**Kansas Racing and Gaming Commission**
**700 SW Harrison, Suite 500**
**Topeka, KS 66603-3754**
**(785) 296-5800**

# PERSONAL BACKGROUND DISCLOSURE FORM
# LEVEL I

Date disclosure form completed: _____ Position/Title: _____

Racetrack or lottery facility where duties will be performed:_____

Read the entire form before filling it out, and verify your responses afterward. If you have nothing to report on a specific item, indicate "NONE" in the space provided. This form must be completely filled out, typed or printed in **black ink**, except initials and signatures. The applicant must use **blue ink** when signing, dating, or initialing any page of the disclosure. In the event any space is not large enough for the complete answer, attach an explanation on a sheet of plain paper.

* * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * *

## SECTION 1: PERSONAL INFORMATION

Please provide the following information about yourself.

Legal Name: _____
LAST FIRST MIDDLE

Other names you have used or are known by:

1. _____

2. _____

3. _____

Current address:

_____
STREET LOCATION (NUMBER/STREET) CITY STATE ZIP

Mailing address, if different:

_____
PO BOX or LOCATION (NUMBER/STREET) CITY STATE ZIP

## SECTION 1: PERSONAL INFORMATION (CONTINUED)

Telephone Numbers

| _____ | _____ | _____ | _____ |
|---|---|---|---|
| HOME | WORK | CELL | OTHER |

Date of Birth: _____ Social Security Number: _____

Place of Birth _____

LOCATION (IF KNOWN) CITY STATE/COUNTRY

Current Driver's License Number: _____ State of Issuance: _____

Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____

Are you a United States citizen? ☐ Yes ☐ No

If no, indicate country of citizenship: _____

Do you have an Alien Registration Number? ☐ Yes ☐ No

If yes, provide the number:_____. You will also need to provide a copy of your identification card, and any documentation of authorization to be employed in the United States.

Current marital status: ☐ Single ☐ Married ☐ Divorced ☐ Widowed

## SECTION 2: RELATIVES

Provide information requested pertaining to each relative (use additional sheets, if necessary):

**SPOUSE** ☐ None ☐ Deceased

NAME _____ DATE OF BIRTH _____

ADDRESS _____ PHONE NO. _____

**CHILD** ☐ None ☐ Deceased

NAME _____ DATE OF BIRTH _____

ADDRESS _____ PHONE NO. _____

**CHILD** ☐ None ☐ Deceased

NAME _____ DATE OF BIRTH _____

ADDRESS _____ PHONE NO. _____

**CHILD** ☐ None ☐ Deceased

NAME _____ DATE OF BIRTH _____

ADDRESS _____ PHONE NO. _____

**APPLICANT'S FATHER** ☐ Deceased

NAME _____ DATE OF BIRTH _____

ADDRESS _____ PHONE NO. _____

**APPLICANT'S MOTHER** ☐ Deceased

NAME _____ DATE OF BIRTH _____

ADDRESS _____ PHONE NO. _____

**SPOUSE'S FATHER** ☐ N/A ☐ Deceased

NAME _____ DATE OF BIRTH _____

ADDRESS _____ PHONE NO. _____

## SECTION 2: RELATIVES (CONTINUED)

**SPOUSE'S MOTHER** ☐ N/A ☐ Deceased

NAME _____ DATE OF BIRTH _____

ADDRESS _____ PHONE NO. _____

**SIBLING** ☐ None ☐ Deceased

NAME _____ DATE OF BIRTH _____

ADDRESS _____ PHONE NO. _____

**SIBLING** ☐ None ☐ Deceased

NAME _____ DATE OF BIRTH _____

ADDRESS _____ PHONE NO. _____

**SIBLING** ☐ None ☐ Deceased

NAME _____ DATE OF BIRTH _____

ADDRESS _____ PHONE NO. _____

List any family member who is employed by the State of Kansas:

| NAME | AGENCY | OFFICE TELEPHONE |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |

## SECTION 3: ADDRESSES

List all previous addresses in reverse chronological order, back to high school or 20 years (use month and year for date information):

