



SOUTH DAKOTA COMMISSION ON GAMING

120 Industrial Drive, Suite 1 • Spearfish, SD 57783
(605) 578-3074 • dor.sd.gov/gaming

Dear Key Applicant:

Enclosed are the instructions and application for a Key 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 South Dakota Commission on Gaming at (605) 578-3074.

There are two options to submit this application. The first is if you are in the Deadwood, SD area. You can personally take your completed application to the Lawrence County Sheriff's office who will take your fingerprints and charge \$10.65 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**. Please call them at (605) 578-2230 to make an appointment. They will then forward your entire application packet including application, fingerprints & **\$150 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**.

The second option would be if you were not in the Deadwood, SD area. You will need to obtain 2 fingerprint cards from Commission and find a law enforcement agency or business that takes fingerprints in your area. Then you will submit your completed fingerprint cards and application to the address listed above along with a **check or money order for \$150**, which is non-refundable. The fingerprint cards can be obtained from the Commission office in Spearfish or by calling (605) 578-3074.

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 Key license an additional \$150.00 license fee will be required and instructions for paying it and receiving your license will be provided.

If you have any questions or concerns, please contact the Commission on Gaming at the above phone number and address.

Sincerely,

Mark Heltzel
Executive Secretary

INSTRUCTIONS FOR KEY EMPLOYEE GAMING LICENSE

1. **ALL** information requested on South Dakota Commission on Gaming Key application must be completed.
 - A. Please print or type the information.
 - B. If a particular question does not apply to you, please indicate that with “N/A” instead of leaving it empty so it is clear that you have answered the question.
 - C. Application form must be initialed on each page and signed by the applicant.
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 your 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. It is necessary for you to submit a copy of your Internal Revenue Service Tax Returns for the past three years with this application.
5. **FINGERPRINTS** - The Lawrence County Sheriff’s office will take your fingerprints and charge \$10.65 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**. Please call them at (605) 578-2230 for an appointment. They will forward your entire application packet including application, fingerprints & \$150 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***.
 - If you previously had your fingerprints submitted for a Support license, you must still complete the fingerprint cards to comply with SDCL 42-7B-19.2. Failure to do so may be grounds for denial of our Key license application.
 - If you are not having your fingerprints taken by the Lawrence County Sheriff’s Office, please contact our Spearfish 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.
6. Be sure that **ALL FORMS ARE COMPLETED** prior to having your fingerprints taken.
7. South Dakota Commission on Gaming Form 2-5 is to be completed by the law enforcement officer taking the fingerprints.
8. The Lawrence County Sheriff’s Office will forward all application forms and fingerprint cards to the Commission on Gaming. If you are not being fingerprinted by the Lawrence County Sheriff’s office, please send the completed application, any additional information along with the application fee to the South Dakota Commission on Gaming office at **120 Industrial Drive, Suite 1, Spearfish, SD 57783**.
9. If you have any questions concerning these forms or information requested, please contact the South Dakota Commission on Gaming at (605) 578-3074.

KEY EMPLOYEE APPLICATION

PERSONAL HISTORY INFORMATION

DATE _____

Hand print or type an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, continue on page "8" or use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made herein is subject to verification. Applicant must initial each page, as provided in the lower right hand corner. By placing his/her initial on each page, the applicant is attesting to the accuracy and completeness of the information contained on that page.

All applicants are advised that this personal history information is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or revocation of a license.

All applicants are further advised that an application for a gaming license, finding of suitability or for other action may not be withdrawn without the permission of the Executive Secretary, South Dakota Commission on Gaming.

1. Type of Gaming License: **KEY EMPLOYEE (\$150)**

2. Business Name:

3. Personal Information:

Last Name		First Name			Middle Name		
Alias (i.e. Nicknames, Maiden Name, Other Name Changes)							
Present Mailing Address			City	State/Zip	Since (Date)		
Present Physical Address (If different then Mailing)			City	State/Zip	Since (Date)		
Occupation				Cell Phone		Home 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: _____

Are you a citizen of United States? ☐ YES ☐ NO If Alien, Reg. No. _____
 If naturalized, Certificate No. _____ Place _____ Date _____

Contact email address _____

Applicant's Initial _____ SDCG

4. Marital Information:

Single [] Married [] Separated [] Divorced [] Widowed [] Engaged []

A. Current Marriage

Date _____ City, _____ County, _____ State _____

Spouse's Full Name (Maiden) _____ Social Security Number _____

Residence Address _____

Street	City	State
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Date of Birth: _____ Place of Birth _____

Spouse's Employer: _____ Occupation: _____

Address of Employer: _____

B. Previous Marriages: If ever legally separated, divorced, or annulled, indicate below:

Name of Spouse	Date of Order or Decree	Nature of Action	City, County and State

List Names and Current Addresses of Previous Spouses:

Name	Street Address	City	State/Zip	Phone Number

5. Family Information:

Children and Dependents:

List all children, including step-children & adopted children and give the following information:

[illegible]

6.

