

**LOUISIANA GAMING CONTROL BOARD
LOUISIANA DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONS
OFFICE OF STATE POLICE
GAMING ENFORCEMENT DIVISION**

**Gaming Division
Baton Rouge Field Office
7919 Independence Blvd.
2nd Floor
Baton Rouge, LA 70806**

**Gaming Division
New Orleans Field Office
2121 Airline Hwy. Ste. 300
Metairie, LA 70001**

**Gaming Division
Lafayette Field Office
2020 West Pinhook Road
Suite 401
Lafayette, LA 70508**

**Gaming Division
Lake Charles Field Office
750 Bayou Pines East
Lake Charles, LA 70601**

**Gaming Division
Shreveport Field Office
3010 Knight St., Ste. 270
Shreveport, LA 71105**



**LOUISIANA SUPPLEMENTAL FORM
TO MULTI JURISDICTIONAL
PERSONAL HISTORY DISCLOSURE FORM**

LOUISIANA SUPPLEMENTAL FORM
TO MULTI JURISDICTIONAL
PERSONAL HISTORY DISCLOSURE FORM

This form is a supplement to the Multi Jurisdictional Personal History Disclosure Form. If you are using the Multi Jurisdictional form to apply for qualification in more than one jurisdiction, and one of those jurisdictions is Louisiana, you are required to file this supplemental form as part of your Louisiana application. Copies of the forms used in Louisiana are available on the Internet at <http://www.lsp.org/applications.html> or you may request the forms be mailed to you by calling (225) 922-2155.

You are to complete this supplemental form and the Multi Jurisdictional Personal History Disclosure Form if you are:

- An applicant for a Key Gaming Employee Permit

Key Gaming Employee Permit Application Fee (Valid for 2 years) 500.00
- *An officer, director, partner, manager or managing member of a licensee or applicant for a license, the casino operator, the casino manager or a permittee or applicant for a permit, other than a Non-gaming supplier permit.
- *A shareholder, member, partner or person with a 5% or more ownership, income, profit or economic interest in a licensee or applicant for a license, the casino operator, the casino manager or a permittee or applicant for a permit, other than a Non-gaming supplier permit.
- *A key/managerial employee of a licensee or applicant for a license, the casino operator, the casino manager or a permittee or applicant for a permit, other than a Non-gaming supplier permit.
- *A person who In the opinion of the Board or the Division has the ability to exercise a significant influence over a licensee or applicant for a license, the casino operator, the casino manager or a permittee or applicant for a permit, other than a Non-gaming supplier permit and are directed to complete this supplemental form and the Multi Jurisdictional Personal History Disclosure Form by the Board or the Division.

*All costs associated with conducting an investigation to determine the suitability of the individuals listed above shall be borne by the licensee or applicant for a license, the casino operator or the casino manager. An initial advance of \$5,000.00 per individual shall be paid to the Division unless this application is submitted along with a new or renewal application for a license.

IMPORTANT NOTICES

No person may commence employment or be employed as a gaming employee unless that person is the holder of a valid gaming employee permit or state certification.

A Louisiana gaming employee permit or certification is a privilege. The burden of proving and maintaining suitability to receive and hold a gaming employee permit or certification is at all times on the applicant. The applicant accepts any and all risk of adverse public notice, embarrassment, criticism, emotional distress or financial loss that may result from any action with respect to this application. The applicant expressly waives any and all claims for damages of any nature whatsoever arising from or in any manner related to this application against the Louisiana Gaming Control Board, the Louisiana Department of Justice, the Louisiana Department of Public Safety and Corrections, and the employees and agents of each of these state agencies.

This application shall include, as applicable, any supplemental questionnaires, schedules, and all attached documents.

Any false statement made in this supplemental form or the Multi Jurisdictional Personal History Disclosure Form is a felony and is punishable by up to ten (10) years in prison or a fine of up to ten thousand dollars (\$10,000.00), or both. Furthermore, failure to reveal requested information or the submission of false or misleading information may result in denial of your application.