**PRESENT ADDRESS**

_____ DATES: _____ _____
STREET ADDRESS FROM TO

_____ HOME: ☐ Own ☐ Rent ☐ Other
CITY STATE ZIP (Check One)

**PREVIOUS ADDRESS**

_____ DATES: _____ _____
STREET ADDRESS FROM TO

_____ HOME: ☐ Own ☐ Rent ☐ Other
CITY STATE ZIP (Check One)

**PREVIOUS ADDRESS**

_____ DATES: _____ _____
STREET ADDRESS FROM TO

_____ HOME: ☐ Own ☐ Rent ☐ Other
CITY STATE ZIP (Check One)

**PREVIOUS ADDRESS**

_____ DATES: _____ _____
STREET ADDRESS FROM TO

_____ HOME: ☐ Own ☐ Rent ☐ Other
CITY STATE ZIP (Check One)

**PREVIOUS ADDRESS**

_____ DATES: _____ _____
STREET ADDRESS FROM TO

_____ HOME: ☐ Own ☐ Rent ☐ Other
CITY STATE ZIP (Check One)

**PREVIOUS ADDRESS**

_____ DATES: _____ _____
STREET ADDRESS FROM TO

_____ HOME: ☐ Own ☐ Rent ☐ Other
CITY STATE ZIP (Check One)

## SECTION 4: EDUCATION

List your educational experience, in reverse chronological order, back to high school. Include any trade or technical training. Use additional sheets, if necessary:

**INSTITUTION LAST ATTENDED**

_____ ATTENDED: _____ _____
NAME OF INSTITUTION FROM TO

_____ _____
ADDRESS PHONE NO.

_____ GRADUATION: _____/_____
PROGRAM OF STUDY OR DEGREE RECEIVED MO YEAR

**PREVIOUS INSTITUTION**

_____ ATTENDED: _____ _____
NAME OF INSTITUTION FROM TO

_____ _____
ADDRESS PHONE NO.

_____ GRADUATION: _____/_____
PROGRAM OF STUDY OR DEGREE RECEIVED MO YEAR

**PREVIOUS INSTITUTION**

_____ ATTENDED: _____ _____
NAME OF INSTITUTION FROM TO

_____ _____
ADDRESS PHONE NO.

_____ GRADUATION: _____/_____
PROGRAM OF STUDY OR DEGREE RECEIVED MO YEAR

**PREVIOUS INSTITUTION**

_____ ATTENDED: _____ _____
NAME OF INSTITUTION FROM TO

_____ _____
ADDRESS PHONE NO.

_____ GRADUATION: _____/_____
PROGRAM OF STUDY OR DEGREE RECEIVED MO YEAR

**PREVIOUS INSTITUTION**

_____ ATTENDED: _____ _____
NAME OF INSTITUTION FROM TO

_____ _____
ADDRESS PHONE NO.

_____ GRADUATION: _____/_____
PROGRAM OF STUDY OR DEGREE RECEIVED MO YEAR

## SECTION 5: EMPLOYMENT

Show **ALL** present and previous employers, back to high school or twenty years, (including U.S. Military Service) in reverse chronological order. Use additional sheets if necessary:

