

**MISSISSIPPI GAMING COMMISSION  
CHARITABLE GAMING DIVISION  
PERSONAL HISTORY APPLICATION**

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Name of Applicant

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Name of Organization





**MISSISSIPPI GAMING COMMISSION  
CHARITABLE GAMING DIVISION**

**PERSONAL HISTORY QUESTIONNAIRE**

To be completed by each contact person, bingo supervisor, alternate supervisors, officers, directors, and board members.

*Mail completed, signed forms to:* Charitable Gaming Division  
Mississippi Gaming Commission  
P. O. Box 23577  
Jackson, MS 39225-3577

*If you need assistance, please call our Jackson Office Phone: (800) 504-7529 or (601) 576-3850*

**Name of Organization**

**TRANSMITTAL FORM**

*The documents listed below must be submitted before the individual will be considered for approval.*

For MGC use only

<input type="checkbox"/>	<i>Personal History Questionnaire</i>	
<input type="checkbox"/>	<i>Applicant's Request to Release Information</i>	

Submitted by:

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**NAME (PRINT OR TYPE)**

\_\_\_\_\_  
**Position**



# MISSISSIPPI GAMING COMMISSION CHARITABLE GAMING DIVISION

## PERSONAL HISTORY QUESTIONNAIRE

NAME:

\_\_\_\_\_  
(Last) (First) (MI) (Maiden)

ADDRESS:

\_\_\_\_\_  
Number/Street City State Zip

PHONE:

E-MAIL ADDRESS

\_\_\_\_\_  
Home Office Cell

I will be:  Contact person  Officer  Board Member  Other

NOTE: If you checked Officer or other, please specify the position you hold \_\_\_\_\_ POSITION

*State the name of the Charitable Gaming Licensee you will be affiliated with:*

ORGANIZATION \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS:

\_\_\_\_\_  
Number/Street City State Zip

DATE OF BIRTH \_\_\_\_\_ PLACE OF BIRTH \_\_\_\_\_

\_\_\_\_\_  
AGE HEIGHT WEIGHT RACE EYE COLOR

\_\_\_\_\_  
SOCIAL SECURITY NUMBER DRIVER'S LICENSE NUMBER STATE

SEX

Male If married give maiden name of spouse \_\_\_\_\_  
 Female Maiden Name if Married \_\_\_\_\_

MARITAL STATUS

Single  Widowed  
 Married  Divorced

ADDRESS FOR THE LAST FIVE YEARS

MO	YR	TO	MO	YR	STREET ADDRESS	CITY	STATE	ZIP
____/____	____	TO	____/____	____	_____	_____	_____	_____
____/____	____	TO	____/____	____	_____	_____	_____	_____
____/____	____	TO	____/____	____	_____	_____	_____	_____
____/____	____	TO	____/____	____	_____	_____	_____	_____
____/____	____	TO	____/____	____	_____	_____	_____	_____



# MISSISSIPPI GAMING COMMISSION CHARITABLE GAMING DIVISION

## PERSONAL HISTORY QUESTIONNAIRE

Name of Applicant \_\_\_\_\_

### EMPLOYMENT HISTORY FOR THE LAST FIVE YEARS

MO	YR	TO	MO	YR	EMPLOYER	STREET ADDRESS	CITY, STATE ZIP	PHONE
____/____		TO	____/____		_____	_____	_____	_____
____/____		TO	____/____		_____	_____	_____	_____
____/____		TO	____/____		_____	_____	_____	_____
____/____		TO	____/____		_____	_____	_____	_____
____/____		TO	____/____		_____	_____	_____	_____

1. Have you EVER been arrested for ANY reason?

Yes  No If Yes provide FULL and COMPLETE details. (Attach additional sheets if necessary.)

2. Have you EVER been CONVICTED OF ANY FELONY?

Yes  No If Yes provide FULL and COMPLETE details. (Attach additional sheets if necessary.)

