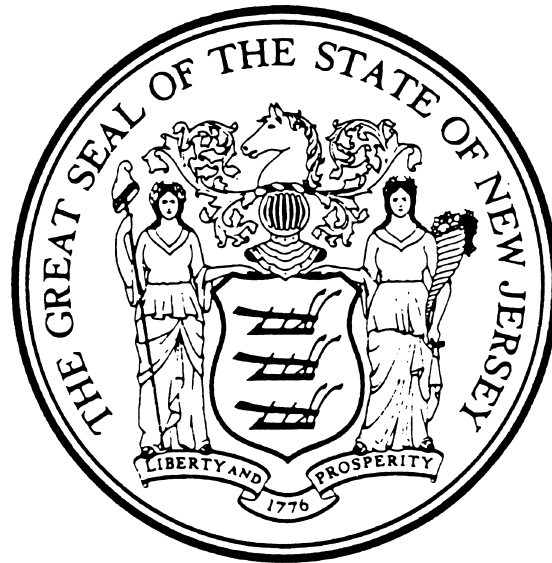


**STATE OF NEW JERSEY**  
**Division of Gaming Enforcement**



**PERSONAL HISTORY DISCLOSURE FORM 2 -**

**Outside Directors of Holding and Intermediary Companies  
of Casino Service Industry Enterprises**

**Personal History Disclosure Form 2 –**  
**Outside Directors of Holding and Intermediary Companies**  
**of Casino Service Industry Enterprises**

**INSTRUCTIONS**

**I. COMPLETING THIS FORM:**

- A. You are to complete this application if you are:
1. An outside director of a holding company on the executive or audit committees;  
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.
- C. If you are a junket enterprise or representative filing for a casino service industry license, you must also file a form designating an agent for service of process, pursuant to *N.J.S.A. 5:12-102d*. The Designation of Agent for Service of Process form may be obtained by calling (609) 441-3050.
- D. 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.
- E. If you need additional space to answer any question(s), use the blank page provided on page 20 of this form. If you use this additional space, be sure to indicate the number(s) of the question(s) which you are answering.

**II. ESTABLISHING YOUR IDENTITY AND WORK AUTHORIZATION:**

All applicants must come to the Division office and establish their identity and employment authorization. Our offices are located at:

New Jersey Division of Gaming Enforcement  
Arcade Building  
Tennessee Avenue and the 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 or B:

- A. A current and valid U.S. passport OR a Certificate of Naturalization OR a current 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, two of the following authentic documents will 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 card 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; or
  - 6. 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.

**Call (609) 441-3050 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 attached copies of these documents to this form.
- B. All attachments required in this form are labeled with an exhibit number and included in both the original and the photocopy.
- C. The Statement of Truth and the Release Authorization forms 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 DIVISION:**

- A. Submit this form as an original and one photocopy of the form and attachments. The required application fee is \$350. Payment may be made by check, money order, credit or debit card (no cash). Make your check or money order payable to the CASINO CONTROL FUND. **Application fees are nonrefundable.**
- B. If the photocopy of this form 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.
- D. After you file your application, you may be required to be fingerprinted. If the Division directs you 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. Please see 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 casino employee license application.

**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 Sections 79a(6) and 80 of the Casino Control Act, any person who applies for and obtains a license from the Division, is subject to warrantless searches when present in a licensed casino hotel 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 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 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.
- G. 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) 441-3050.

**Personal History Disclosure Form 2 –  
Outside Directors of Holding and Intermediary Companies of  
Casino Service Industry Enterprises**

| OFFICIAL USE ONLY |              |              |
|-------------------|--------------|--------------|
| 1. DGE _____      | 2. DGE _____ | 3. 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<sup>1</sup>)

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: <sup>2</sup>                           |
| <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"/> (X) Non-Binary | <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      |                                     |   |  |

<sup>1</sup> 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.

<sup>2</sup> 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

\_\_\_\_ 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 \_\_\_\_\_

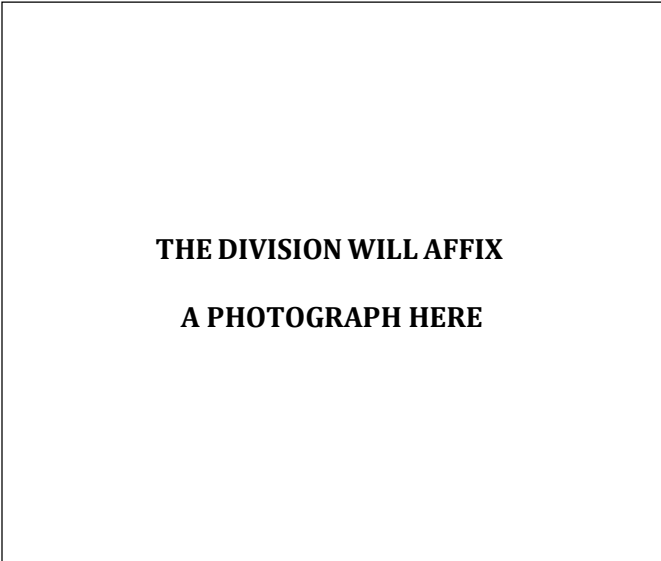
Comments: \_\_\_\_\_

Authorized by: \_\_\_\_\_

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

**IMPORTANT**

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





**I am applying for an initial four-year license as** an outside director on the audit or executive committees of a holding company.

