Kansas Racing and Gaming Commission
700 SW Harrison, Suite 500
Topeka, Kansas 66603-3754
(785) 296-5800, Fax (785) 296-0900
www.ksracing.org

For Office Use Only:	
Licence No.	_____
☐ NEW	☐ RENEW
Clerk:	_____
FPS Rcvd:	_____
Bckgrnd Rcvd:	_____
T/L Issue Date:	_____
KRGC Review:	_____

Gaming Occupation License Application

Please Fill Out Electronically or Use **Black** Ink and Print Clearly
Answer all questions, or if not applicable, so state. Attach additional pages if necessary.

ALL APPLICANTS MUST BRING PHOTO IDENTIFICATION BEFORE OBTAINING A LICENSE BADGE.
SOME TYPES OF LICENSES REQUIRE TESTING OR INTERVIEWING BEFORE LICENSING.
PROVIDING FALSE INFORMATION ON THIS APPLICATION MAY RESULT IN CRIMINAL PROSECUTION.

1. **License Level**	1a. **SSN**	1b. **Job Title**
☐ Level I ☐ Level II ☐ Level III		

Your Social Security Number (SSN) is requested pursuant to K.S.A. 74-139. Your SSN will be used by licensing, law enforcement personnel, the director of taxation, and the national racing/gaming database to determine eligibility for licensure and detect violations of law or racing/gaming regulations. Failure to provide your SSN may result in denial of your application.

2a. **Legal Name**	(Last)	(First)	(Middle)	(Maiden)
2b. **Spouse's Name**	(Last)	(First)	(Middle)	

3. **Nickname, Alias, Other Names Used**	4a. **Date of Birth**	4b. **Place of Birth**	4c. **Age**
	4d. **Sex**	4e. **Race**	4f. **Height**	4g. **Weight**	4h. **Eyes**	4i. **Hair**

5a. **Permanent mailing address at which service of papers may be made:**	(Street Address)	(City)	(State)	(Zip)
5b. **Current or local address, if different:**	(Street Address)	(City)	(State)	(Zip)

6a. **Home Phone**	6b. **Business Phone**	6c. **Cell Phone**	6d. **Fax**

7a. ☐ **YES** ☐ **NO** Are you a United States citizen? If **NO**, indicate country of citizenship _____.

7b. ☐ **YES** ☐ **NO** Do you have an Alien Registration No._____? If **YES** provide a copy of your identification card and any documentation of employment authorization to be employed in the United States.

8. **IMPORTANT! In answering the following, you must disclose all records, <u>including expunged records</u>.**

☐ **YES** ☐ **NO** Have you ever been convicted of a felony?
☐ **YES** ☐ **NO** Have you ever been adjudicated as a juvenile of an act that would be a felony if committed by an adult?
☐ **YES** ☐ **NO** Have you ever been convicted of a violation of any gambling laws?
☐ **YES** ☐ **NO** Have you ever been adjudicated as a juvenile of an act that would be a violation of gambling law if committed as an adult?
☐ **YES** ☐ **NO** Have you ever been convicted of a violation of any controlled substance law?
☐ **YES** ☐ **NO** Have you ever been adjudicated as a juvenile of an act that would be a violation of any controlled substance law if committed by an adult?
☐ **YES** ☐ **NO** Have you ever committed two or more acts of violence within the past two years, as established by any court?
☐ **YES** ☐ **NO** Have you ever failed to meet any monetary or tax obligation to the federal government, or any state and local government?
☐ **YES** ☐ **NO** Do you have any criminal charges pending against you in any jurisdiction?

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If you answered **YES** to any questions in this section (8) above, provide the following information and attach additional pages if necessary:

Date of Order	County	State	Nature of Crime/Offense	Disposition

9. ☐ **YES** ☐ **NO** Have you been licensed by any racing or gaming jurisdiction? If **YES,** list the four most recent licenses.

State/Jurisdiction	Year	License Occupation		State/Jurisdiction	Year	License Occupation

10. ☐ **YES** ☐ **NO** Have you ever (1) been excluded, expelled, ruled off or denied privileges at a racetrack or casino; (2) withdrawn your application for a license; (3) been refused or denied a license; (4) had your license suspended for 10 days or more; (5) paid a fine of $500 or more; or (6) had your license revoked?

If **YES**, provide the following information:

Date	State/Jurisdiction	Disposition (Fine, Suspension, etc.)	Restored to Good Standing?
			☐ **YES** ☐ **NO**
			☐ **YES** ☐ **NO**
			☐ **YES** ☐ **NO**

Facility Employer Verification to be completed by the Gaming Facility HR Office:

Department & Job Duty _____

Name of Facility _____

_____ Signature-Human Resource Office

_____ Date Signed

IMPORTANT – 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.

I HEREBY CERTIFY UNDER PENALTY OF PERJURY THAT THE STATEMENTS AND ANSWERS I HAVE MADE IN THIS APPLICATION ARE COMPLETE AND TRUE.

All occupation licenses require a satisfactory background investigation.

_____ Signature of Applicant

_____ Date

NOTARIZATION OF THIS APPLICATION IS REQUIRED BEFORE A KANSAS LICENSE MAY BE ISSUED

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

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)