**PRESENT EMPLOYER**

_____ _____
BUSINESS NAME SUPERVISOR

_____ _____
ADDRESS PHONE NO.

EMPLOYED: _____ _____ _____
FROM TO POSITION

_____ $_____
REASON FOR LEAVING MONTHLY SALARY

**PREVIOUS EMPLOYER**

_____ _____
BUSINESS NAME SUPERVISOR

_____ _____
ADDRESS PHONE NO.

EMPLOYED: _____ _____ _____
FROM TO POSITION

_____ $_____
REASON FOR LEAVING MONTHLY SALARY

**PREVIOUS EMPLOYER**

_____ _____
BUSINESS NAME SUPERVISOR

_____ _____
ADDRESS PHONE NO.

EMPLOYED: _____ _____ _____
FROM TO POSITION

_____ $_____
REASON FOR LEAVING MONTHLY SALARY

**PREVIOUS EMPLOYER**

_____ _____
BUSINESS NAME SUPERVISOR

_____ _____
ADDRESS PHONE NO.

EMPLOYED: _____ _____ _____
FROM TO POSITION

_____ $_____
REASON FOR LEAVING MONTHLY SALARY

## SECTION 5: EMPLOYMENT (CONTINUED)

**PREVIOUS EMPLOYER**

BUSINESS NAME _____ SUPERVISOR _____

ADDRESS _____ PHONE NO. _____

EMPLOYED: FROM _____ TO _____ POSITION _____

REASON FOR LEAVING _____ MONTHLY SALARY $_____

**PREVIOUS EMPLOYER**

BUSINESS NAME _____ SUPERVISOR _____

ADDRESS _____ PHONE NO. _____

EMPLOYED: FROM _____ TO _____ POSITION _____

REASON FOR LEAVING _____ MONTHLY SALARY $_____

Have you ever been dismissed, terminated, or asked to resign from a job? ☐ Yes ☐ No

If yes, provide explanation and pertinent details. Use additional sheets, if necessary:

If you have performed U.S. Military Service, provide (attach copy of all DD214 forms received):

| BRANCH | DATES OF SERVICE | TYPE OF DISCHARGE |
|---|---|---|

Spouse's current employment and any other employment in the past year:

| NAME OF EMPLOYER | ADDRESS | TYPE OF BUSINESS/POSITION |
|---|---|---|
| NAME OF EMPLOYER | ADDRESS | TYPE OF BUSINESS/POSITION |
| NAME OF EMPLOYER | ADDRESS | TYPE OF BUSINESS/POSITION |
| NAME OF EMPLOYER | ADDRESS | TYPE OF BUSINESS/POSITION |

## SECTION 6: MEMBERSHIPS

List professional or business organizations of which you are, or have been, a member or officer (back to high school or twenty years):

**ORGANIZATION**

NAME _____ ADDRESS _____

POSITION HELD _____ FROM (YEAR) _____ TO (YEAR) _____

FUNCTION OR PURPOSE OF ORGANIZATION _____

**ORGANIZATION**

NAME _____ ADDRESS _____

POSITION HELD _____ FROM (YEAR) _____ TO (YEAR) _____

FUNCTION OR PURPOSE OF ORGANIZATION _____

**ORGANIZATION**

NAME _____ ADDRESS _____

POSITION HELD _____ FROM (YEAR) _____ TO (YEAR) _____

FUNCTION OR PURPOSE OF ORGANIZATION _____

**ORGANIZATION**

NAME _____ ADDRESS _____

POSITION HELD _____ FROM (YEAR) _____ TO (YEAR) _____

FUNCTION OR PURPOSE OF ORGANIZATION _____

List any professional certificates or licenses you have held, including government security clearances:

CERTIFICATE _____ CERT/LIC NO. _____ DATES VALID _____ STATE OF ISSUE _____

CERTIFICATE _____ CERT/LIC NO. _____ DATES VALID _____ STATE OF ISSUE _____

CERTIFICATE _____ CERT/LIC NO. _____ DATES VALID _____ STATE OF ISSUE _____

CERTIFICATE _____ CERT/LIC NO. _____ DATES VALID _____ STATE OF ISSUE _____

## SECTION 7: CRIMINAL

List all criminal charges, convictions, expunged criminal records, and juvenile records, including commitments to any institution and traffic offenses that are alcohol or drug related. The Kansas Racing and Gaming Commission is authorized to receive records of expunged convictions pursuant to K.S.A. 74-8804(n) and K.S.A. 21-4619(i)(9). Use additional sheets, if necessary:

**CHARGE**

CHARGE _____ DATE OF FILING _____

DISPOSITION _____ CASE OR DOCKET # _____

COURT (INCLUDING CITY, COUNTY, AND STATE) _____

**CHARGE**

CHARGE _____ DATE OF FILING _____

DISPOSITION _____ CASE OR DOCKET # _____

COURT (INCLUDING CITY, COUNTY, AND STATE) _____

**CHARGE**

CHARGE _____ DATE OF FILING _____

DISPOSITION _____ CASE OR DOCKET # _____

COURT (INCLUDING CITY, COUNTY, AND STATE) _____

**CHARGE**

CHARGE _____ DATE OF FILING _____

DISPOSITION _____ CASE OR DOCKET # _____

COURT (INCLUDING CITY, COUNTY, AND STATE) _____

**CHARGE**

CHARGE _____ DATE OF FILING _____

DISPOSITION _____ CASE OR DOCKET # _____

COURT (INCLUDING CITY, COUNTY, AND STATE) _____

## SECTION 8: CIVIL ACTIONS

List all occasions when you have been a party (other than a witness) in a civil or family court action, including divorce proceedings, small claims, collections, corporate and personal lawsuits, bankruptcies, judgments, etc. Use additional sheets, if necessary:

**NATURE OF CASE**

CASE _____ DATE OF FILING _____

DISPOSITION _____ CASE OR DOCKET # _____

COURT (INCLUDING CITY, COUNTY, AND STATE) _____

**NATURE OF CASE**

CASE _____ DATE OF FILING _____

DISPOSITION _____ CASE OR DOCKET # _____

COURT (INCLUDING CITY, COUNTY, AND STATE) _____

**NATURE OF CASE**

CASE _____ DATE OF FILING _____

DISPOSITION _____ CASE OR DOCKET # _____

COURT (INCLUDING CITY, COUNTY, AND STATE) _____

**NATURE OF CASE**

CASE _____ DATE OF FILING _____

DISPOSITION _____ CASE OR DOCKET # _____

COURT (INCLUDING CITY, COUNTY, AND STATE) _____

**NATURE OF CASE**

CASE _____ DATE OF FILING _____

DISPOSITION _____ CASE OR DOCKET # _____

COURT (INCLUDING CITY, COUNTY, AND STATE) _____

## SECTION 9: REFERENCES

List four references that have a reputable standing in their community, who have had continuous personal contact with you during the past five years (not relatives, employers, or fellow employees) and who have first-hand knowledge of your character, personality, experience and ability:

**REFERENCE**

NAME _____ OCCUPATION _____

HOME ADDRESS _____ HOME PHONE _____

BUSINESS ADDRESS _____ BUSINESS PHONE _____

RELATIONSHIP TO APPLICANT _____

**REFERENCE**

NAME _____ OCCUPATION _____

HOME ADDRESS _____ HOME PHONE _____

BUSINESS ADDRESS _____ BUSINESS PHONE _____

RELATIONSHIP TO APPLICANT _____

**REFERENCE**

NAME _____ OCCUPATION _____

HOME ADDRESS _____ HOME PHONE _____

BUSINESS ADDRESS _____ BUSINESS PHONE _____

RELATIONSHIP TO APPLICANT _____

**REFERENCE**

NAME _____ OCCUPATION _____

HOME ADDRESS _____ HOME PHONE _____

BUSINESS ADDRESS _____ BUSINESS PHONE _____

RELATIONSHIP TO APPLICANT _____

## SECTION 10: FINANCIAL INFORMATION

Please complete the following information concerning your personal financial information.

List your personal assets and approximate values (use additional sheet, if necessary):

| ASSET | VALUE |
|---|---|
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Approximate amount of your total personal indebtedness: $_____

If the indebtedness amount shown in line above is greater than $5,000, identify lenders and creditors with the corresponding outstanding balances. Use additional sheets, if necessary:

| LENDERS/CREDITORS | BALANCES |
|---|---|
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## SECTION 10: FINANCIAL INFORMATION (CONTINUED)

List all **sources of compensation** in the last five years, including any business that you or your spouse received $500 or more in compensation per year (salary, thing of value or economic benefit conferred on or in return for services rendered or to be rendered) which was reportable as taxable income on your federal income tax returns. The receipt of interest, dividends and mineral royalties does not constitute "compensation" as the term is defined, and those matters need not be reported under this provision. Business means any corporation, association, partnership, proprietorship, trust, joint venture or governmental agency unit, or a subdivision, and every other business interest, including ownership or use of land for income.

| Name of Business | Address | Type of Business |
|---|---|---|
| | | |
| | | |
| | | |
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| | | |