Education	Name of School	Location	Dates Attended	Graduate
Grade School				Yes [] No []
High School				Yes [] No []
College or University				Yes [] No []
Other				Yes [] No []

Type of degree obtained, if any: _____

7. Military Information:

Have you ever served in any armed forces? [] YES [] NO, If Yes, provide copy of DD-214

Branch: _____ Date of Entry-Active Service: _____

Date of Separation: _____ Type of Discharge: _____

Rating at Separation: _____ Serial Number: _____

While in the military service were you ever arrested for an offense which resulted in summary action, a trial, or special or general Court Martial? [] YES [] NO

If yes, furnish details on a separate sheet.

8. Arrests, Detentions, and Litigations: (Include **ALL ARRESTS** – even those which you were not convicted or charges were later dismissed)

A. Have you ever been questioned, detained, indicted, arrested or summoned to answer for any criminal offense or violation for any reason whatsoever, regardless of the disposition of the event (Except MINOR traffic citations, but including reckless driving, DUI, or eluding) [] YES [] NO

B. Have you ever been or are you now on parole/probation to any court? [] YES [] NO

C. Have you ever received a pardon for any criminal act(s)? [] YES [] NO
(If so, give details on additional information sheet attached to this application.
List all cases without exceptions.)

D. 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 party? [] YES [] NO

E. Have you ever been subpoenaed to appear to testify before a federal, state or county grand jury, board or commission? [] YES [] NO

F. Have you ever had a civil or criminal record expunged by a court order? [] YES [] NO
If yes, when? _____

DATE CITY COUNTY STATE

(If yes, furnish details on additional information sheet.)

Date of Arrest	Age	Charge	Location – City and State	Disposition	Arresting Agency

Applicant's Initial _____ SDCG

- G. Has any member of your family or your spouse's family ever been convicted of a felony? [] YES [] NO

If Yes, complete the following:

Name	Relationship	Charge	Location	Date

- H. Have you, as an individual, member of a partnership, or owner, director, or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or a defendant? [] YES [] NO

(Other than divorces)

If Yes, give details below. List all cases without exception, including bankruptcies:

Plaintiff/Defendant	Court and Case Number	City, County, State	Disposition

9. Residences:

List all residences you have had for the last 10 years starting with the most current:

Month & Year (From-To)	Street and Number	City	State

Applicant's Initial _____

10. Employment:

Beginning with your current employment, list your work history, all businesses with which you have been involved, and/or all periods of employment over the last 10 years. Also, list all corporations, partnerships or any other business ventures with which you have been associated as an officer, director, stockholder, or related capacity.

Month & Year (From-To)		Name/Mailing Address of Employer/Business		Reason For Leaving
Title	Description of Duties	Name of Supervisor	Gaming Present <input type="checkbox"/> YES <input type="checkbox"/> NO	
			Phone No. of Supervisor	

Month & Year (From-To)		Name/Mailing Address of Employer/Business		Reason For Leaving
Title	Description of Duties	Name of Supervisor	Gaming Present <input type="checkbox"/> YES <input type="checkbox"/> NO	
			Phone No. of Supervisor	

Month & Year (From-To)		Name/Mailing Address of Employer/Business		Reason For Leaving
Title	Description of Duties	Name of Supervisor	Gaming Present <input type="checkbox"/> YES <input type="checkbox"/> NO	
			Phone No. of Supervisor	

Month & Year (From-To)		Name/Mailing Address of Employer/Business		Reason For Leaving
Title	Description of Duties	Name of Supervisor	Gaming Present <input type="checkbox"/> YES <input type="checkbox"/> NO	
			Phone No. of Supervisor	

Month & Year (From-To)		Name/Mailing Address of Employer/Business		Reason For Leaving
Title	Description of Duties	Name of Supervisor	Gaming Present <input type="checkbox"/> YES <input type="checkbox"/> NO	
			Phone No. of Supervisor	

Applicant's Initial _____

11. Character References:

List three character references who have known you five years or more. Do not include relatives, present employer, or employees.

Name and Where Employed	Street	City	State/Zip	Phone No.	Years Known
Name:	Home:				
Employer:	Business:				

Name and Where Employed	Street	City	State/Zip	Phone No.	Years Known
Name:	Home:				
Employer:	Business:				

Name and Where Employed	Street	City	State/Zip	Phone No.	Years Known
Name:	Home:				
Employer:	Business:				

12. Have you ever held a privileged or professional license in any state, including but not limited to the following:
(Please Circle)

Liquor Real Estate Broker or Salesman Accountant Lawyer Doctor
 Insurance Racing Commission Lottery Commission Securities Dealer Gaming
 Other

[] YES [] NO

If yes, state where, years held and nature of any disciplinary actions taken against you: _____

13. Have you ever held a financial interest in a gambling venture, including but not limited to, a race track, dog track, race horse or dog, lottery, casino, bookmaking operation, or card room, bingo parlor, pull tabs? [] YES [] NO

Applicant's Initial _____

If Yes, state when and where and give names and locations of the business(es) in which you were involved and the names and addresses of all partners:

