STATE OF SOUTH DAKOTA

COMMISSION ON GAMING

87 Sherman Street
Deadwood, SD 57732
Phone (605) 578-3074
FAX (605) 578-2263

Dear Support Applicant:

Included is the instructions and application for a Support license. This information is necessary to complete your background investigation prior to licensing. Read the instructions and the questions carefully and provide all requested information. If you have any questions regarding the completion of this application, call the Deadwood office of the South Dakota Commission on Gaming at (605)578-3074.

This application must be returned to the address above along with a **check or money order for $50**, which is non-refundable, and two fingerprint cards. These fingerprint cards can be obtained from the Commission offices in Pierre or Deadwood and the Lawrence County Sheriff's Office.

The Lawrence County Sheriff's office will take your fingerprints and charge $10.60 for that service. The Sheriff's Office will take prints of applicants between **1:00 p.m. and 3:00 p.m. Tuesday**, **Wednesday and Thursday.** They will forward your entire application packet including application, fingerprints & $50 check or money order to our office. **They will not accept cash for the application fee.** If you elect to have the Lawrence County Sheriff's office take your fingerprints please complete the included Lawrence County Sheriff's ***Gaming Packet Information Sheet***.

Other law enforcement agencies may or may not fingerprint applicants. We recommend that you contact the agency at which you intend to have your fingerprints taken regarding fees and hours of operation.

Upon completion of your background investigation you will be notified of your suitability for licensure. If you are approved for a Support license an additional $50.00 license fee will be required and instructions for paying it and receiving your license will be provided.

If you have any question or concerns, you may contact our office at the above address.

Sincerely,

Larry B. Eliason

LARRY B. ELIASON
Executive Secretary

INSTRUCTIONS FOR SUPPORT LICENSE APPLICATION (SDCG1)

1. All information requested on a South Dakota Commission on Gaming form SDCG1 must be completed.

   You must understand that during the licensing process a thorough investigation of your background will be conducted. A gaming license is a privilege, not a right. **To be found suitable you must be thoroughly honest on your application**. An applicant for any license has the burden of proving their qualifications, by clear and convincing evidence, to the Commission prior to being found suitable for licensing.

   This application asks you a number of questions concerning ANY arrests; "have you ever been arrested, served with a criminal summons, charged with or convicted of ANY crime or offense in any manner?" The instructions then advise you to explain ALL such arrests or charges, regardless of the outcome.

   If you are unclear about what you need to disclose, please contact the SD Commission on Gaming office in Deadwood at (605) 578-3074, with your question(s), **there is no excuse not to disclose all required information.** You will not necessarily be denied a license if you have been arrested, but you can be denied if you fail to disclose the information requested. You may also become the subject of a criminal investigation that will be submitted to the local States Attorney for prosecution. Under South Dakota law SDCL 42-7B-41 any person who knowingly makes a false statement on the application is guilty of a felony.

   PLEASE TYPE OR PRINT ALL INFORMATION ON FORM SDCG1.

2. Please review and sign South Dakota Commission on Gaming Forms SDCG 2-2, Affirmation of Information Provided and SDCG 2-3, which authorizes the South Dakota Commission on Gaming or agents of the Division of Criminal Investigation to complete an investigation of financial history.

3. Please review and sign South Dakota Commission on Gaming form SDCG 2-4. This authorizes the Commission on Gaming or the Division of Criminal Investigation to complete a check of criminal records on you.

4. If you are not having your fingerprints taken by the Lawrence County Sheriff's Office, please contact our Deadwood office at (605)578-3074 so we can send you the two required cards that your local law enforcement agency can use in completing the fingerprint requirements.

5. South Dakota Commission on Gaming form SDCG 2-5 is to be completed by the law enforcement officer taking your fingerprints.

6. **BE SURE THAT ALL FORMS ARE COMPLETED PRIOR TO HAVING YOUR FINGERPRINTS TAKEN.**

7. The Lawrence County Sheriff's Office will forward to the Commission on Gaming your entire application, forms, fees, and fingerprint cards. If the fingerprints are taken by different law enforcement agency you must submit the fingerprint cards with the application to the Deadwood office and a check or money order for $50.

8. Upon completion of the background investigation, you will be notified of your suitability to be issued a support license.

SOUTH DAKOTA COMMISSION ON GAMING

South Dakota Commission on Gaming
87 Sherman Street
Deadwood, SD 57732

Telephone: (605) 578-3074

INDIVIDUAL HISTORY APPLICATION FORM FOR SUPPORT LICENSE

DO NOT WRITE HERE FOR OFFICE USE ONLY

Amount Rec'd

Date Rec'd

License #:

This form must be completed by each employee involved in gambling for a retail license.
This form may be duplicated.

Business Name (Business where you might be working)

What will you be doing for this business? _____

Last Name	First Name	Middle Name
Current **Mailing** Address:		
Alias (i.e. Nicknames, Maiden Name, Other Name Changes:	Contact Phone#:	
Date of Birth	Place of Birth (City, County, State)	

Soc. Security No.	Sex	Color of Hair	Color of Eyes	Weight	Height	Driver's Lic. No. & State of Issue

Scars, tattoos or distinguishing marks and/or characteristics: _____

List all physical addresses where you have lived for the last five years. (Attach separate sheet if necessary.)

