-86i, 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.

25. Have you personally been adjudicated bankrupt or filed a petition for any type of bankruptcy or insolvency under any bankruptcy or insolvency law?

☐ Yes ☐ No

If YES, complete the following chart:

DATE FILED	DOCKET NUMBER	NAME AND ADDRESS OF COURT	NAME AND ADDRESS OF TRUSTEE

26. In the past 20 years or since the age of 18, has any business entity in which you held a 5% or greater ownership interest (other than ownership of stock in a publicly-traded corporation) or in which you served as an officer or director, been adjudicated bankrupt or filed a petition for any type of bankruptcy or insolvency under any bankruptcy or insolvency law?

☐ Yes ☐ No

If YES, complete the following chart:

DATE FILED	DOCKET NUMBER	NAME AND ADDRESS OF COURT	NAME AND ADDRESS OF FILING PARTY	NAME AND ADDRESS OF TRUSTEE

27. Have your wages, earnings, or other income been subject to garnishment, attachment, charging order, voluntary wage execution, or the like, during the past 10 year period?

☐ Yes ☐ No

If YES, complete the following chart:

DATE FILED	DOCKET NUMBER	NAME AND ADDRESS OF COURT	NATURE OF OBLIGATION	AMOUNT OF OBLIGATION	NAME AND ADDRESS OF HOLDER OF OBLIGATION

28. During the last 10-year period, have you been:

a. An executor/executrix, administrator or other fiduciary of any estate?

☐ Yes ☐ No

b. A beneficiary or legatee under a will or received anything of value under an intestacy statute; or?

☐ Yes ☐ No

c. A settlor/grantor, beneficiary or trustee of any trust?

☐ Yes ☐ No

If YES, complete the following chart as to each estate and trust:

NAME AND LOCATION OF ESTATE/TRUST	POSITION/INTEREST HELD	DATE(S) ON WHICH POSITIONS WERE HELD OR INTEREST WAS RECEIVED	AMOUNT OF COMPENSATION OR NATURE AND VALUE OF BENEFIT GRANTED/RECEIVED

29. During the last 10-year period, have you had any right of ownership in, control over, or interest, in any foreign bank account(s)?

If YES, complete the following chart:

DATES		NAME AND ADDRESS OF INSTITUTION HOLDING ACCOUNT	ACCOUNT NUMBER	NAME AND ADDRESS OF EACH PERSON/ ENTITY APPEARING ON THE ACCOUNT	PRESENT AMOUNT HELD/ AMOUNT HELD BEFORE CLOSING
FROM (MONTH, YEAR)	TO (MONTH, YEAR)				

30. During the last 10-year period, have you or has your spouse or any of your children, while dependent, received a loan in excess of $10,000?

☐ Yes ☐ No

If YES, complete the following chart:

DATE RECEIVED LOAN	NAME AND ADDRESS OF LENDER	NAME OF BORROWER AND ALL CO-SIGNERS	ORIGINAL AMOUNT OF LOAN	INTEREST RATE (%)	TERMINATION DATE OF LOAN

31. During the last 10-year period, have you or has your spouse or any of your children, while dependent, made any loan in excess of $10,000?

☐ Yes ☐ No

If YES, complete the following chart:

DATE OF LOAN	NAME AND ADDRESS OF BORROWER	ALL CO-PARTIES TO LOAN	NAME OF LENDER	ORIGINAL AMOUNT OF LOAN	INTEREST RATE (%)	TERMINATION DATE OF LOAN	SECURITY PLEDGED

32. Have you or has your spouse or any of your children, while dependent, filed any claims in excess of $100,000 under any fire, theft, automobile, or insurance policy, within the past 10-year period?

☐ Yes ☐ No

If YES, complete the following chart:

DATE OF CLAIM	NATURE OF CLAIM	NAME AND ADDRESS OF INSURANCE CARRIER	DISPOSITION

33. During the last five-year period, have you, your spouse or dependent children, given or received any gift or gifts, whether tangible or intangible, which either individually or in the aggregate, exceeded $10,000 in value in any one period?

