



To: Bismarck City Gaming Permit Applicants

At the request of the State Gaming Division of the Attorney General's Office, all applicants for a gaming permit must also complete the attached Attorney General's Request for Records Check form.

You do not have to pay the \$20 fee listed on the form. This fee is being waived by the State for Bismarck applications paying for a city background check. The form must be completed to obtain a permit.

You do not need to complete the portion on the form regarding date of employment, nor have a signature from the organization representative.

If you have any questions regarding the form or application requirements, please contact a Records clerk or the gaming officer.

DETECTIVE JOE ARENZ
Investigations Section
Gaming Officer

JA/ka

Dan Donlin, Chief of Police

Phone: 701-223-1212 ★ FAX: 701-355-1927 ★ Tdd: 701-221-6820 ★ 700 S. Ninth Street ★ Bismarck, ND 58504-5899



**GAMING EMPLOYEE APPLICATION FOR PERMIT
CITY OF BISMARCK**

New \$25.00
 Renewal \$20.00
 Duplicate \$ 5.00

1. Personal Data

| | | | | | | | | |
|-----------|--------|------------|------|------------|----------------|-------------------------|----------------|------------------|
| Last Name | | First Name | | MI | Date of Birth | | Place of Birth | |
| Height | Weight | Race | Hair | Eyes | Sex | Social Security Number | | |
| Address | | | | Home Phone | Business Phone | Driver's License Number | | State of License |

Have you used or been known by any other names? yes ___ no ___ if yes, please list here. Include maiden name if applicable.

2. Employment/Residence

List all Cities and States in which you have lived or worked during the past 5 years.

| | | | | |
|------------|------------|------------|------------|------------|
| City/State | City/State | City/State | City/State | City/State |
|------------|------------|------------|------------|------------|

3. Criminal History

Have you ever been charged or convicted of a crime? yes ___ no ___

If yes, you must disclose all information about a criminal record or history. List all criminal charges, convictions and dispositions.

| Date of Arrest | Offense | City | State | Felony or Misdemeanor | Disposition |
|----------------|---------|------|-------|-----------------------|-------------|
| / / | | | | | |
| / / | | | | | |
| / / | | | | | |

4. Current Gaming Employment

| | | |
|--------------|----------|------------|
| Organization | Position | Supervisor |
|--------------|----------|------------|

5. Applicant's Authorization

I HEREBY DECLARE THAT THE ABOVE INFORMATION IS TRUE AND CORRECT. I ALSO AUTHORIZE THE BISMARCK POLICE DEPARTMENT TO OBTAIN ANY RECORDS REGARDING CREDIT, EMPLOYMENT, OR CRIMINAL INFORMATION ON ME.

Applicant's Signature _____ Date _____

City of Bismarck Use Only

Record Check

| | | | |
|-----|------|-------|------|
| BPD | BCSD | NDBCI | NCIC |
|-----|------|-------|------|

Recommended: Yes No If No, Why? _____

Gaming Officer _____ Date _____

Chief of Police _____ Date _____

Approved
Denied

Supervisor Initials/Date _____ Date Issued _____ Permit Number _____ How applicant was notified _____ Notified by _____

Expiration Date of New Permit _____



REQUEST FOR RECORD CHECK
OFFICE OF ATTORNEY GENERAL
 SFN 50424 (06-01-2006)

- New Employee
 Renewal

Mail this form and fee(s) to:
 OFFICE OF ATTORNEY GENERAL
 GAMING DIVISION
 600 EAST BOULEVARD AVE - DEPT 125
 BISMARCK ND 58505-0040
 E-mail: recordcheck@nd.gov

Fee is \$15. The organization, distributor, or Casino will be contacted if an additional fee is necessary for an out of state record check.

- Charitable Organization or Distributor
 Indian Gaming Casino

Please Type or Print Legibly

| EMPLOYEE INFORMATION | | | | | |
|--|-------|---------------|---------------------------------|-------------------|--------------------------|
| Last Name | | First Name | | Middle Initial | |
| Social Security Number | | Date of Birth | Place of Birth (city and state) | | |
| Address | | | | MALE | <input type="checkbox"/> |
| | | | | FEMALE | <input type="checkbox"/> |
| City | State | Zip Code | Home Phone Number | Work Phone Number | |
| Have you ever previously used any other first or last name, including a maiden name? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | | |
| If "YES", list all other names used: | | | | | |
| PRIVACYACT NOTIFICATION Your social security number is requested to permit the North Dakota Attorney General to properly conduct a background investigation pursuant to N.D.C.C. section 53-06.1-03 and N.D.A.C. sections 99-01.3-01-03, 99-01.3-02-02, 99-01.3-15-01 before the issuance of a state gaming license or the conducting of a gaming employee criminal record check. Disclosure of your social security number is voluntary. However, not providing this information may result in delay in the issuance of a license due to misidentification or criminal records check requirements of other state, local, or federal agencies. | | | | | |
| RESIDENCE(S) OF PREVIOUS 5 YEARS (10 YEARS FOR INDIAN GAMING) | | | | | |
| Have you lived in another state in the last 5 years? (10) <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | | |
| If "YES", list all of the states in which you have lived during the previous 5 years. (10) | | | | | |
| State | Year | to | State | Year | to |
| State | Year | to | State | Year | to |
| CERTIFICATION AND AUTHORIZATION | | | | | |
| I declare that the employee information on this form is true and correct. I authorize the Office of Attorney General to obtain information about my background and to release information on any criminal record found, including a copy of a "Report of Arrest and Prosecution," to the organization or distributor referenced below. | | | | | |
| Signature | | | | Date | |

| ORGANIZATION, DISTRIBUTOR, OR CASINO (Please type or print legibly) | | |
|---|---|---|
| Organization, Distributor, or Casino Requesting the Record Check | | Organization or Distributor License No. |
| Employment Statement | If Indian Gaming Casino, this person will be employed as: | |
| This person will be employed on: _____ Date of Employment | <input type="checkbox"/> Gaming Employee <input type="checkbox"/> Non-Gaming Employee <input type="checkbox"/> Management _____ Specify | |
| Signature of Organization, Distributor, or Tribal Representative | Title | Date |

| OFFICE OF ATTORNEY GENERAL USE ONLY | Date Stamp |
|--|------------|
| _____ No information is available because either no information exists or dissemination is prohibited. | |
| _____ No check has been done in the state of _____ because access to record system was denied. | |
| _____ Criminal Record Found (read attached copy of Report of Arrest and Prosecution) | |

Based on the result of a record check, an organization, distributor, or casino must determine whether a person is eligible for employment as a gaming employee. Gaming organizations and distributors you may refer to North Dakota Century Code § 53-06.1-06(5)(a) and (b), which prohibit a person who has a certain criminal history record from being eligible for employment for a certain time. As referenced by these laws, section 6-08-16.1 relates to issuing a check or draft without account; chapter 12.1-06 relates to criminal attempt, facilitation, solicitation, and conspiracy; chapter 12.1-23 relates to theft and related offenses; chapter 12.1-24 relates to forgery and counterfeiting; chapter 12.1-28 relates to gambling and related offenses; and chapter 53-06.2 relates to parimutuel horse racing.