The Louisiana Gaming Control Board or the Louisiana State Police Gaming Division may require the applicant to provide additional information, forms, or documents.

This application may not be withdrawn without permission of the appropriate licensing or permitting agency.

The applicant shall promptly provide written notification to the appropriate Louisiana State Police Gaming Division office of any corrections or changes to the information submitted in this application or the required documents.

Acceptance of a license, permit or renewal thereof constitutes an agreement on the part of the licensee or permittee to be bound by all of the applicable provisions of the Louisiana Gaming Control Law and the rules. It is the responsibility of the licensee or permittee to stay informed of the content of all such laws and rules, and ignorance thereof will not excuse violations.

DEFINITIONS

For purposes of a Louisiana application, the term “**casino or gaming/gambling related operation**” includes, but is not limited to, any form or type of casino, any manufacturer of gaming/gambling equipment, any distributor of gaming/gambling equipment, junket enterprise, horse racing operation, dog racing operation, pari-mutuel operation, lottery, sports betting operation, Internet gaming operation, OR AN ENTITY THAT DOES BUSINESS WITH A GAMING/GAMBLING ENTITY SOMETIMES REFERRED TO AS A NON-GAMING SUPPLIER.

For purposes of a Louisiana application, the term “**company**” includes any group, firm, corporation, limited liability company, partnership, joint venture, unincorporated association or other business entity.

For purposes of a Louisiana application, the term “**officer**” or “**director**” includes an officer or director of a corporation or manager of a limited liability company.

For purposes of a Louisiana application, the term “**license**” or “**licensing**” includes any license, permit, certification, registration, finding of suitability, qualification or other authorization to participate in any type of casino or gaming/gambling related operation.

For purposes of a Louisiana application, the term “**regulatory action**” includes but is not limited to, denial, non-renewal, suspension, revocation, investigation, penalty, fine, or any condition.

INSTRUCTIONS

1. Read La. R. S. 27: 1 *et seq.* and Title 42 of the Louisiana Administrative Code.
2. Any questions the applicant has in regard to completing this form may be directed to the appropriate Louisiana State Police Gaming Division office.
3. Read each question carefully. Answer each and every question completely. Do not leave blank spaces. If a question does not apply to you, write "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. **FAILURE TO PROVIDE A RESPONSE TO EVERY QUESTION OR TO SUPPLY REQUIRED DOCUMENTATION MAY RESULT IN REJECTION OF YOUR APPLICATION.**
4. 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. All entries on this form shall be in English.
5. All entries on this form, except initials and signatures, shall be typed or printed legibly in blue ink. If the application is not legible, it will be rejected.
6. If the space available is insufficient to respond to a question, you are to supply the required information on an additional sheet of paper, identifying the question you are answering and attach the additional sheet(s) of paper to this application.
7. All attachments required in this form are to be labeled identifying the question the attachment relates to and attached to the back of this form.
8. The applicant shall sign the form and initial and date each page of the form and any attached pages in blue ink, thereby attesting to the accuracy and completeness of the information on each page. Do not misstate or omit any material fact(s). All information is subject to verification.
9. The Statement of Truth Form in the Multi Jurisdictional Personal History Disclosure Form, and the Affidavit, Request To Release Information and Release Of All Claim attached to this Louisiana Supplemental Form are to be properly notarized.
10. The applicant shall submit with this application a tax clearance from the Internal Revenue Service and the Louisiana Department of Revenue issued within the last 60 days.
11. This form together with all required documents and the appropriate fee shall be submitted to the appropriate Louisiana State Police Gaming Division office. This form will not be accepted by mail. The non-refundable fee shall be paid in the form of a cashier's check, company check or money order made payable to: State of Louisiana, Department of Public Safety.
12. Two (2) completed fingerprint cards shall be submitted by each applicant. Fingerprinting shall be done by a law enforcement agency, unless otherwise authorized in writing by the Louisiana State Police Gaming Division. The applicant shall sign the fingerprint cards in blue ink.
13. The applicant shall promptly provide written notification to the appropriate Louisiana State Police Gaming Division office of any corrections or changes to the information submitted in this form or the required documents.

