



**SOUTH DAKOTA COMMISSION ON GAMING**

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

Dear Applicant,

Enclosed is the instruction sheet and application for your license as a simulcast pari-mutuel clerk. This information is necessary to complete your background investigation prior to licensing. Read the instructions and the questions carefully and provide all information as requested. If you have any questions regarding the completion of the application call the South Dakota Commission on Gaming at (605) 578-3074

The application must be returned to the address above along with a check or money order for \$10.00 (DO NOT SEND CASH), which is non-refundable, and two fingerprint cards. These cards must be obtained from the Commission office in Spearfish, SD.

If you have any questions, you may contact our office at the above address.

Cordially,

Mark Heltzel  
Executive Secretary

## INSTRUCTIONS FOR SIMULCAST PARI-MUTUEL LICENSE APPLICATION

1. If you have a valid Deadwood support license, you are not required to obtain a Simulcast Pari-Mutuel License.
2. All information requested on the South Dakota Commission on Gaming simulcast pari-mutuel license application must be completed.
  - A. **PLEASE TYPE OR PRINT ALL INFORMATION ON FORM.**
  - B. This application form must be signed by the applicant.
3. Please review and sign South Dakota Commission on Gaming forms on pages 7-9. This authorizes the Commission on Gaming or the Division of Criminal Investigation to complete a background investigation on the applicant.
4. Please contact the Commission office at (605) 578-3074 and they will mail the required fingerprint cards to you that must be used.
5. The fingerprint cards should to be taken to a local law enforcement office in your area. An officer will take your fingerprints. The local law enforcement agency MAY charge a fee to take your fingerprints.
6. South Dakota Commission on Gaming form on page 10 is to be completed by law enforcement officer taking the applicant's fingerprints.
7. Be sure that **ALL FORMS ARE COMPLETED** prior to having your fingerprints taken.

**INDIVIDUAL HISTORY APPLICATION FORM FOR A  
MUTUEL EMPLOYEE AT A SIMULCAST SITE.**

DO NOT WRITE HERE  
FOR OFFICE USE ONLY

CONTROL # \_\_\_\_\_

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

Date: \_\_\_\_\_ Place of employment: \_\_\_\_\_  
Name: \_\_\_\_\_

\_\_\_\_\_  
Last First Middle  
Current Address:  
Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone number: Home – (\_\_\_\_\_) \_\_\_\_\_

Alias (i.e. Nicknames, Maiden Name, Other Name Changes or Otherwise):  
\_\_\_\_\_

Date of birth: \_\_\_\_\_ Place of birth: \_\_\_\_\_  
Sex: \_\_\_\_\_ Social Security number: \_\_\_\_\_  
Color of hair: \_\_\_\_\_ Color of eyes: \_\_\_\_\_ Weight: \_\_\_\_\_ Height: \_\_\_\_\_  
\_\_\_\_\_

Drivers license number and state of issue for the past five years: \_\_\_\_\_  
Use Additional Information sheet if necessary.

Scars, tattoos or distinguishing mark and/characteristics:  
\_\_\_\_\_

List all addresses where you have lived for the last five years. Use Additional Information  
sheet if necessary.

City State From: (month/year) To: (month/year)

U.S. Citizen? ( ) Yes ( ) No If "NO," attach details.

If Alien, Registration Number \_\_\_\_\_

S.D. Resident? ( ) Yes ( ) No

If Naturalized, Certificate Number \_\_\_\_\_ Place \_\_\_\_\_

Date \_\_\_\_\_

Name of Spouse, if any: \_\_\_\_\_.

Maiden name, nickname, etc. \_\_\_\_\_.

Spouse's Date of Birth: \_\_\_\_\_ Place of birth: \_\_\_\_\_ SSN: \_\_\_\_\_.

Spouse's occupation: \_\_\_\_\_.

Beginning with your most recent employment, please list your employment history for the past five years.

Name of employer	Address	Telephone number	Position	From	To

List the names and current addresses of three personal references

Name	Address	City	State	Telephone number

Bank Reference: \_\_\_\_\_

Bank Address: \_\_\_\_\_

List two (2) credit references. (Include account number and balance)

(1) \_\_\_\_\_

(2) \_\_\_\_\_

Have you ever held or applied for a privileged or professional license with any regulatory agency. ( ) Yes ( ) No

If yes, list the name and address of each licensing or regulatory agency.

Name	Address	City	State

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**

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

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. **This is to include Reckless Driving, DUI, and 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 exception.      ( ) 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, boards 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
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Have you ever applied for a permit or license related to gaming?      ( ) Yes ( ) No

Have you ever been denied a permit or license related to gaming?      ( ) Yes ( ) No

Type of license \_\_\_\_\_ State \_\_\_\_\_

Agency issuing license \_\_\_\_\_

Address \_\_\_\_\_ Telephone number \_\_\_\_\_

If license was revoked, provide details. \_\_\_\_\_

[illegible]

**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.

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Signature

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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 also authorize and consent to the South Dakota Commission on Gaming disclosing or releasing information collected in the investigation to appropriate federal, tribal, state, local or foreign law enforcement or regulatory agencies and waive any rights or causes of actions I may have against the South Dakota Commission on Gaming for releasing said 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.

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

## VERIFICATION OF FINGERPRINTS

The enclosed fingerprint card are the prints of \_\_\_\_\_,  
taken by me.

NAME: \_\_\_\_\_

(print)

TITLE: \_\_\_\_\_

(print)

OFFICE: \_\_\_\_\_

(print)

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>.

As of 03/30/2018