



PERSONAL/CRIMINAL HISTORY STATEMENT

Please type or print clearly in dark ink. Complete all spaces or print N/A in spaces that do not apply.

TYPE OF LICENCE YOU WISH TO OBTAIN: (Check all that apply)

- GAMBLING OPERATOR
 LIQUOR OPERATOR
 MANUFACTURER
 DISTRIBUTOR
 ROUTE OPERATOR
 CARD DEALER
 CARD ROOM CONTRACTOR
 SPORTS TAB SELLER
 NON-INSTITUTIONAL LENDER (NIL)
 OTHER _____

POSITION WITH BUSINESS: (Check all that apply)

- OWNER
 SHAREHOLDER
 PARTNER
 MANAGER
 OFFICER
 DIRECTOR
 OTHER _____
 MEMBER LLP
 MEMBER LLC

NAME: (Last, First, Middle)		Maiden	SOCIAL SECURITY NUMBER:	
HOME MAILING ADDRESS: (Street or PO Box)		City	County	
State or Country:	Zip Code:	HOME PHONE:	WORK/CELL PHONE:	
HOW LONG LIVING AT HOME ADDRESS ABOVE:	HEIGHT:	WEIGHT:	EYE COLOR:	HAIR COLOR:
BIRTHDATE: (Month, Day and Year)	SEX: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	RACE:	DRIVER'S LICENSE NUMBER & STATE OF ISSUE:	
ARE YOU A U.S. CITIZEN? <input type="checkbox"/> YES <input type="checkbox"/> NO	If NO, give alien registration/entry visa/work permit number(s):		PORT OF ENTRY:	DATE OF ENTRY: (Month, Day and Year)
SPOUSE'S NAME: (Last, First, Middle)		Maiden	DATE OF MARRIAGE: (Month, Day and Year)	

LICENSE HISTORY

List any business licenses that you have ever held, currently applied for, or have been denied/revoked/suspended in any state. **If more space is needed, attach additional sheets in the same format.**

TYPE	LICENSE NUMBERS	BUSINESS NAME	STATE	LAST YEAR HELD
GAMBLING				
LIQUOR				
OTHER				

CRIMINAL HISTORY STATEMENT

- Check Yes or No to answer whether you have EVER:
1. Been arrested? Yes No 2. Been charged with a crime? Yes No
 3. Been convicted? Yes No 4. Been jailed? Yes No 5. Been placed on probation? Yes No
 6. Forfeited bail or paid a fine over \$25 (Exclude traffic offenses except DUI and Reckless Driving)? Yes No

You must answer "YES" if any of the above have occurred, **EVEN IF CHARGES WERE DISMISSED, DEFERRED OR CHANGED.** Explain each charge fully below and attach additional sheets as needed. False or incomplete information may result in denial, suspension or revocation of a license. **If more space is needed, attach additional sheets in the same format.**

OFFENSE DATE	OFFENSE	CITY	COUNTY	STATE	DISPOSITION AND DATE

LITIGATION HISTORY

Have you, as an individual, member of a partnership, or owner, director, or officer of a corporation, ever been a party to a lawsuit. YES NO
 If yes, give details below. List all cases without exception, including bankruptcies. **If more space is needed, attach additional sheets in the same format.**

PLAINTIFF/DEFENDANT	COURT AND CASE NUMBER	CITY	COUNTY	STATE	DISPOSITION

PERSONAL/CRIMINAL HISTORY STATEMENT (Page 2)

EMPLOYMENT HISTORY

List employment, self-employment, military, unemployment and school attendance for the **last 10 consecutive years** (include foreign residences). **If more space is needed, attach additional sheets in the same format.**

Dates From - To:	TITLE:	SUPERVISOR:			
EMPLOYER/SCHOOL:		REASON FOR LEAVING:			
ADDRESS: (Street or Route)	City	County	State or Country	Zip Code	
Dates From - To:	TITLE:	SUPERVISOR:			
EMPLOYER/SCHOOL:		REASON FOR LEAVING:			
ADDRESS: (Street or Route)	City	County	State or Country	Zip Code	
Dates From - To:	TITLE:	SUPERVISOR:			
EMPLOYER/SCHOOL:		REASON FOR LEAVING:			
ADDRESS: (Street or Route)	City	County	State or Country	Zip Code	

Have you ever been fired or asked to resign from any employment related to gambling Yes No If yes, explain: _____

RESIDENCE INFORMATION

You must list all places of residence for the **last 10 consecutive years** (include foreign residences). List current residence first. **If more space is needed, attach additional sheets in same format.**

Dates From - To:	STREET ADDRESS:			
	CITY:	COUNTY:	STATE OR COUNTRY:	ZIP CODE:
Dates From - To:	STREET ADDRESS:			
	CITY:	COUNTY:	STATE OR COUNTRY:	ZIP CODE:

CERTIFICATION AND AUTHORIZATION

"I certify under penalty of law that all answers and statements on page 1 and 2 are true, correct and complete. I understand that untruthful or misleading answers are cause for denial of a license and/or revocation of any license granted. **I hereby authorize the Gambling Control Division to investigate my criminal history, financial records and other sources as necessary for licensing.**"

The Montana Department of Justice Gambling Investigation Bureau shall access and review State and Federal history records and shall make reasonable efforts to make a determination whether you have been convicted of, or are under pending indictments for a crime that bears upon your fitness to be granted a license.

You are entitled to (a) obtain a copy of any background check report and (b) challenge the accuracy and completeness of any information contained in any such report and obtain a prompt determination as to the validity of such challenge before a final determination is made by the Montana Department of Justice Gambling Investigation Bureau. Such a request for a copy of your criminal history record and any challenge to the accuracy of such record should be addressed to the Montana Department of Justice Gambling Investigation Bureau.

SIGNATURE: X		
PRINT NAME:	DATE SIGNED:	PLACE SIGNED: (City, County and State)