

SOUTH DAKOTA COMMISSION ON GAMING APPLICATION FORM**DO NOT WRITE HERE
FOR OFFICIAL USE ONLY**

South Dakota Commission on Gaming
120 Industrial Drive, Suite 1
Spearfish, SD 57783
Tele: (605) 578-3074 FAX: (605) 578-2263

Control #

SDCG-2

Please Print or Type – Attach Additional Sheets if Needed

1. TYPE OF GAMING
LICENSE ☐ SIMULCAST SITE APPLICATION

2. Name of Establishment:	Address:	Telephone #
---------------------------	----------	-------------

3. Federal Taxpayer ID #	SD Sales Tax License No.	SD Liquor License No.	Name of Liquor License Holder
--------------------------	--------------------------	-----------------------	-------------------------------

4. Indicate Type of Business or organization	<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation/Profit	<input type="checkbox"/> Corporation/Non-Profit <input type="checkbox"/> Association (Fraternal, Civic, etc.) <input type="checkbox"/> Other:
--	---	---

5. Explain your involvement with the business:

6. Complete the following (if the application is a partnership, corporation, or other form of business organization, furnish such similar information as that shown below).

a) State of Corporation _____ Date: _____
Date of Qualification to do business in South Dakota _____

b) A certified copy of all the Articles of Incorporation or a true copy of the partnership agreement is attached ☐ YES ☐ NO
If no, state reasons _____

c) A general description of the nature of the business (attach a separate sheet if necessary): _____

d) A complete list of all stockholders/partners showing the number of shares/interest held of record by each is filed herewith.
☐ YES ☐ NO If no, state reasons: _____

e) List below the following information with respect to all partners, directors, officers, and key employees. Each of the persons named below who own 5% or more of the corporation or who are the designated manager must complete and submit a Personal History Information Form, Personal Financial Questionnaire, fingerprint cards, and other documentation required by the Commission. (Use attachment if necessary.)

Full Name	Residence Address	Title
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

f) The terms, positions, rights and privileges of the different classes of securities outstanding:

Security	Terms & Positions	Rights & Privileges

g) Options existing or to be created in respect of their security or other interest:

Name	Address	Title	Options or Other Interests

7. List below the following information with respect to any persons who will receive, directly or indirectly, any compensation or rents based on a percentage or share of the proceeds of the gaming venture. Each person named below may be required to complete and file a Personal History Information Form SDCG2-1 and other documentation required by that form.

Full Name	Residence Address	Title

8. List below the primary contact person for this business:

Name	Address	Title	Phone #

9. A – Has the business ever filed bankruptcy? ☐ YES ☐ NO
If yes give details: (Use additional sheets if necessary) _____
- B – Is the business delinquent in the payment of any taxes, interest or penalties owed to the State of South Dakota, including items currently under formal dispute or appeal under law? ☐ YES ☐ NO
If yes, give details: (Use additional sheets if necessary) _____
- C – Have you applied for or received a license from the South Dakota Lottery Commission? ☐ YES ☐ NO
If yes, what is lottery license number _____
10. Is another license to be issued to this location? ☐ YES ☐ NO
If yes, who will hold the additional license? _____
11. A completed Personal History Form, Personal Financial Questionnaire, fingerprint card, verification of fingerprints, Authorization & Release and Application Fee must be filed with this Application.

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 representative, Commission on Gaming or the Office of the Attorney General, Division of Criminal Investigation, to conduct an investigation into my personal background, using whatever legal means it deems appropriate. Persons requested to provide information which the South Dakota Commission on Gaming or Division of Criminal Investigation determines necessary, are hereby authorized to provide such information.

I understand that by signing this authorization, a financial record check will be performed. I authorize any financial institution to surrender to the Commission on Gaming or the Division of Criminal Investigation 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 the applicant's personal or business financial records in whatever form and wherever located.

It is hereby understood that the Commission on Gaming or the Division of Criminal Investigation will conduct a complete and comprehensive investigation to determine the accuracy of all information gathered. However, the State of South Dakota and the authorized representative, Division of Criminal Investigation, Commission on Gaming and other employees of the State of South Dakota shall not be held liable for inaccurate information.

The Commission on Gaming and the Division of Criminal Investigation reserves the right to investigate all relevant information and facts to its satisfaction.

ALL INFORMATION GATHERED AS A RESULT OF THIS INVESTIGATION WILL BE HELD
CONFIDENTIAL BY THE DCI AND COMMISSION ON GAMING.

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_____, at

_____, _____.

SIGNATURE

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>.