Street and Number:	City/State/Zip:	From:	To:
Present:			
Previous:			
Previous:			
Previous:			

Name of Spouse, if any:		AKA (Also known as, i.e. maiden name/nickname, etc.)	
Spouse's Date of Birth:	Place of Birth:	Spouse's Social Security Number	Spouse's Occupation

U.S. Citizen? ☐ Yes ☐ No If "NO," attach details If Alien, Reg. Number _____
S.D. Resident? ☐ Yes ☐ No
If Naturalized, Certificate number _____ Place _____ Date _____

Name of present employer, if different from business name:	Occupation or Title

List names of all relatives who are employees of the South Dakota Commission on Gaming

Bank Reference: | Bank Address:

List two (2) credit references. (Include Account Number)
(1) (2)

Do you consent to an investigation of your background and police records and to waive any rights or causes of action that you may have against the South Dakota Commission on Gaming and any other individual or agency disclosing or releasing said information to the South Dakota Commission on Gaming? ___Yes ___No

NOTE: IF YOUR ANSWER IS YES TO ANY OF THE FOLLOWING QUESTIONS, PLEASE FURNISH DETAILS TO EACH ANSWER ON THE ADDITIONAL INFORMATION SHEET BE COMPLETE WITH YOUR ANSWERS

✓ Arrests, Detentions, and Litigation: (Include **ALL ARRESTS** -even those which you were not convicted or charges were later dismissed)

Have you ever been questioned, detained, indicted, arrested, convicted, or summoned to answer for **ANY** criminal offense or violation, for any reason whatsoever, regardless of the disposition of the event **INCLUDING RECKLESS DRIVING, DWI/DUI OR ELUDING (DO NOT INCLUDE MINOR TRAFFIC VIOLATIONS)** ___YES ___NO

Have you **EVER** been or are you now on parole/probation to any court? ___YES ___NO

Have you **EVER** received a pardon for any criminal act(s)? If so, list all cases without exceptions. ___YES ___NO

Has a criminal indictment, information or complaint **EVER** been returned against you, but for which you were not arrested or in which you were named as an un-indicted co-party? ___YES ___NO

Have you **EVER** been subpoenaed to appear to testify before a federal, state or county grand jury, board or commission? ___YES ___NO

Have you **EVER** had a civil or criminal record expunged by a court order? ___YES ___NO
If yes, when? _____
DATE CITY COUNTY STATE

Have you **EVER** applied for, received, or had a gaming license revoked in another state? ___YES ___NO

I, _____, declare and affirm under the penalties of perjury that this Application, and any statements, attachments, supporting schedules and documents have been examined by me, and to the best of my knowledge and belief, are in all things true and correct. I understand that any person who signs such a statement knowing the same to be false or untrue, in whole or in part, shall be guilty of perjury.

This statement is executed with the knowledge that misrepresentations or failure to reveal information requested may be deemed sufficient cause for refusal to issue a gaming license by the South Dakota Commission on Gaming. Further I am aware that later discovery of an omission or misrepresentation made in the above application, statements or attachments may be grounds for revocation of the license and possible criminal prosecution. I further consent to any background investigation necessary to determine my present and continuing suitability and that this consent continues as long as I hold a South Dakota Gaming License. I also agree that the State of South Dakota, its agencies officers and assigns, shall be entitled to collect from me all expenses incurred in recovery of any debt created by this license application, the background investigation or in pursuing any other remedy provided by law including but not limited to reasonable attorney fees and costs.

Further, I acknowledge my obligation to furnish all processes and pleadings to which I am a party as required by SDCL 42-7B-65.

_____
Signature of Applicant

ADDITIONAL INFORMATION

AFFIRMATION OF INFORMATION PROVIDED

I, _____, declare and affirm under penalties of perjury that this application, and all of the statements, attachments, supporting schedules, and documents have been examined by me, and to the best of my knowledge and belief, are in all things true and correct. I understand that any person who signs such a statement knowing the same to be false or untrue, in whole or in part, shall be guilty of perjury.

This statement is executed with the knowledge that misrepresentations or failure to reveal information requested may be deemed sufficient cause for refusal to issue a gaming license by the South Dakota Commission on Gaming. Further I am aware that later discovery of an omission or misrepresentation made in the above application, statements or attachments may be grounds for revocation of the license and possible criminal prosecution. I further consent to any background investigation necessary to determine my present and continuing suitability and that this consent continues as long as I hold a South Dakota Gaming License. I also agree that the State of South Dakota, its agencies officers and assigns, shall be entitled to collect from me all expenses incurred in recovery of any debt created by this license application, the background investigation or in pursuing any other remedy provided by law including but not limited to reasonable attorney fees and costs.

Further, I acknowledge my obligation to furnish all processes and pleadings to which I am a party as required by SDCL 42-7B-65.

