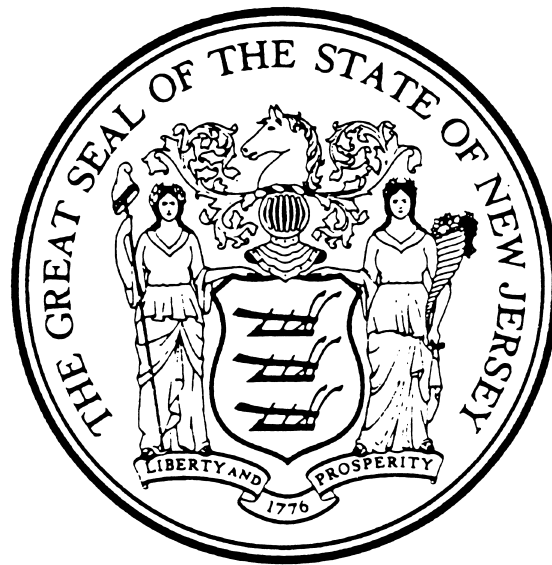


STATE OF NEW JERSEY
Division of Gaming Enforcement



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

Casino Service Industry Enterprise Qualifiers

New Jersey Supplemental Form
to the Multi-Jurisdictional –
Casino Service Industry Enterprise Qualifiers

This form is a supplement to the MULTI-JURISDICTIONAL PERSONAL HISTORY DISCLOSURE FORM. If you are using the Multi-Jurisdictional Personal History Disclosure Form to apply for qualification in connection with an enterprise's initial application for licensure 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.

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 an enterprise license applicant, a junket enterprise, or licensee, pursuant to *N.J.S.A. 5:12-92*; or
 - 2. 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 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. *N.J.A.C. 13:69A-7.7* requires qualifiers of enterprises to submit fingerprint cards with their Personal History Disclosure Forms at the time of initial application for licensure and application for retention of the license. Qualifiers may choose one of the two following methods for providing the required fingerprint cards:

1. 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. Call for an appointment at (609) 441-3050. Please be advised that the Division now has the capability to record and reproduce fingerprints electronically. This means that if you schedule an appointment at any time prior to the due date of the application and you are fingerprinted by the Division, you may not be required to be fingerprinted for any future applications. There is no charge for fingerprinting.

Should you choose to be fingerprinted in Atlantic City, you may 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 U.S. Citizenship 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, 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 school 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 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
 - (6) A current and valid foreign passport with a proper USCIS authorization.

Call (609) 441-3015 if you have any questions about identification documents.

Note: Upon arrival for your appointment, please advise Division personnel that you are there to be fingerprinted for a casino service enterprise industry license application.

2. If you are unable to come to Atlantic City to be fingerprinted, fingerprint cards are enclosed so that you can be fingerprinted at your local police department. All qualifiers must provide the required set(s) of fingerprints on the enclosed card(s). This must be done at the time of the initial application and with each subsequent retention application. Further instructions are attached to the enclosed fingerprint cards.

II. BE SURE TO:

- A. Attach a recent (within the last six months) color photograph of yourself in the space provided on page 5 of the Multi-Jurisdictional Personal History Disclosure Form.
- B. Sign the Release Authorization form on page 11 in the presence of a Notary Public and have your signature notarized.
- C. Check to make sure that you have placed your initials and the date in the space provided on the bottom of each page after you have checked your answers and are sure they are complete.

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

- A. All attachments required in this form and in the Multi-Jurisdictional Personal History Disclosure Form are labeled with an exhibit number and included in both the original, the photocopies and the computer disk filed with the Division.
- B. You have placed documentation that you have been fingerprinted by the Division or that you have submitted the appropriate fingerprint cards and information sheet.
- 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 retain a completed copy of this form for your own records.

IV. FILING THIS FORM WITH THE DIVISION:

- A. Submit an original and one photocopy of this form, the Multi-Jurisdictional Personal History Disclosure Form, and all attachments to:

New Jersey Division of Gaming Enforcement
Service Industry Licensing Bureau (SILB), Intake Unit
1300 Atlantic Avenue, 3rd Floor
Atlantic City, New Jersey 08401

- B. If the photocopy of this form or the photograph is not clear, the application **will not be accepted**.
- C. Once the application is accepted, it becomes the property of the Division and may not be withdrawn without the permission of the Division.