14. Have you ever been refused a gaming license or related finding of suitability or been a participant in any group which has been denied a gaming license or related finding of suitability? ☐ YES ☐ NO

For selling alcoholic beverage? ☐ YES ☐ NO

Reason:

15. Have you ever been granted a gaming license or been a participant in any group which has been issued a gaming license by any state? ☐ YES ☐ NO

If Yes, state type of license, name of establishment, location and period such license was held:

16. Do you have any relatives associated with or employed in the gaming industry (this includes the State Lottery and Racing)? ☐ YES ☐ NO

If yes, state name, relation, address, association or employment:

Applicant's Initial _____ SDCG

PERSONAL FINANCIAL QUESTIONNAIRE

Name _____ Date _____, 20 _____

Address _____
_____Place of employment:

Trade Name _____

1. Have you ever filed bankruptcy? ☐ YES ☐ NO
If Yes, furnish details on a separate sheet.
2. Has your Federal Income Tax Return ever been audited or adjusted? ☐ YES ☐ NO
3. Last Federal Income Tax Return was filed _____, 20 _____ for year _____ at

City _____

State _____

IT IS NECESSARY FOR YOU TO SUBMIT A COPY OF YOUR INTERNAL REVENUE SERVICE RETURNS FOR THE PAST THREE YEARS WITH THIS APPLICATION.

4. Do you own or control any assets or liabilities located outside the United States? ☐ YES ☐ NO
5. Do you control, manage or hold in trust any assets or liabilities for another person or entity?
☐ YES ☐ NO
6. Annual Income _____

Salary _____

Interest _____

Dividends _____

Other (Describe in Detail) _____

7. Do you own your own home? ☐ YES ☐ NO

If mortgaged, who with _____
Name Address City State Zip

How much is the mortgage? \$ _____

Applicant's Initial _____

8. Do you rent your home? ☐ YES ☐ NO

If yes, give name, address and phone number of landlord:

Name: _____
Address: _____
Phone Number: _____

9. Please list three credit references:

Name: _____
Address: _____
Phone Number: _____

Name: _____
Address: _____
Phone Number: _____

Name: _____
Address: _____
Phone Number: _____

Applicant's Initial _____

PERSONAL NET WORTH**AS OF** _____ **20** _____

List all assets, liabilities and net worth on the appropriate line below.
Enter the current value as of the date of this statement.

Current Assets:

Cash on Hand _____
Cash in Banks (Schedule A) _____
Accounts and Notes Receivable _____

Investments:

Stocks and Bonds _____
Business Investments _____

Fixed Assets:

Real Estate _____

Other Assets:

TOTAL ASSETS

\$ _____

Current Liabilities:

Accounts Payable (Schedule B) _____
Taxes Payable _____

Long Term Liabilities:

Notes Payable (Schedule B) _____
Mortgages Payable _____
Other Liabilities _____

TOTAL LIABILITIES:

\$ _____

NET WORTH:

\$ _____

TOTAL ASSETS MINUS TOTAL LIABILITIES EQUALS NET WORTH

SCHEDULE "A"**CASH IN BANKS**

List below all accounts, foreign and domestic, maintained by you, your spouse or dependent children.

Name and Address of Bank	Name of Persons Appearing on Account	Account No.	Date Opened	Interest Rate	Type of Account	Balance as of (Date)

SCHEDULE "B"**ACCOUNTS AND NOTES PAYABLE**

List below all accounts and notes payable held by you, your spouse or dependent children. Indicate by means of an asterisk (*) in the first column, accounts and notes payable held by your spouse and/or dependent children.

Name and Address of Creditor	Date Incurred	Original Amount	Unpaid Balance	Payment/ Period	Interest Rate	Maturity Date	Purpose	Collateral

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

Applicant's Initial _____

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: _____ DATE _____

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)

Applicant’s Initial _____

VERIFICATION OF FINGERPRINTS

The enclosed fingerprint card(s) are the prints of _____
_____, taken by me.

NAME: _____
(print)

TITLE: _____
(print)

OFFICE: _____
(print)

SIGNED: _____

Applicant's Initial _____

Privacy Act Statement

This privacy act statement is located on the back of the FD-258 fingerprint card.

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

The FBI Privacy Act Statement can be found at <https://www.fbi.gov/services/cjis/compact-council/privacy-act-statement>.

Applicant Notification of Procedures for Obtaining an Amendment to an FBI Record

Your fingerprints will be used to check the criminal history records of the FBI. You have the opportunity to complete or challenge the accuracy of the information contained in the FBI identification record. The procedure for obtaining a change, correction, or update of an FBI criminal history record are set forth at 28 CFR 16.34. Information regarding this process may be found at <https://www.fbi.gov/services/cjis/identity-history-summary-checks> and <https://www.edo.cjis.gov>.

As of 03/30/2018



Lawrence County Sheriff's Office

BRIAN C. DEAN, Sheriff

50 Tatanka Drive

Deadwood, South Dakota 57732

Office: (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:pm ONLY

Please call 578-2230 to make an appointment

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 Code: _____

Relationship: _____ Phone: _____