☐ Yes ☐ No

If YES, complete the following chart:

NAME OF THE DONOR OR DONEE	DATE GIFT GIVEN/RECEIVED	DESCRIPTION OF GIFT	APPROXIMATE VALUE

34. In the chart below, list all real estate interests, other than those listed on page 33, Schedule "D", which either you, your spouse or any of your children, while dependent, has held during the last 10-year period, regardless of whether such interest was held under a recorded or unrecorded instrument.

☐ Yes ☐ No

If YES, complete the following chart:

LOCATION	DATE ACQUIRED	PURCHASE PRICE	DATE DISPOSED	DISPOSITION PRICE

35. In the past 10 years or since the age of 18, whichever is less, have you received any referral or finder's fee in excess of $10,000?

☐ Yes ☐ No

If YES, complete the following chart:

NAME AND ADDRESS OF ALL PARTIES INVOLVED	NATURE OF GOODS OR SERVICES PROVIDED	AMOUNT RECEIVED	DATE RECEIVED

36.

a. Do you have any bank accounts or safe deposit boxes in your name?

☐ Yes ☐ No

b. Do you have access to the funds in any other bank accounts or safe deposit boxes?

☐ Yes ☐ No

If YES to either question, complete the following chart:

NAME AND ADDRESS OF BANK	NAME(S) IN WHICH ACCOUNTS OR SAFE DEPOSIT BOX(ES) HELD	TYPE OF ACCOUNT (SAVINGS, CHECKING, SAFE DEPOSIT, ETC.)	ACCOUNT NUMBER OR SAFE DEPOSIT BOX NUMBER

NET WORTH STATEMENT – ASSETS AND LIABILITIES

Note: Complete the financial statements on pages 30 through 44 and copy the totals in the appropriate space below**.**

37. Please list all assets, tangible and intangible, in which a direct or indirect interest is held by you, your spouse or your dependent children. For each line item, list the current market values as of the date of this statement. Detail each line entry on the appropriate schedule.

38. Please list all liabilities of you, your spouse and your dependent children. Enter the amount as of the date of this statement. Detail each line entry on the appropriate schedule.

ASSET	CURRENT MARKET VALUE (A)	LIABILITY	ORIGINAL AMOUNT OF LIABILITY (B)	AMOUNT OUTSTANDING (C)
1. Cash a) On Hand		10. Notes Payable (Schedule I)		
b) In Bank (Schedule A)		11. Loans and Other Payables (Schedule J)		
2. Notes, Loans and other Receivables (Schedule B)		12. Taxes Payable (Schedule K)		
3. Securities (Schedule C)		13. Mortgages or Liens on Real Estate (Schedule L)		
4. Real Estate Interests (Schedule D)		14. Loans against Insurance/Pensions (Schedule M)		
5. Cash Value Life insurance (Schedule E)		15. Other Indebtedness (Schedule N)		
6. Cash Value Pension/Retirement Funds (Schedule F)		**TOTAL LIABILITIES**		
7. Furniture and Clothing (Reasonable Estimate)		**NET WORTH Total Assets (Column A Less Column C)**		
8. Vehicles (Schedule G)				
9. Other Assets (Schedule H)		16. Contingent Liabilities (Schedule O)		
TOTAL ASSETS				

Date of Statement: _____

Please provide the name, address and phone number of the person completing this statement, if it is completed by someone other than you.

Name: _____

Address: _____

_____

Phone: _____

SCHEDULE "A" – CASH IN BANK

39. List below all bank accounts (checking, savings, time deposits, certificates of deposit, money market funds, etc.), domestic and foreign, 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) AND TAX IDENTIFICATION NUMBER(S) APPEARING ON ACCOUNT	ACCOUNT NUMBER	INTEREST RATE (%)	GENERAL NATURE OF ACCOUNT	DATE OF BALANCE	BALANCE

$ _____

TOTAL CURRENT BALANCE

(Enter this figure in Item 1b, Column A, on page 30).

