



PERSONAL/CRIMINAL HISTORY STATEMENT

CONFIDENTIAL

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

Name of Applicant _____ Name of Business (if applicable) _____

REASON FOR APPLICATION:

- | | | | | |
|--|---------------------------------------|---|---|---|
| <input type="checkbox"/> Gambling Operator | <input type="checkbox"/> Manufacturer | <input type="checkbox"/> Route Operator | <input type="checkbox"/> Card Room Contractor | <input type="checkbox"/> Non-Institutional Lender |
| <input type="checkbox"/> Liquor Operator | <input type="checkbox"/> Distributor | <input type="checkbox"/> Card Dealer | <input type="checkbox"/> Sports Tab Seller | <input type="checkbox"/> Other _____ |

POSITION WITH BUSINESS:

- | | | | | |
|--------------------------------------|---|-----------------------------------|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> Owner | <input type="checkbox"/> Partner | <input type="checkbox"/> Officer | <input type="checkbox"/> Member LLC | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Shareholder | <input type="checkbox"/> Key Employee/
Manager | <input type="checkbox"/> Director | <input type="checkbox"/> Member LLP | |

Name: (Last, First, Middle)				Maiden:		Social Security Number:	
Date of Birth:	Place of Birth:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Race:	Eye Color:	Hair Color:	Weight:	Height:
Home Address:			City:		County:		
State:	Zip:	Home/Cell Phone:			Work Phone:		
Mailing Address (if different than home address):			City:		State:	Zip:	
Email Address:							
Driver's License Number & State of Issuance:			US Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No If no, list entry visa/work permit number:			Port/Date of Entry:	

LICENSE HISTORY:

List any business licenses that you have ever held or applied for (including any that have been denied/revoked/suspended in any state). Use additional paper if necessary.

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

PERSONAL/CRIMINAL HISTORY STATEMENT:

Answer YES to the questions even if your charges were dismissed, deferred, or otherwise changed.

In the past 10 years, have you ever been:

- | | | | |
|---|--|--|--|
| Arrested? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Placed on probation? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Charged with a misdemeanor or felony crime? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Arrested or ticketed for alcohol-related traffic offenses? (such as DUI, Per Se, etc.) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Convicted of a misdemeanor or felony crime? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Are you currently on probation or parole? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Explain each charge fully. Use additional paper if necessary. False or incomplete information may result in denial, suspension or revocation of a license.

OFFENSE DATE	OFFENSE	CITY	COUNTY	STATE	DISPOSITION & DATE

Continue onto page 2 of this form.

PERSONAL/CRIMINAL HISTORY STATEMENT (PAGE 2)

OFFENSE DATE	OFFENSE	CITY	COUNTY	STATE	DISPOSITION & DATE

LITIGATION HISTORY:

In the past 10 years, have you, as an individual, partner, member of company, 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. Use additional paper if necessary.

PLAINTIFF/ DEFENDANT	COURT & CASE NUMBER	CITY	COUNTY	STATE	DISPOSITION & DATE

Have you ever been fired or asked to resign from any gambling related employment? ☐ Yes ☐ No

If Yes, explain: _____

RESIDENCE INFORMATION:

List all places of residence for the last 2 years. Start with current address. Use additional paper if necessary.

Dates From – To:	Street Address:	City:	County:	State:	Zip:
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Dates From – To:	Street Address:	City:	County:	State:	Zip:
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Dates From – To:	Street Address:	City:	County:	State:	Zip:
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CERTIFICATION AND AUTHORIZATION:

The Montana Department of Justice Gambling Investigation Bureau shall access and review State and Federal history records and shall make reasonable efforts to determine whether you have been convicted of, or are under pending charges for a crime that bears upon your suitability to be granted a license. If such adverse information is obtained, you will be 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. A request for a copy of your criminal history record and whether you dispute the accuracy of such record should be addressed to the Montana Department of Justice Gambling Investigations Bureau. The procedures for obtaining a change, correction, or updating of your criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34S. If a change, correction, or update needs to be made to a Montana criminal history record, contact Montana Criminal Records and Identification Services at DOJCRIS2@mt.gov or 406-444-3625.

I certify under penalty of law that all answers and statements made on this application 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 further understand that I may be prosecuted for knowingly making an Unsworn False Statement, a misdemeanor (45-7-203 MCA), or tampering with public records or information, a felony (45-7-208). I hereby authorize the Gambling Control Division to investigate my criminal history, financial records and other sources as necessary for licensing.

Signature:	Date Signed:
Print Name:	Place Signed:

City

County

State