**KEEP A COMPLETED COPY OF THIS FORM FOR YOUR RECORDS.
YOU WILL NEED TO REFER TO THIS FORM FOR FUTURE RENEWALS.**

**LOUISIANA SUPPLEMENTAL FORM
TO MULTI JURISDICTIONAL PERSONAL HISTORY DISCLOSURE FORM**

FOR OFFICE USE ONLY			
Permit Number: _____	Date Submitted: _____	Fee: _____	Entered By: _____
Check/Money Order Number: _____	Receipt Number: _____	Date Entered: _____	

THIS APPLICATION/DISCLOSURE FORM IS SUBMITTED IN CONNECTION WITH THE LICENSE OR APPLICATION OF:

(NAME OF LICENSEE OR APPLICANT FOR A LICENSE, CASINO OPERATOR, CASINO MANAGER, PERMITTEE OR APPLICANT FOR A PERMIT. IF A CASINO EMPLOYEE, INDICATE THE NAME OF CASINO AT WHICH APPLICANT IS EMPLOYED.)

Applicant's Title(s) or Position(s): _____

Describe the Applicant's Duties: _____

PERSONAL DATA

Last Name:		First Name:		Middle Name:		Social Security Number:	
Maiden Name(s), Alias(es), Nickname(s), and Other Name Change(s)- Legal or Otherwise:				Driver's License Number:		State of Issuance:	
				List Other D/L Held for Past 5 years:		State(s) of Issuance:	
Mailing Address/Postal Address: Number and Street/PO Box		Apt#/Flat#	City/Town	State/Providence	Zip/Postal Code		
Home Address: (If different than Mailing Address/Postal Address) Number and Street/PO Box		Apt#/Flat#	City/Town	State/Providence	Zip/Postal Code		
Present Business Address: Number and Street/PO Box		Apt#/Flat#	City/Town	State/Providence	Zip/Postal Code		
Residence Telephone Number: () ()			Business Telephone Number: () ()		E-Mail Address:		
County/Parish:		Country of Residence:			Since (Date):		
Race:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F		Date of Birth:		Place of Birth:		
Eye Color:	Hair Color:		Weight:		Height:		
Please Describe Any and All Scars, Tattoos, or Distinguishing Marks and/or Characteristics:							
Are you a Citizen of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No				If Registered Alien, Provide Registration Number:			
If Naturalized, Provide Certificate Number: (Attach Certified Copy of Certificate)			Naturalization Date:		Place of Naturalization (City/State):		

Have You Ever Been Issued A Passport? [] Yes [] No	If Yes, Provide Passport Number:	Country of Issue:	Place Issued:	Date Issued:	Expiration Date:
List Languages Spoken Other Than English:					

Attach Certified Copy of the Applicant's Birth Certificate

FAMILY/ SOCIAL DATA

Current Spouse's Full Name (Include Maiden Name):	Social Security Number:	Date of Birth:	
Current Spouse's Residence Address:	City:	State : Zip:	
Current Spouse's Driver's License Number:	State Issued:	Date of Marriage:	Place of Marriage (City/State):
Current Spouse's Occupation:	Name of Current Spouse's Employer:		

CIVIL, CRIMINAL, AND INVESTIGATORY PROCEEDINGS

- INSTRUCTIONS:
- All detentions, summonses or citations, arrests, charges, convictions, pleas guilty or nolo contendere shall be included. DWI/DUI matters shall be included, however, minor traffic convictions need not be included.
 - Answer "Yes" even if any record relating to a detention, summons or citation, arrest, charge, indictment, complaint, information, conviction, plea guilty or nolo contendere has been expunged or otherwise officially sealed by a court or governmental agency or the final result was dismissal of charges.
 - If the applicant answers "Yes", attach certified copies of documents relating to each matter to this application and clearly identify the question that the documents relate to.