List any **ownership interests** (corporation, partnership, proprietorship, trust, joint venture and every other business interest), including land used for income, in which either you or your spouse has owned within the preceding five years a legal or equitable interest exceeding $5,000 or five percent, whichever is less. The value of percentage of a business interest is to be determined as of the time of the required filing. The value assigned to a holding is the fair market value. For the purpose of this question, certificates of deposit, bank savings or checking accounts in a savings and loan, shares in a credit union, life insurance policies, annuities, notes, bonds, debentures and mortgages need not be disclosed under this provision. Business interest includes, among other things, property held for rental, farming, commercial purposes and ownership of mineral rights. The address reported for land without a street address should include the town and state or township, county and state.

| Business Name and Address | Type of Business | Describe Ownership Interest | Held By: You/Spouse/Jointly |
|---|---|---|---|
| | | | |
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## SECTION 10: FINANCIAL INFORMATION (CONTINUED)

If you receive any disability compensation, describe the disability and its percentage:

_____
DISABILITY % OF DISABILITY

_____
DISABILITY % OF DISABILITY

_____
DISABILITY % OF DISABILITY

_____
DISABILITY % OF DISABILITY

List your current and past personal accountants or CPA's back to high school or 20 years:

**NAME OF INDIVIDUAL OR FIRM**

_____ _____
NAME PHONE

_____
BUSINESS ADDRESS

**NAME OF INDIVIDUAL OR FIRM**

_____ _____
NAME PHONE

_____
BUSINESS ADDRESS

**NAME OF INDIVIDUAL OR FIRM**

_____ _____
NAME PHONE

_____
BUSINESS ADDRESS

**NAME OF INDIVIDUAL OR FIRM**

_____ _____
NAME PHONE

_____
BUSINESS ADDRESS

## SECTION 11: OFFICER OR DIRECTOR OF AN ORGANIZATION OR BUSINESS

List any organization or business (not listed elsewhere in this disclosure) in which you or your spouse hold a position of officer, director, associate, partner or proprietor at the time of filing, irrespective of the amount of compensation received for holding such position, back to high school or 20 years. Use additional sheets, if necessary:

**ORGANIZATION/BUSINESS NAME**

HELD BY:

☐ APPLICANT
☐ SPOUSE

NAME _____ POSITION HELD _____

ADDRESS _____ AMOUNT OF COMPENSATION _____

FUNCTION OR PURPOSE OF ORGANIZATION OR BUSINESS _____

**ORGANIZATION/BUSINESS NAME**

HELD BY:

☐ APPLICANT
☐ SPOUSE

NAME _____ POSITION HELD _____

ADDRESS _____ AMOUNT OF COMPENSATION _____

FUNCTION OR PURPOSE OF ORGANIZATION OR BUSINESS _____

**ORGANIZATION/BUSINESS NAME**

HELD BY:

☐ APPLICANT
☐ SPOUSE

NAME _____ POSITION HELD _____

ADDRESS _____ AMOUNT OF COMPENSATION _____

FUNCTION OR PURPOSE OF ORGANIZATION OR BUSINESS _____

Are you or have you ever been an owner of or had a financial interest in a gaming entity or racing animal? ☐ Yes ☐ No

If yes, provide explanation and pertinent details for each incidence. Use additional sheets, if necessary:

## SECTION 12: RACING AND GAMING AFFILIATIONS

List any state racing and/or gaming commissions, boards, or agencies that have investigated your background:

**COMMISSION, BOARD OR AGENCY**

NAME _____ DATE OF INVESTIGATION _____

ADDRESS _____ PHONE _____

POSITION _____ LICENSE/PERMIT NUMBER _____ EXPIRATION DATE _____

**COMMISSION, BOARD OR AGENCY**

NAME _____ DATE OF INVESTIGATION _____

ADDRESS _____ PHONE _____

POSITION _____ LICENSE/PERMIT NUMBER _____ EXPIRATION DATE _____

**COMMISSION, BOARD OR AGENCY**

NAME _____ DATE OF INVESTIGATION _____

ADDRESS _____ PHONE _____

POSITION _____ LICENSE/PERMIT NUMBER _____ EXPIRATION DATE _____

Have you ever been, or are you presently, licensed by any racing or gaming jurisdiction? ☐ Yes ☐ No