V. IMPORTANT NOTICES

- A. Should you be unable to fully understand this form or any other form, in English, it is your responsibility to acquire adequate means of translation.
- B. All notices regarding your application will be sent to the address which you provide on this form. You must immediately notify the Division of any change of address.
- C. Pursuant to Section 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 Section 79(a)(6) and 80c of the Casino Control Act, any person who applies for and obtains a license from the Division or is required to qualify, is subject to warrantless searches when present in a licensed casino facility.
- E. Pursuant to Section 74.1 of the Casino Control Act, information supplied to the Commission and Division, or otherwise obtained by either of them, is confidential and shall not be revealed, except in the course of the necessary administration of the Casino Control Act, or upon the lawful order of a court of competent jurisdiction or, with the approval of the Attorney General, to a duly-authorized law enforcement agency. Nevertheless, pursuant to Section 80b of the Casino Control Act, an applicant, licensee or person required to qualify, waives any liability of the State of New Jersey and its instrumentalities and agents, for any damages resulting from any disclosure or publication in any manner, other than a willfully unlawful disclosure or publication.
- F. Pursuant to 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.

New Jersey Supplemental Form
to the Multi-Jurisdictional Personal History Disclosure Form
for Casino Service Industry Enterprise License

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

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

DATE OF BIRTH (Month, Day, Year)

Height

Weight

SOCIAL SECURITY NUMBER (Mandatory¹)

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

Home Telephone Number with Area Code

Daytime OR Work Telephone Number with Extension and Area Code

Cell Number with Area Code

E-Mail Address

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

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

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

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

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

FOR STATE OF NEW JERSEY USE ONLY			
VRF #	LOG #	QUAL #	POSITION CODE(S)
1	2	3	4
SEX	RACE	FOR RENEWAL TIME PERIOD	
5	6	7	

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

² Your response is optional.

1. I am applying for qualification in connection with:

- An initial Casino Service Industry Enterprise license application.
- An application for retention of a Casino Service Industry Enterprise license.
- Other *N.J.S.A. 5:12-92* application.

2. I am a qualifier because I am a(n):

- Owner
- Investor
- Officer
- Principal Employee
- Other (Specify) _____
in the business(es) identified in 3 and/or 4.
- Stockholder
- Director
- Partner
- Sales Representative

3. Provide the following information about the gaming enterprise applicant or licensee of which you are a qualifier and your position in it:

NAME OF ENTERPRISE

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

TITLE OF POSITION (Held or Will Hold)

4. If you are not a qualifier of the gaming enterprise identified in Item 3, provide the name of the enterprise that is a holding company or qualifying entity of the gaming enterprise and your position in it:

NAME OF ENTERPRISE

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

TITLE OF POSITION (Held or Will Hold)

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

Yes No

If YES, complete the following chart:

NAME OF BUSINESS ENTITY	NATURE AND AMOUNT OF YOUR INTEREST/INVESTMENT	% OF OWNERSHIP IN THE BUSINESS ENTITY	VID #/LOG #

6. If you are a naturalized citizen of the United States, provide the following information:

 PETITION NUMBER (Date Granted, Court, City & State of Court, and Certificate Number)

Attach a copy of your Certificate of Naturalization to the back of this form and label as Exhibit 6N.

7. 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: _____

8. 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 number and expiration date in the space provided below, and attach to this form a copy of you USCIS document that conditions or restricts your employment labeled as Exhibit 8N.

USCIS "A" number: _____

Expiration Date: _____

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

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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: _____

Note: Attach to the back of this form and label as Exhibit 10N, a copy of each IRS Form and all appropriate schedules filed by you in the last three 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. Has you ever failed to file Federal or State Income Tax Returns?

Yes No

If YES, for what tax 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, either jointly within the last 3 years, or separately within the last 5 years?

Yes No

If YES, complete the following chart:

TAX YEAR(S) FILED	COUNTRY FILED	AMOUNT OF TAX

Note: Attach to the back of this form and label as Exhibit 13N, a copy of each such tax return and all appropriate schedules or other attachments required by the tax authorities of the foreign jurisdictions.

14 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.

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)