- Has the applicant ever been detained, issued a summons or citation, arrested, charged by indictment, information or complaint or forfeited bail for any criminal offense or violation for any reason whatsoever? YES NO

If "Yes", complete the following chart:

Date of Arrest:	Charge or Offense:	Location of Offense (Include City, County/Parish, State and Country):			
Name of Arresting Law Enforcement Agency:					
Address of Arresting Law Enforcement Agency:		City:	County/Parish:	State:	Zip Code:
Check All Applicable:	Disposition of Arrest (Check All Applicable):			Has This Arrest Been Expunged?	
<input type="checkbox"/> Pretrial Intervention <input type="checkbox"/> Diversion	<input type="checkbox"/> Charges Dismissed <input type="checkbox"/> Charges Reduced <input type="checkbox"/> Bill of Information <input type="checkbox"/> Indictment <input type="checkbox"/> Complaint or Summons Issued			<input type="checkbox"/> YES <input type="checkbox"/> NO	

(If the space available is insufficient to respond to this question, you are to supply the required information on an additional sheet of paper, clearly identify the question you are answering and attach to this application.)

- Has the applicant ever been convicted of, or plead guilty or nolo contendere to, any charge or offense? YES NO

If "Yes", complete the following chart:

Date of Conviction, Plea of Guilty, or Nolo Contendere:		Offense:	Location of Offense(City, County/Parish, State and Country):		
Name of Court:					
Address of Court:		City:	County/Parish:	State:	Zip Code:
Case/Docket Number:		Sentence:			

(If the space available is insufficient to respond to this question, you are to supply the required information on an additional sheet of paper, clearly identify the question you are answering and attach to this application.)

3. Has the applicant ever had a conviction set aside and/or prosecution dismissed under La.C.Cr. P. Article 893 or 894, been discharged or had a proceeding dismissed under La. R.S. 40:983, had a conviction expunged or had any similar action taken under the laws of any jurisdiction? YES NO

If "Yes", complete the following chart:

Name of Court:	
Case/Docket Number:	Date of Action:

(If the space available is insufficient to respond to this question, you are to supply the required information on an additional sheet of paper, clearly identify the question you are answering and attach to this application.)

4. Is the applicant currently in default on the payment of any student loan? YES NO

If "Yes", complete the following chart:

Name of Creditor:					
Address of Creditor:		City:	County/Parish:	State:	Zip Code:
Account/Loan number:		Outstanding Amount of Liability::			

(If the space available is insufficient to respond to this question, you are to supply the required information on an additional sheet of paper, clearly identify the question you are answering and attach to this application.)

5. Is the applicant currently delinquent in the filing of any state or federal tax returns or the payment of any local, state or federal taxes, penalties and/or interest, excluding items under formal appeal? YES NO

If "Yes", complete the following chart:

Name of Taxing Authority:					
Address of Taxing Authority:		City:	County/Parish:	State:	Zip Code:
Outstanding Amount of Liability::					

(If the space available is insufficient to respond to this question, you are to supply the required information on an additional sheet of paper, clearly identify the question you are answering and attach to this application.)

6. In the past fifteen (15) years, has the applicant as an individual, trustee, executor, sole proprietor, partner, member, manager or shareholder, director, or officer of a corporation, been party to a lawsuit or an arbitration? YES NO

If "Yes", complete the following chart:

Name of Plaintiff(s):		Name of Defendant(s):	
Name of Court:		Case/Docket Number:	
Address of Court:	City:	State:	Zip:
Please Provide Details of the Case:			

(If the space available is insufficient to respond to this question, you are to supply the required information on an additional sheet of paper, clearly identify the question you are answering and attach to this application.)

7. In the past fifteen (15) years, has any sole proprietorship, partnership, limited liability company, closely held corporation or business venture of which the applicant was an owner, partner, manager, director, or officer, been party to a lawsuit or arbitration? YES NO

If "Yes", complete the following chart:

Name of Plaintiff(s):		Name of Defendant(s):	
Name of Court:		Case/Docket Number:	
Address of Court:	City:	State:	Zip:
Please Provide Details of the Case:			

(If the space available is insufficient to respond to this question, you are to supply the required information on an additional sheet of paper, clearly identify the question you are answering and attach to this application.)