If yes, list the following information. Use additional sheet(s), if necessary:

1. _____
LICENSING ENTITY STATE OF ISSUE TYPE OF LICENSE

_____ DATES VALID: _____ _____
LICENSE NUMBER FROM TO

2. _____
LICENSING ENTITY STATE OF ISSUE TYPE OF LICENSE

_____ DATES VALID: _____ _____
LICENSE NUMBER FROM TO

3. _____
LICENSING ENTITY STATE OF ISSUE TYPE OF LICENSE

_____ DATES VALID: _____ _____
LICENSE NUMBER FROM TO

4. _____
LICENSING ENTITY STATE OF ISSUE TYPE OF LICENSE

_____ DATES VALID: _____ _____
LICENSE NUMBER FROM TO

## SECTION 12: RACING AND GAMING AFFILIATIONS (CONTINUED)

Have you ever experienced one of the following? (Check box, if yes)

☐ Been excluded, expelled, banned, ruled off, or denied privileges at a racetrack or casino;
☐ Been refused or denied a racing or gaming license;
☐ Had your racing or gaming license suspended for 10 days or more;
☐ Paid a fine of $500 or more;
☐ Had your racing or gaming license revoked or had other disciplinary action taken against your license?

If so, for each, disclose the penalty, jurisdiction, disposition, and whether you have been restored to good standing. Use additional sheet(s), if necessary:

1. _____
JURISDICTION PENALTY
_____ IN GOOD STANDING? ☐ Yes ☐ No
DISPOSITION

2. _____
JURISDICTION PENALTY
_____ IN GOOD STANDING? ☐ Yes ☐ No
DISPOSITION

List any member of your family who is currently employed by a racing or gaming commission, racing organization, casino, or other gaming entity (use additional sheet(s), if necessary):

**FAMILY MEMBER**

_____ _____
NAME RELATIONSHIP

_____ _____
COMMISSION, ORGANIZATION, CASINO, OR GAMING ENTITY POSITION

_____ DATES: _____ _____
LOCATION FROM TO

**FAMILY MEMBER**

_____ _____
NAME RELATIONSHIP

_____ _____
COMMISSION, ORGANIZATION, CASINO, OR GAMING ENTITY POSITION

_____ DATES: _____ _____
LOCATION FROM TO

**FAMILY MEMBER**

_____ _____
NAME RELATIONSHIP

_____ _____
COMMISSION, ORGANIZATION, CASINO, OR GAMING ENTITY POSITION

_____ DATES: _____ _____
LOCATION FROM TO

## SECTION 13: REPRESENTATIVES OF INTERESTS

Identify any individuals, groups, lobbyists, consultants, or attorneys retained to represent your interest before the Kansas Racing and Gaming Commission (use additional sheet(s), if necessary):

**REPRESENTATIVES**

NAME _____ OCCUPATION _____

ADDRESS _____ PHONE _____

**REPRESENTATIVES**

NAME _____ OCCUPATION _____

ADDRESS _____ PHONE _____

**REPRESENTATIVES**

NAME _____ OCCUPATION _____

ADDRESS _____ PHONE _____

**REPRESENTATIVES**

NAME _____ OCCUPATION _____

ADDRESS _____ PHONE _____

**REPRESENTATIVES**

NAME _____ OCCUPATION _____

ADDRESS _____ PHONE _____

**REPRESENTATIVES**

NAME _____ OCCUPATION _____

ADDRESS _____ PHONE _____

## SECTION 14: FAMILY CRIMINAL HISTORY

List all known criminal offenses for which any member of your immediate family, close relative, or in-laws have been arrested or convicted, including commitments to any institution (excluding traffic citations). Use additional sheet(s), if necessary:

**RELATIVE**

NAME _____ RELATIONSHIP _____

CHARGE _____ DATE _____ CITY, STATE _____

DISPOSITION _____

**RELATIVE**

NAME _____ RELATIONSHIP _____

CHARGE _____ DATE _____ CITY, STATE _____

DISPOSITION _____

**RELATIVE**

NAME _____ RELATIONSHIP _____

CHARGE _____ DATE _____ CITY, STATE _____

DISPOSITION _____

## SECTION 15: WELLNESS

List any present or past compulsive behavior, mental-health, drug or alcohol related conditions. Describe any treatment, (inpatient or outpatient) you receive or have received for the condition, including the date of treatment, treating professional, facility or clinic and address of each:

## SECTION 16: CREDIT REFERENCES

List four active credit references.