SCHEDULE "B" – NOTES, LOANS AND OTHER RECEIVABLES

40. List below all Notes, Loans, and other Receivables held by you, your spouse or dependent children.

CHECK IF HELD BY SPOUSE OR DEPENDENT CHILD	NAME AND ADDRESS OF DEBTOR	INTEREST RATE (%)	ORIGINAL LOAN AMOUNT	ORIGINAL DATE OF LOAN	TOTAL PAYMENTS	DUE DATE	NATURE OF SECURITY, IF ANY. INDICATE IF UNSECURED	CURRENT BALANCE
			$ _____ **TOTAL ORIGINAL LOAN AMOUNT(S)**					$ _____ **TOTAL CURRENT BALANCE** **(Enter this figure in Item 2, Column A, on page 30).**

SCHEDULE "C" – SECURITIES

41. Provide the information in the table below for 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 (*).

CHECK IF HELD BY SPOUSE OR DEPENDENT CHILDREN	NUMBER OF SECURITIES OR CONTRACTS HELD	TYPE OF SECURITY	NAME OF ISSUING COMPANY OR GOVERNMENT AGENCY	MARKET VALUE AT TIME OF ACQUISITION	DATE OF AND PRICE AT PURCHASE	% OF OWNERSHIP, IF GREATER THAN 5%	REGISTERED OWNER	DATE OF VALUATION	CURRENT MARKET VALUE
					$ _____ **TOTAL PURCHASE PRICE**				$ _____ **TOTAL CURRENT MARKET VALUE (Enter this figure in Item 3, Column A, on page 30).**

SCHEDULE "D" – REAL ESTATE INTERESTS

42. Indicate below the location, size, general nature, acquisition date, and other information requested, regarding 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.

CHECK IF HELD BY SPOUSE OR DEPENDENT CHILD	ADDRESS (PARCEL, LOT NUMBER)	LOT SIZE/ SQUARE FOOTAGE OF BUILDING	TYPE OF PROPERTY	DATE ACQUIRED	INDIVIDUALS OR ENTITIES SHARING INTEREST (INCLUDE % OF OWNERSHIP FOR EACH)	PURCHASE PRICE OF % OWNED	MONTHLY RENTAL INCOME, IF ANY	ESTIMATED MARKET VALUE OF % OWNED
						$ _____ **TOTAL PURCHASE PRICE**		$ _____ **TOTAL CURRENT MARKET VALUE** **(Enter this figure in Item 4, Column A, on page 30).**

SCHEDULE "E" – CASH VALUE – LIFE INSURANCE

43. Indicate below the information requested with regard to the cash value of all life insurance policies held by you, your spouse or your dependent children.

CHECK IF HELD BY SPOUSE OR DEPENDENT CHILD	DATE PURCHASED	INSURANCE CARRIER	POLICY NUMBER	BENEFICIARY(IES)	FACE VALUE	ANNUAL PREMIUM PAYMENTS	CASH SURRENDER VALUE

$ _____

TOTAL CASH SURRENDER VALUE

(Enter this figure in Item 5, Column A, on page 30).

SCHEDULE "F" – CASH VALUE – PENSION/RETIREMENT FUNDS

44. Indicate below the information requested with regard to the cash value of all pension funds held by you or your spouse. Include IRA, 401K and other pension plans.

CHECK IF HELD BY SPOUSE	TYPE OF FUND	TYPE OF SECURITIES HELD	EMPLOYER/INSTITUTION	ACCOUNT NUMBER, IF ANY	CUMULATIVE EMPLOYEE CONTRIBUTION	CUMULATIVE EMPLOYER CONTRIBUTION	CURRENT CASH VALUE
					$ _____ **TOTAL CUMULATIVE EMPLOYEE CONTRIBUTION**		$ _____ **TOTAL CURRENT CASH VALUE (Enter this figure in Item 6, Column A, on page 30).**

SCHEDULE "G" – VEHICLES

45. Indicate below the information requested with regard to all vehicles owned or leased by you, your spouse or your dependent children.