LICENSING AND OFFICES DATA

8. Has the applicant ever made application for, or held, a license, permit, certification, registration, finding of suitability, qualification or other authorization to participate in any type of **casino or gaming/gambling related operation** in any jurisdiction? You must answer "YES" to this question if you ever applied and your application was approved, denied, withdrawn, returned to you by the gaming agency for any reason, or is currently pending. YES NO

If "Yes", complete the following chart:

Name of Licensing Authority:		Date of Application:		License Number (If License Issued):		
Address of Licensing Authority:		City:	County/Parish:	State:	Zip Code:	

If application denied, withdrawn, otherwise not approved, or conditionally approved, give detailed reasons why.

(If the space available is insufficient to respond to this question, you are to supply the required information on an additional sheet of paper, clearly identify the question you are answering and attach to this application.)

9. Has any license, permit, certification, registration, finding of suitability, qualification or other authorization identified in the previous question ever been subject to any regulatory action in any jurisdiction? YES NO

If "Yes", complete the following chart and provide a copy of the written reasons or decision by the Licensing Authority.

Name of Licensing Authority:		License Number		
Address of Licensing Authority:	City:	County/Parish:	State:	Zip Code:
Details of regulatory action:				

(If the space available is insufficient to respond to this question, you are to supply the required information on an additional sheet of paper, clearly identify the question you are answering and attach to this application.)

10. In the past twenty (20) years, has the applicant held a direct or indirect economic, beneficial, revenue, profit or ownership interest or been an officer, director, partner, or manager in any **company** that has applied to any licensing agency in any jurisdiction for any license, permit, certification, registration, finding of suitability, qualification or other authorization in connection with any type of **casino or gaming/gambling related operation**? (Do not include publicly traded corporations in which you held less than 1% of the stock.) You must answer "YES" to this question if the application was approved, denied, withdrawn, returned to you by the gaming agency for any reason, or is currently pending. YES NO

If "Yes", complete the following chart:

Name of Company:		Nature of Interest:		
Name of Licensing Authority:	Date of Application:	License Number (If License Issued):		
Address of Licensing Authority:	City:	County/Parish:	State:	Zip Code:
If application denied, withdrawn, otherwise not approved, or conditionally approved, give detailed reasons why.				

(If the space available is insufficient to respond to this question, you are to supply the required information on an additional sheet of paper, clearly identify the question you are answering and attach to this application.)

11. Has any license, permit, certification, registration, finding of suitability, qualification or other authorization identified in the previous question ever been subject to any regulatory action in any jurisdiction? YES NO

If "Yes", complete the following chart:

Name of Licensing Authority:		License Number		
Address of Licensing Authority:	City:	County/Parish:	State:	Zip Code:

Details of regulatory action:

(If the space available is insufficient to respond to this question, you are to supply the required information on an additional sheet of paper, clearly identify the question you are answering and attach to this application.)

12. Does the applicant have any personal or business relationship with any member, agent or employee of the Louisiana Gaming Control Board, the Louisiana Department of Justice, Office of the Attorney General, or the Louisiana Department of Public Safety, Office of the State Police? YES NO

If "Yes", complete the following chart:

Name of Individual:	Individual's Employer:			
Address of Individual:	City:	County/Parish:	State:	Zip Code:
Details of relation to/with Applicant:				

(If the space available is insufficient to respond to this question, you are to supply the required information on an additional sheet of paper, clearly identify the question you are answering and attach to this application.)

13. Has the applicant ever resigned, been suspended or removed from a, compensated or uncompensated, governmental appointment, position or office? YES NO

If "Yes", complete the following chart:

Name of Authority:				
Address of Authority:	City:	County/Parish:	State:	Zip Code:
Reason for resignation, suspension or removal.				

(If the space available is insufficient to respond to this question, you are to supply the required information on an additional sheet of paper, clearly identify the question you are answering and attach to this application.)