_____

Signature Date

INVESTIGATION AUTHORIZATION
AUTHORIZATION TO RELEASE INFORMATION

I, _____, hereby authorize the State of South Dakota through its authorized representatives, the Commission on Gaming, the Office of the Attorney General, the Division of Criminal Investigation, (hereafter, the Investigatory Agencies), to conduct a complete investigation into my personal background, using whatever legal means it deems appropriate. I hereby authorize any person or entity contacted by the Investigatory Agencies to provide any and all such information deemed necessary by the Investigatory Agencies. I hereby waive any rights of confidentiality in this regard.

I understand that by signing this authorization, a financial records check will be performed, prior to the issuance of any gaming license and may be performed at any time that I hold a gaming license. I authorize any financial institution to surrender to the Investigatory Agencies a complete and accurate record of such transactions that may have occurred with that institution, not limited to, but to include, internal banking memoranda, past and present loan applications, financial statements and any other documents relating to my personal or business financial records in whatever form and wherever located.

It is hereby understood that the Investigatory Agencies will conduct a complete and comprehensive investigation to determine the accuracy of all information gathered. The Investigatory Agencies reserve the right to investigate all relevant information and facts to its satisfaction. However, the State of South Dakota, Investigatory Agencies, and other agents or employees of the State of South Dakota shall not be held liable for the receipt, use, or dissemination of inaccurate information. I on behalf of the applicant, its legal representatives, and assigns, hereby release, waive, discharge, and agree to hold harmless, and otherwise waive liability as to the State of South Dakota, Investigatory Agencies, and other agents or employees of the State of South Dakota for any damages resulting from any use, disclosure, or publication in any manner, other than willfully unlawful disclosure or publication, of any material or information.

Any information contained within my application, contained within any financial or personnel record, or otherwise found, obtained, or maintained by the Investigatory Agencies, shall be accessible to law enforcement agents of this or any other state, the government of the United States, the gaming regulatory agency of any Indian Tribe, or any foreign country.

All information gathered as a result of this investigation will be held confidential by the Investigatory Agencies, with the exception of law enforcement agencies stated above as provided by SDCL 42-7B-58.

FULL LEGAL NAME: _____
(PLEASE PRINT) (LAST) (FIRST) (MIDDLE)

SIGNATURE: _____

AUTHORIZATION AND RELEASE

I, _____, hereby authorize the Division of Criminal Investigation for the State of South Dakota to release to State Gaming Commission any information concerning me contained in the criminal history record files of the Division. I understand that the criminal history record files contain records of arrests which may have resulted in a disposition other than a finding of guilty (i.e. dismissed charges, or charges that resulted in a not guilty finding). I further understand that the information may contain listings of charges that resulted in suspended imposition of sentence, even though I successfully completed the conditions of said sentence and was discharged under SDCL 23A-27-17. I acknowledge that this type of information may be released, even though this record is designated as "non-public" under the provisions of 23A-27-17.

In consideration for the Division of Criminal Investigation releasing any information concerning me contained within its criminal history record files to State Gaming Commission, I, _____, on behalf of myself, my spouse, legal representatives, heirs, and assigns, hereby release, waive, discharge and agree to hold harmless the Division of Criminal Investigation, its officers and employees, from all liability for any claim or damages resulting from the release of this information.

I understand that the applicant's fingerprints will be used to check the criminal history records of the FBI and the applicant will have the opportunity to complete, or challenge the accuracy of, the information contained in the FBI record. The procedures for obtaining a change, correction, or updating of an FBI identification record are set forth in Title 28, C.F.R., §16.34.

Dated this _____ day of _____, 20 _____

_____
(Signature)

VERIFICATION OF FINGERPRINTS

The enclosed fingerprint card(s) are the prints of _____

_____, taken by me.

NAME:_____
(print)

TITLE:_____
(print)

OFFICE:_____
(print)

SIGNED: _____

Lawrence County Sheriff's Office

Richard E. Mowell, Sheriff
80 Sherman Street, Suite 1
Deadwood, SD 57732-0405
Voice (605) 578-2230 Fax (605) 578-3913

Gaming Packet Information Sheet

This sheet must be completed prior to fingerprinting at the Lawrence County Sheriff's Office

Fingerprinting is done Tuesday – Thursday between 1:00pm and 3:00pm ONLY

PCN (Office Use Only)_____

Date:_____

Last Name: _____ First Name: _____ Middle Name: _____

Alias: _____ Maiden Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Date of Birth (mm/dd/yyyy): _____ Place of Birth: _____

Social Security Number: _____--_____--_____ Citizenship: _____

Race: _____ Sex: _____ Age: _____ Height: _____

Weight: _____ Hair Color: _____ Eye Color: _____

Build: _____ Complexion: _____

Home Phone: _____ Cell Phone: _____

Occupation: _____ Employer: _____

Employer Address: _____

Employer Phone: _____

****

In Case of Emergency Notify: Name: _____

Address: _____ City/State: _____ Zip: _____

Relationship: _____ Phone: _____