**BANK/BUSINESS**

_____ _____
NAME ACCOUNT NUMBER

_____ _____
ADDRESS PHONE

_____ $ _____
TYPE OF ACCOUNT BALANCE

**BANK/BUSINESS**

_____ _____
NAME ACCOUNT NUMBER

_____ _____
ADDRESS PHONE

_____ $ _____
TYPE OF ACCOUNT BALANCE

**BANK/BUSINESS**

_____ _____
NAME ACCOUNT NUMBER

_____ _____
ADDRESS PHONE

_____ $ _____
TYPE OF ACCOUNT BALANCE

**BANK/BUSINESS**

_____ _____
NAME ACCOUNT NUMBER

_____ _____
ADDRESS PHONE

_____ $ _____
TYPE OF ACCOUNT BALANCE

## SECTION 17: ACKNOWLEDGEMENT

I understand that failing to answer these questions completely and truthfully may be the basis for action to be taken against my gaming license, including fines, suspension, and/ or revocation.

I understand that if I am granted a gaming license, I agree to be familiar with and comply with the provisions of the Kansas expanded lottery act, commission regulations, and laws of the United States and the State of Kansas and subdivisions thereof;

I consent to allow agents of the Kansas racing and gaming commission to search without warrant my person, personal property, and work premises while within a Kansas lottery gaming facility or adjacent facilities;

I consent to submit to a breath or urine test, or both, immediately upon request by any authorized representative of the commission for the purpose of determining whether or not I may be under the influence of alcohol or any controlled substance;

I understand and agree that refusal to submit to a breath or urine test, or both, immediately upon request shall result in suspension of my gaming license;

I authorize all reporting agencies to release to the commission, or its agents, any information requested by them for completion of the background investigation and processing of this application; and

I understand that providing false information or failing to provide complete information on this application will justify the commission in assessing a fine, refusing to issue, denying, suspending, or revoking my license.

_____ (Initial here if you understand and agree)

## CERTIFICATION

Under penalty of perjury, I certify that the answers given to questions in this personal background disclosure form and the documents I have filed with it are true, complete and correct to the best of my knowledge.

_____ _____

Printed Name Signature

_____

Date

**NOTARIZATION OF THIS SIGNATURE IS REQUIRED**
**BEFORE A KANSAS LICENSE OR CERTIFICATE MAY BE ISSUED**

Before me, _____, a notary public in the state of _____, personally
*Notary Public (printed)* *State*

appeared and acknowledged the execution of the foregoing instrument as his/her voluntary act and deed.

Witness, my hand and notary seal, this _____ day of _____ , _____.
*Day* *Month* *Year*

by _____
*Notary Public (Signature)* (SEAL)

## FEDERAL INCOME TAX RETURNS

Provide copies of your Federal Tax Returns for the last three years, including all schedules, attachments, W-2's, 1099's and other supporting documents. Also, you are required to complete the attached IRS Form 4506-T, Request for Transcript of Tax Return.

## SUPPORTING DOCUMENTATION

Please provide a photo copy of your current driver's license.

## FINGERPRINT CARDS

Each applicant is required to either (1) provide electronic fingerprints at a KRGC office, or (2) submit either two completed blue and white Applicant Fingerprint Cards along with the Personal Background Disclosure Form. These fingerprint cards are commonly available from local law enforcement agencies. Please have the law enforcement agency assist in fingerprinting and completing the cards.

**BE SURE TO DATE AND SIGN ANY ATTACHED RELEASE FORMS.**

**RELEASE FORMS AND FINGERPRINT CARDS MUST**
**BE FILED WITH THIS DISCLOSURE FORM.**