

**PUEBLO OF LAGUNA  
TRIBAL GAMING REGULATORY AUTHORITY**

P.O. Drawer 225 • Laguna, NM 87026

Phone: (505) 352-8240 | Fax: (505) 352-8241

**Pre-License Screening**

**Remit a non-refundable pre-license screening fee of \$100.00 with this application**

General description of commercial activity to be conducted within the jurisdiction of the Pueblo of Laguna:

\_\_\_\_\_

Estimated amount of sales/services in a calendar year\*:

*If you anticipate sales/services over \$10,000.00, please complete a contractor application instead.*

\_\_\_\_\_

Services provided to:

Dancing Eagle Casino

Rt. 66 Casino/Xpress

All

**LIST THE ADDRESS OF OFFICE, WAREHOUSE, OR OUTLET DESIGNATED TO DO BUSINESS WITH DEC & RT. 66/CASINO XPRESS**

Primary Company, Entity, or Person

Company Business Name:

\_\_\_\_\_

Business Mailing Address:

\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone # \_\_\_\_\_

Fax# \_\_\_\_\_

Premises address (physical street address):

\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone # \_\_\_\_\_

Fax # \_\_\_\_\_

Federal Tax ID Number \_\_\_\_\_

**LIST YOUR BUSINESS LEGAL STRUCTURE (Corporation, partnership, sole proprietor, etc.)**

Owner Name \_\_\_\_\_ Phone: \_\_\_\_\_

President/CEO of Company \_\_\_\_\_ Phone: \_\_\_\_\_

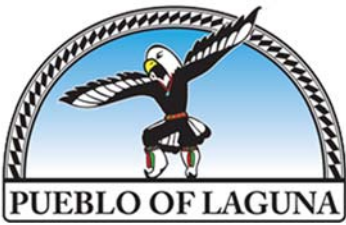
Account Representative: \_\_\_\_\_ Phone \_\_\_\_\_

**LIST EMPLOYEE WHO WILL BE THE PRIMARY CONTACT FOR LICENSING MATTERS**

Name: \_\_\_\_\_

Title: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail address (No personal email address) \_\_\_\_\_



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**APPLICANT'S REQUEST TO RELEASE INFORMATION**

To: Pueblo of Laguna Tribal Gaming Regulatory Authority

Contractor Name: (please print)

The applicant has filed with the Tribal Gaming Regulatory Authority (TGRA) an application for a contractor license. The applicant understands that it is seeking a grant of a privilege and acknowledges that the burden of providing its qualifications for a favorable determination is at all times on the Applicant. To complete its investigation of Applicant's application, the TGRA may need additional authority to obtain information relevant to the application. If additional authority is requested by the TGRA, Applicant may grant such additional authority or withdraw its application. The TGRA reserves the right to deny an application even if it is withdrawn.

1. I hereby authorize and request all person to whom this request is presented having information (Including documents, electronic media, dates, and all other forms of information) relating to or concerning the Applicant to permit an agent duly appointed by the TGRA to receive such information, whether or not that information would otherwise be protected from disclosure by any constitutional, statutory, or common law privilege, where the information is susceptible to copying or other reproduction the agent of the TGRA is authorized to receive each copies or reproductions.
2. If the person to whom, this request is a bank, savings and loan, or other financial institutions or an officer of the same. I hereby authorize and request that an agent duly appointed by the TGRA be permitted to review and obtain copies of any and all documents, records or correspondence pertaining to Applicant, within the following scope or with the following limitations) if any).  
\_\_\_\_\_  
\_\_\_\_\_
3. If required by any person or entity for an authorized release of information under section 1-3, any agent duly appointed by the TGRA, is authorized on my behalf to complete and execute any form, letters, or other documents necessary to the release of that information.
4. The Applicant does for itself, its heirs, executors, administrators, successors and assigns, hereby release remise and forever discharge the person to whom this request is presented, including his or its agents and employees, from all and all manner or actions, cause of action, suits, debts, judgments, executions, claims and demands whatsoever, known or unknown, in law or equity, which the Applicant ever had, now has, may have, or claims to have against the person to whom this request is being presented or his agents or employees arising out of or by reason of complying with the request.
5. The Applicant agrees to indemnify and hold harmless the person, to whom this request is presented, including his or its agents and employees, from and against all claims, damages, losses and expenses, including reasonable attorneys fees arising out of or by reason of complying with this request.
6. The reproduction of this request by photocopying or similar process shall be for all intents and purposes as valid as the original.