CHECK IF HELD BY SPOUSE OR DEPENDENT CHILD	TYPE OF VEHICLE	SPECIFY IF OWNED OR LEASED[3]	DATE OF PURCHASE/LEASE	MODEL YEAR	MAKE/MODEL OF VEHICLE	COST[4]	IF OWNED, CURRENT MARKET VALUE
						$_____ **TOTAL COST(S) OF VEHICLES**	$_____ **TOTAL CURRENT MARKET VALUE OF VEHICLES (Enter this figure in Item 8, Column A, on page 30).**

[3] If leased, specify in this column the length of the lease, total lease costs, down payments, monthly payments, and number of payments over the life of the lease.

[4] If leased, enter the sum of the down payment, plus monthly payments to date as the total cost.

SCHEDULE "H" – OTHER ASSETS

46. List below the information requested with regard to all other assets held by you, your spouse or your dependent children. Include such things as sole proprietorships, partnership interests, joint ventures, art collections, coin collections, antiques, etc.

CHECK IF HELD BY SPOUSE OR DEPENDENT CHILD	NATURE OF ASSET	DATE OF ACQUISITION	COST	% OF OWNERSHIP INTEREST	DATE OF VALUATION	CURRENT MARKET VALUE
			$_____ **TOTAL COST(S) OF OTHER ASSETS**			$_____ **TOTAL CURRENT MARKET VALUE OF OTHER ASSETS (Enter this figure in Item 9, Column A, on page 30).**

SCHEDULE "I" – NOTES PAYABLE

47. List below the information requested with regard to all notes payable for which you, your spouse or dependent children are obligated.

CHECK IF HELD BY SPOUSE OR DEPENDENT CHILD	NAME AND ADDRESS OF CREDITOR	ACCOUNT NUMBER, IF ANY	DATE INCURRED	DUE DATE	INTEREST RATE (%)	AMOUNT OF PERIODIC PAYMENT/ PAY PERIOD	ORIGINAL AMOUNT OF NOTE	NATURE OF SECURITY, IF ANY	TOTAL PAYMENTS	OUTSTANDING AMOUNT OF LIABILITY
							$ _____ **TOTAL ORIGINAL AMOUNT OF NOTES PAYABLE (Enter this figure in Item 10, Column B, on page 30).**			$ _____ **TOTAL AMOUNT OF OUTSTANDING NOTES PAYABLE (Enter this figure in Item 10, Column C, on page 30).**

SCHEDULE "J" – LOANS, OTHER PAYABLES AND CREDIT CARD DEBT

48. List below the information requested with regard to all accounts payable (include lines of credit, installment loans, credit card debt, and any other accounts) for which you, your spouse or your dependent children are obligated.

CHECK IF HELD BY SPOUSE OR DEPENDENT CHILD	NAME AND ADDRESS OF CREDITOR	ACCOUNT NUMBER, IF ANY	DATE OPENED OR INCURRED	DUE DATE	INTEREST RATE (%)	NATURE OF ACCOUNT	ORIGINAL AMOUNT OF LIABILITY	NATURE OF SECURITY, IF ANY	TOTAL PAYMENTS	CURRENT AMOUNT OUTSTANDING
							$ _____ **TOTAL ORIGINAL AMOUNT OF LIABILITY (Enter this figure in Item 11, Column B, on page 30).**			$ _____ **TOTAL AMOUNT OF OUTSTANDING LOANS AND OTHER PAYABLES (Enter this figure in Item 11, Column C, on page 30).**

SCHEDULE "K" – TAXES PAYABLE

49. List below the information requested with regard to all taxes payable for which you, your spouse or your dependent children are obligated. Only real estate and income taxes need to be included.

CHECK IF HELD BY SPOUSE OR DEPENDENT CHILD	TAXING AUTHORITY	NATURE OF TAX	DATE AND AMOUNT OF ORIGINAL OBLIGATION	FINES, PENALTIES AND INTEREST, IF ANY	TOTAL AMOUNT DUE
			$ _____ **TOTAL ORIGINAL TAX OBLIGATION(S)** **(Enter this figure in Item 12, Column B, on page 30).**		$ _____ **TOTAL AMOUNT OF TAXES PAYABLE** **(Enter this figure in Item 12, Column C, on page 30).**

SCHEDULE "L" – MORTGAGES OR LIENS PAYABLE ON REAL ESTATE

50. List below the information requested with regard to all mortgages or liens payable on real estate for which you, your spouse or your dependent children are obligated.