OWNERSHIP, BUSINESS AND FINANCIAL DATA

14. In the chart below, list any **company** in which the applicant held or controlled, directly or indirectly any economic, beneficial, revenue, profit or ownership interest of 5% or more during the past twenty (20) years.

Name of Company:	
Address of Company:	
% Interest Held or Controlled by Applicant:	From-To (Month/Year):
Name of Other Owners:	

State/Province and Country of Organization or Incorporation:

(If the space available is insufficient to respond to this question, you are to supply the required information on an additional sheet of paper, clearly identify the question you are answering and attach to this application.)

15. Has the applicant ever received remuneration in cash, goods, or services of any kind, directly or indirectly, from any person in connection with any **casino or gaming/gambling related operation**, including any referral, finder's or consulting fee? Exclude employment compensation. YES NO

If "Yes", complete the following chart:

Name of Persons involved:	
Address of Persons involved:	
Date(s) received:	Amount(s)
Reasons for remuneration:	

(If the space available is insufficient to respond to this question, you are to supply the required information on an additional sheet of paper, clearly identify the question you are answering and attach to this application.)

16. In the past twenty (20) years, has any business entity in which the applicant held a 5% or more ownership interest, or in which the applicant served as an officer, director, partner or manager filed a petition for any type of bankruptcy or insolvency or had a petition for involuntary bankruptcy filed against the business entity or been in liquidation, receivership or been placed under some form of governmental administration or monitoring in any jurisdiction? YES NO

If "Yes", complete the following chart:

Name of Court:	Case/Docket Number:
Address of Court:	City: State: Zip:
Please Provide Details of the Case:	

(If the space available is insufficient to respond to this question, you are to supply the required information on an additional sheet of paper, clearly identify the question you are answering and attach to this application.)

AFFADAVIT

I, _____, being duly sworn, depose and say that:
Print Name

1. I have read the Important Notices, Instructions and the completed application;
2. The statements and responses provided in the application are true and correct to the best of my knowledge, information and belief and represent a complete and accurate account of the requested information;
3. I have read, understand and agree to comply with the statutes that govern casino gaming that are contained in La. R.S. 27:1 et seq, as well as the corresponding rules contained in Title 42 of the Louisiana Administrative Code;
4. I have executed this statement voluntarily;
5. I understand that failure to provide correct and complete information is cause for the denial of any original or renewal application or other administrative action; and
6. I understand that the making of any false statement in this application is a violation of La. R.S. 27:30 and is punishable by up to ten (10) years in prison or a fine of up to ten thousand dollars (\$10,000.00), or both.

Signature of Applicant

Sworn to and subscribed before me, the undersigned Notary Public, in _____ (City)
_____ (County/Parish), _____ (State), on the _____ day of _____, 20____.

SEAL

Name of Notary Public (Print or Type)

Signature of Notary Public

Notary Number: _____

My Commission Expires: _____

**LOUISIANA GAMING CONTROL BOARD
LOUISIANA DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONS
OFFICE OF STATE POLICE
GAMING ENFORCEMENT SECTION**

REQUEST TO RELEASE INFORMATION

TO: _____

FROM: _____
Legal Name of Applicant or Individual

I hereby authorize and request all persons and entities to whom this request is presented having information relating to or concerning me, or the entity on whose behalf I am acting, referenced herein above to furnish such information, including the review and copying of documents, to a duly appointed agent of the Louisiana State Police, the Louisiana Gaming Control Board or the Louisiana Department of Justice whether or not such information would otherwise be protected from disclosure by any constitutional, statutory, or other legal privilege.

If the person or entity to whom this request is presented is a brokerage firm, bank, savings and loan, or other financial institution, or an officer of the same, I hereby authorize and request that a duly appointed agent of the Louisiana State Police, the Louisiana Gaming Control Board or the Louisiana Department of Justice be permitted to review and obtain copies of any and all documents, records, or correspondence pertaining to me, or the entity on whose behalf I am acting, including, but not limited to, past loan information, notes cosigned by me, or the entity on whose behalf I am acting, checking account records, savings deposit records, safe deposit box records, passbook records, and general ledger folio sheets.