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 number 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 five years:

| DATES                 |                     | ADDRESS<br>(NUMBER, STREET, APT., CITY, STATE, ZIP CODE & COUNTRY) | TELEPHONE NUMBER |
|-----------------------|---------------------|--|------------------|
| FROM<br>(MONTH, YEAR) | TO<br>(MONTH, YEAR) |  |                  |
|                       |                     |  |                  |

**FAMILY DATA**

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

A. Give the name of your present spouse: \_\_\_\_\_

B. List all former spouses: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## MILITARY SERVICE DATA

7. 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?

Yes     No

8. 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.)?

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

## EMPLOYMENT AND LICENSING DATA

9. In the chart below, provide the information regarding your employment for the past five years. 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<br>OF EMPLOYER(S) | TELEPHONE<br>NUMBER | TITLE/POSITION HELD AND<br>DESCRIPTION OF DUTIES | REASON FOR LEAVING |
|--------------------------|------------------------|--|---------------------|--|--------------------|
| FROM<br>(MONTH,<br>YEAR) | TO<br>(MONTH,<br>YEAR) |  |                     |  |                    |
|                          |                        |  |                     |  |                    |

10. 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<br>(INCLUDING COUNTRY, STATE, COUNTY<br>OR MUNICIPALITY) | TYPE OF LICENSE, PERMIT,<br>APPROVAL OR REGISTRATION | DATE OF APPLICATION | DISPOSITION<br>(GRANTED, DENIED<br>OR PENDING) | LICENSE, PERMIT, APPROVAL<br>OR REGISTRATION NUMBERS |
|---|--|---------------------|--|--|
|   |  |                     |  |  |

11. Have you 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,<br>OR CERTIFICATE | NAME AND ADDRESS<br>OF GOVERNMENTAL AGENCY | DATE OF DENIAL,<br>SUSPENSION<br>OR REVOCATION | REASON(S) FOR DENIAL, SUSPENSION OR REVOCATION |
|--|--|--|--|
|  |  |  |  |

The next question asks about any arrests, charges or offenses you 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 violation 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;
  - 2. Any records relating to a charge, an arrest or conviction, have been expunged or otherwise officially sealed by a court or government agency; AND
  - 3. You attach a copy of the expungement or sealing order to this application labeled as Exhibit 12.

12. Have you 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:

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

13. 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 |
|---|--|----------------------|-----------------------------------|--|
|   |  |                      |                                   |  |



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. 5:12-86j, 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.

15.

a) 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

b) Have you ever had any financial liens or judgments filed against you? (Include federal tax liens, state tax liens, unemployment judgments, defaulted student loans, delinquent child support obligations, etc.).

Yes  No

If YES to either question, complete the following chart:

| DATE FILED | JURISDICTION | DOCKET NUMBER | OTHER PARTIES TO SUIT | NATURE OF SUIT | DISPOSITION | DATE OF DISPOSITION |
|------------|--------------|---------------|-----------------------|----------------|-------------|---------------------|
|            |              |               |                       |                |             |                     |

### VEHICLE OPERATOR DATA

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

Yes     No

If YES, list all current motor vehicle operator licenses 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

17. Within the past 10 years, have you held an ownership interest in any business(es)? (Do not include publicly-traded corporations in which you owned stock).

If YES, beginning with the most recent and working backwards, provide the following information with regard to all business(es) in which you have held an ownership interest:

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

18. Have you personally ever been adjudicated bankrupt or filed a petition for any type of bankruptcy or insolvency under any bankruptcy or insolvency law? If YES, attach a copy of the bankruptcy petition and discharge, if granted.

Yes  No

If YES, complete the following chart:

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

19. In the past 20 years or since the age of 18, whichever is less, 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 |
|------------|---------------|---------------------------|----------------------------------|-----------------------------|
|            |               |                           |                                  |                             |

20. 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 |
|------------|---------------|---------------------------|----------------------|----------------------|--|
|            |               |                           |                      |                      |  |

21.

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 |
|--------------------------|--|---|---|
|                          |  |   |   |

22. Provide the names and other information requested of three references, over the age of 18, who have known you for at least one year and can attest to your good character and reputation. No person can be a reference who is a member of your family (spouse, parents, grandparents, children, grandchildren, siblings, uncles, aunts, nephews, nieces, fathers-in-law, mothers-in-law, sons-in-law, daughters-in-law, brothers-in-law, and sisters-in-law, whether by whole or half-blood, by marriage, adoption, or natural relationship).

REFERENCE #1

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone Number \_\_\_\_\_

Business Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Occupation \_\_\_\_\_

How long have you known the reference?  
\_\_\_\_\_

REFERENCE #2

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone Number \_\_\_\_\_

Business Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Occupation \_\_\_\_\_

How long have you known the reference?  
\_\_\_\_\_

REFERENCE #3

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone Number \_\_\_\_\_

Business Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Occupation \_\_\_\_\_

How long have you known the reference?  
\_\_\_\_\_

23. 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.

\_\_\_\_\_  
(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  
(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.**

\_\_\_\_\_

(Date)

\_\_\_\_\_ (Legal Signature)

(Signature of Applicant)

Subscribed and sworn to before me

this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
(Notary Public)

\_\_\_\_\_  
(State)