CHECK IF HELD BY SPOUSE OR DEPENDENT CHILD	NAME AND ADDRESS OF MORTGAGEE OR LIEN HOLDER	ACCOUNT NUMBER	DATE INCURRED	ORIGINAL AMOUNT OF LIABILITY	DESCRIPTION/ ADDRESS OF REAL ESTATE	TERM OF MORTGAGE/ INTEREST RATE (%)	AMOUNT OF PERIODIC PAYMENT/ PAY PERIOD	CURRENT MORTGAGE BALANCE
				$ _____ **TOTAL ORIGINAL MORTGAGES OR LIENS PAYABLE ON REAL ESTATE (Enter this figure in Item 13, Column B, on page 30).**				$ _____ **TOTAL MORTGAGES OR LIENS PAYABLE ON REAL ESTATE (Enter this figure in Item 13, Column C, on page 30).**

SCHEDULE "M" – LOANS AGAINST INSURANCE/PENSION PLANS

51. List below the information requested with regard to all loans against life insurance policies, pension plans, 401K plans, etc., taken by you, your spouse or your dependent children.

CHECK IF HELD BY SPOUSE OR DEPENDENT CHILD	INSURANCE CARRIER/ PENSION PLAN	PURPOSE OF LOAN	ORIGINAL AMOUNT OF LOAN	INTEREST RATE (%)	DATE OF LOAN	PERIODIC PAYMENT AMOUNT/ PAY PERIOD	CURRENT LOAN BALANCE
			$ _____ **TOTAL ORIGINAL LIABILITY INSURANCE/ PENSION LOANS (Enter this figure in Item 14, Column B, on page 30).**				$ _____ **TOTAL AMOUNT OUTSTANDING INSURANCE/PENSION LOANS (Enter this figure in Item 14, Column C, on page 30).**

SCHEDULE "N" – ANY OTHER INDEBTEDNESS

52. List below the information requested with regard to any other indebtedness for which you, your spouse or your dependent children are obligated.

CHECK IF HELD BY 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	AMOUNT OF PERIODIC PAYMENT/ PAY PERIOD	ORIGINAL AMOUNT OF LIABILITY	OUTSTANDING AMOUNT OF INDEBTEDNESS
						$ _____ **TOTAL ORIGINAL AMOUNT OTHER INDEBTEDNESS (Enter this figure in Item 15, Column B, on page 30).**	$ _____ **TOTAL AMOUNT OUTSTANDING OTHER INDEBTEDNESS (Enter this figure in Item 15, Column C, on page 30).**

SCHEDULE "O" – CONTINGENT LIABILITIES

53. List below the information requested with regard to all contingent liabilities for which you, your spouse or your dependent children are obligated.

CHECK IF HELD BY SPOUSE OR DEPENDENT CHILD	NAME AND ADDRESS OF CONTINGENT CREDITOR	DATE INCURRED	ACCOUNT NUMBER	PRIMARY DEBTOR	DESCRIPTION OF OBLIGATION, INCLUDING NATURE OF SECURITY, IF ANY	ORIGINAL AMOUNT OF CONTINGENT OBLIGATION	CURRENT AMOUNT OF CONTINGENT OBLIGATION
						$ _____ **TOTAL ORIGINAL CONTINGENT LIABILITIES (Enter this figure in Item 16, Column B, on page 29).**	$ _____ **TOTAL AMOUNT OF OUTSTANDING CONTINGENT LIABILITIES (Enter this figure in Item 16, Column C, on page 30).**

54. As indicated in the instructions on page 1 of this form, this page is to be used by you for any questions which require additional space to answer. The number of the question must be stated immediately prior to your answer. If additional pages are needed, photocopy this page or add paper of similar size and identify these pages with corresponding numbers and letters. **Be sure to include your initials at the bottom of any new page added.**

IDENTIFY ALL ANSWERS BY ORIGINAL QUESTION NUMBERS.

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.

_____ _____ (Legal Signature)
(Date) (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
(Print Name)

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

NOTICE

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

_____ _____ (Legal Signature)

(Date) (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)