This release expires sixty (60) months from the date of execution or at the termination of all licenses/certifications/permits issued to me, or the entity on whose behalf I am acting, or my employer or other in whom I have an interest requiring my licensing/certification or determination of suitability, whichever occurs later.

I or the entity on whose behalf I am acting hereby release, remise, indemnify, hold harmless, and forever discharge the person or entity to whom this request is presented, and his or its agents and employees from any and all manner of action, causes of action, suits, debts, judgments, executions, claims, damages, losses, expenses including attorney fees, and demands whatsoever, known or unknown, in law or equity, which I ever had, now have, may have, or claim to have against the person or entity to whom this request is presented or his or its agents or employees arising out of or by reason of complying with this request.

This authorization, request and release is granted and given in connection with the license, permit, or certification application of:

(Legal Name of Applicant or Individual)

X _____
Signature of Authorized Individual

A reproduction of this document is as valid as the original.

In witness whereof, executed in _____ (City), County/Parish of _____

State of _____ on the _____ Day of _____ in the Year 20_____.

SEAL

X _____
Notary Public or Division Agent

My Commission Expires: _____

**LOUISIANA GAMING CONTROL BOARD
LOUISIANA DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONS
OFFICE OF STATE POLICE
GAMING ENFORCEMENT SECTION**

RELEASE OF ALL CLAIMS

In consideration of the State of Louisiana's review and consideration of the application of

Print Legal Name of Applicant

for a license, permit, certification or other approval,

I, _____, acting in the capacity of

Individual (includes sole proprietors); or

duly-authorized _____ (director, officer, partner, manager, trustee
administrator, executor) of _____
(name of corporation, partnership, company, other business entity, trust, or succession on whose behalf
you are acting)

do, for:

myself, my heirs, legatees, executors, administrators, successors and assigns; or

the corporation, partnership, company, other business entity, trust, or succession listed above, its successors and
assigns,

hereby release, remise, indemnify, hold harmless and forever discharge the state of Louisiana, the Louisiana Gaming Control Board, the Louisiana Department of Justice and the Louisiana Department of Public Safety and Corrections, their members, agents, attorneys and employees, from any and all manner of actions, causes of action, suits, debts, judgments, executions, claims and demands whatsoever, known or unknown, in law or equity, which I or the entity on whose behalf I am acting, have, has, may have or claim(s) to have, now or in the future, against the state of Louisiana and the above-listed state agencies, their members, agents, attorneys and employees, arising out of or by reason of the processing or investigation or other action in regard to the above-referenced application.

I voluntarily execute this release with full knowledge of its significance.

Print Legal Name of Person Granting Release
(Individual or Corporation, Limited Liability Company,
Business Entity, Trust or Succession)

By: _____
Signature of Individual or Authorized Director, Officer,
Partner, LLC Manager, Trustee, Executor or Partnership, Other
Administrator

SWORN TO AND SUBSCRIBED before me, the undersigned Notary Public, duly qualified in and for the Parish/County of

_____, in _____ (City), _____ (State), on this _____ day of _____, 20 ____.

SEAL

Signature of Notary Public

My Commission Expires: _____

DATE _____ INITIALS _____

**LOUISIANA GAMING CONTROL BOARD
LOUISIANA DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONS
OFFICE OF STATE POLICE
GAMING ENFORCEMENT SECTION**

INDIVIDUAL CONSENT TO DISCLOSE FEDERAL TAX INFORMATION / CLEARANCE FORM

I authorize the U.S. Department of Treasury and the Bureau of Internal Revenue Service (IRS) to disclose any of my returns and return information, for the past (3) three tax years, to the Louisiana Gaming Control Board and the Louisiana State Police Gaming Enforcement Section.

I also authorize the Internal Revenue Service to disclose this information to any person to the extent the Internal Revenue Service deems necessary to clarify any matter pertaining to this information that is published, discussed, or otherwise disseminated in the public record.