Printed Full Name of Authorized Contractor Agent  
(Last, First, Middle)

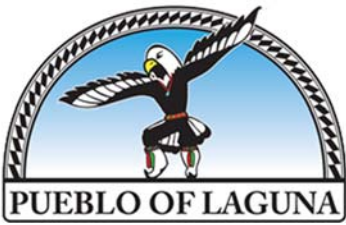
Title

Signature

Date

Signature of TGRA Agent presenting this request

Date



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**CEO BACKGROUND INVESTIGATION**

**Please submit a copy of Driver's License or ID**

Name: \_\_\_\_\_  
Last First Full Middle

Former names used, AKA, Maiden Names ext.: \_\_\_\_\_  
\_\_\_\_\_

Address: \_\_\_\_\_  
Street Name or P.O. Box City/State/Zip Code

Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Place of Birth: \_\_\_\_\_  
City Town County State

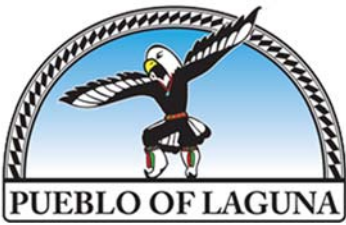
Citizenship:  United States  Other If other: Country of Origin \_\_\_\_\_  
Registration Number \_\_\_\_\_

If you are a naturalized United State Citizen:

Naturalization Date Certification Number Place of Naturalization

Driver's License or ID #: \_\_\_\_\_ Expiration date: \_\_\_\_\_ State: \_\_\_\_\_

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_



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**FOR CEO  
Investigative Authorization to Release Information**

I, \_\_\_\_\_, as authorized Agent of the Contractor, hereby authorize the Tribal Gaming Regulatory Authority, the Federal Bureau of Investigation and the National Indian Gaming Commission (collectively "The Investigatory Agencies") to conduct a complete investigation into the Contractor's background, using whatever legal means they deem appropriate in order to determine the Contractor's suitability for involvement in Indian Gaming. On behalf of the Contractor, I hereby authorize any person or entity contacted by the Investigatory Agencies to provide any and all such information deemed necessary by the Investigatory Agencies. On behalf of the Contractor, I hereby waive any rights of confidentiality in this regard.

I understand that by signing this authorization, a financial record check may be performed on the Contractor's business operation. On behalf of the Contractor, I authorize any financial institution to surrender to the Investigatory Agencies a complete and accurate record of such transactions that may have occurred with that institution, including, but not limited to, internal banking memoranda, past and present loan applications, financial statements and any other documents relating to the Contractor's business financial records in whatever form and wherever located.

I understand that by signing this authorization a civil record and criminal history check will be performed. I authorize the Investigatory Agencies to obtain and use from any source, any information concerning the Contractor contained in any type of criminal history record or files, wherever located, I understand that the criminal history record files contain records of arrests, which may have resulted in a disposition other than a finding of guilt (i.e., dismissed charge, or charge that resulted in a not guilty finding). I understand that the information may contain listing of charges that resulted in suspended imposition of sentence even though the Contractor successfully completed the conditions of said sentence and was discharged pursuant to law, I authorize the release of this type of information even though this record may be designated as "confidential" or "nonpublic" under the provision of state or federal laws.

The Investigatory Agencies reserve the right to investigate all relevant information and facts to their satisfaction; I understand that the Investigatory Agencies may conduct a complete and comprehensive investigation to determine the accuracy of all information gathered. However, the Investigatory Agencies, and other agents or employees of the Investigatory Agencies shall not be liable for the receipt, use, or dissemination of inaccurate information. I, on behalf of the Contractor, its heirs, executors, administrators, successors and assigns, hereby release, waive, and forever discharge any and all manner or actions, cause of action, suits, debts, judgments, executions, claims and demands whatsoever, known or unknown, in law or equity, which the Contractor ever had, now has, may have, or claims to have against any Investigatory Agency or any person (of any kind, including his or its agents and employees) resulting from any use, disclosure or publication in any manner of information obtained pursuant to Contractor's Application and this Authorization that relate specifically to such Agency or person obtaining or providing information pursuant to such Application and Authorization; provided, however, that claims arising from the gross negligence, recklessness, or intentional misconduct or misuse of information by such person are not waived or released by this sentence.

Any information contained in this application, contained within any financial or personnel record, or otherwise found, obtained, or maintained by the Investigatory Agencies, shall be accessible to law enforcement agents of this or any other state, the Government of the United States, any foreign country, or any Indian Tribe.

\_\_\_\_\_  
Contractor Name Trade Name (DBA)

\_\_\_\_\_  
Printed Full Legal Name of Authorized Agent (Last, First, Middle)

\_\_\_\_\_  
Authorized Signature Date

**Please sign in the presence of a Notary**

State of \_\_\_\_\_  
County of \_\_\_\_\_  
Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_  
Notary Public