I am aware that without this authorization, my returns and return information are confidential and are protected by law under the Internal Revenue Code and the applicable Louisiana statutes.

Legal Name of Taxpayer:		Taxpayer's Social Security Number:	
Name of Taxpayer's Spouse (If Applicable):		Spouse's Social Security Number:	
Current Mailing Address of Taxpayer:	City:	State:	Zip Code:
Current Physical Address of Taxpayer:	City:	State:	Zip Code:
Previous Address (If Other Than Current in Past 3 Years):	City:	State:	Zip Code:
Taxpayer's Signature Authorizing Release of Information:		Date of Release:	

La. R.S. 27:28(B)(3), Louisiana Administrative Code 42:VII.2114 and 2115, Louisiana Administrative Code 42:IX.2129 and 2131, Louisiana Administrative Code 42:XIII.2114 and 2115 require that any applicant for a license or permit be current in the filing of federal tax returns or in the payment of federal taxes, including interest and penalties. Failure to timely file federal tax returns and to pay amounts due, except those under dispute, is grounds for the denial, revocation, suspension, or the imposition of a condition upon the license or permit.

(Applicant "STOP" Here)

The signature of the Internal Revenue Service agent identified below certifies that an inquiry regarding the current tax status of the taxpayer identified above has been performed with the status indicated below. The signature of the Internal Revenue Service agent identified below does not certify that the filings of the taxpayer identified above are correct.

A tax clearance is: _____ **Granted** _____ **Unable to be granted at this time**

X _____
Signature and Title of Revenue Service Representative

Date of Certification

Completed form to be returned to:

**Louisiana State Police
Casino Gaming Division
Attn: Administrative Sergeant
7919 Independence Blvd. A-3
Baton Rouge, LA 70806**

**LOUISIANA GAMING CONTROL BOARD
LOUISIANA DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONS
OFFICE OF STATE POLICE
GAMING ENFORCEMENT SECTION**

INDIVIDUAL CONSENT TO DISCLOSE LOUISIANA TAX INFORMATION / CLEARANCE FORM

I authorize the Louisiana Department of Revenue to disclose any of my returns and return information, for the past (3) three tax years, to the Louisiana Gaming Control Board and the Louisiana State Police Gaming Enforcement Section.

I also authorize the Louisiana Department of Revenue to disclose this information to any person to the extent the Louisiana Department of Revenue deems necessary to clarify any matter pertaining to this information that is published, discussed, or otherwise disseminated in the public record.

I am aware that without this authorization, my returns and return information are confidential and are protected by law under the Internal Revenue Code and the applicable Louisiana statutes.

Legal Name of Taxpayer:		Taxpayer's Social Security Number:	
Name of Taxpayer's Spouse (If Applicable):		Spouse's Social Security Number:	
Current Mailing Address of Taxpayer:	City:	State:	Zip Code:
Current Physical Address of Taxpayer:	City:	State:	Zip Code:
Previous Address (If Other Than Current in Past 3 Years):	City:	State:	Zip Code:
Taxpayer's Signature Authorizing Release of Information:		Date of Release:	

La. R.S. 27:28(B)(3), Louisiana Administrative Code 42:VII.2114 and 2115, Louisiana Administrative Code 42:IX.2129 and 2131, Louisiana Administrative Code 42:XIII.2114 and 2115 require that any applicant for a license or permit be current in the filing of state tax returns or in the payment of state taxes, including interest and penalties. Failure to timely file state tax returns and to pay amounts due, except those under dispute, is grounds for the denial, revocation, suspension, or the imposition of a condition upon the license or permit.

(Applicant "STOP" Here)

The signature of the Louisiana Department of Revenue agent identified below certifies that the taxpayer identified above is current in the filing of state tax returns and the payment of all state taxes, including interest and penalties and is therefore granted a clearance at this time. The signature of the Louisiana Department of Revenue agent identified below does not certify that the filings of the taxpayer identified above are correct.

"Louisiana Department of Revenue Stamp Below"

X _____
Signature of Revenue Service Representative

Date Clearance Granted to Taxpayer