3. Have you ever been involved in ANY bingo operation in ANY manner whatsoever?

Yes  No If Yes provide FULL and COMPLETE details. (Attach additional sheets if necessary.)

ORGANIZATION NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

LICENSE NUMBER \_\_\_\_\_

POSITION HELD \_\_\_\_\_

DATES \_\_\_\_\_

4. Do you have ANY member of your immediate family who is now, or has been involved in ANY bingo operation whatsoever?

Yes  No If Yes provide FULL and COMPLETE details. (Attach additional sheets if necessary.)

INDIVIDUAL'S NAME \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_

ORGANIZATION NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

LICENSE NUMBER \_\_\_\_\_

POSITION HELD \_\_\_\_\_

DATES \_\_\_\_\_



**MISSISSIPPI GAMING COMMISSION  
CHARITABLE GAMING DIVISION**

**PERSONAL HISTORY QUESTIONNAIRE**

**Name of Applicant** \_\_\_\_\_

I certify under the penalties contained in the Charitable Gaming Laws and the Mississippi (Ann.) Code 1991 (Rev.). The information presented on this application is true and correct, to the best of my knowledge.

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**NAME (PRINT OR TYPE)**

**NOTARY**

STATE OF \_\_\_\_\_

SEAL

COUNTY OF \_\_\_\_\_

This day personally came and appeared before me the undersigned authority in and for the aforesaid jurisdiction, the within named \_\_\_\_\_ who, after being by me first duly sworn, state on oath that the matters and things contained and set forth in the above and foregoing application are true and correct as therein stated.

\_\_\_\_\_  
Applicant's Signature

Sworn to and subscribed before me on this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

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

My Commission Expires: \_\_\_\_\_



**MISSISSIPPI GAMING COMMISSION  
CHARITABLE GAMING DIVISION**

**APPLICANT'S REQUEST TO RELEASE INFORMATION**

**TO:**

\_\_\_\_\_

**FROM:**

\_\_\_\_\_

*(Name of Applicant)*

I hereby authorize and request all persons to whom this request is presented having information relating to or concerning me to furnish such information to duly appointed Agent of the Mississippi Gaming Commission whether or not such information would otherwise be protected from disclosure by any constitutional, statutory or common law privilege.

I hereby authorize and request all persons to whom this request is presented having documents relating to or concerning me to permit a duly appointed Agent of the Mississippi Gaming Commission to review and copy any such documents, whether or not such documents would otherwise be protected from disclosure by any constitutional, statutory, or common law privilege.

If such person to whom this request is presented is a bank, savings or loan, or other financial institution, or an officer of the same, I hereby authorize and request that a duly appointed agent of the Mississippi Gaming Commission be permitted to review and obtain copies of an and all documents, records, or correspondence pertaining to me, including but not limited to past loan information, notes co-signed by me, checking account records, safe deposit box records, passbook records, and general ledger folio sheets.

I have filed with the Mississippi Gaming Commission an application for licensure under the Charitable Bingo law of the Mississippi Code. I understand that I am seeking the granting of a privilege and acknowledge that the burden of proving my qualifications for a favorable determination is at all times on me. I accept any risk of adverse public notice, embarrassment, criticism, or other actions of financial loss which may result from action with respect to my application.

I do, for myself, my heirs, executors, administrators, successors and assigns, hereby release, remise, and forever discharge the person to whom this request is presented, and his agents or employees from all and all manner of actions, causes of actions, suits, debts, judgments, executions, claims, and demands whatsoever known or unknown, in law or equity, which I ever had, have now, may have, or claim to have against the person to whom this request is presented or his agents or employees arising out of or by reason of complying with this request.

I agree indemnify and hold harmless the person to whom this request is presented and his agents and employees from and against all claims, damages, losses, and expenses including reasonable attorney's fees arising out of or by reason of complying with this request.

A reproduction of this request by the Xerox or similar process shall be for all intents and purposes as valid as the original.

In witness thereof, I have executed this request at \_\_\_\_\_ On the \_\_\_\_\_ Day of \_\_\_\_\_, 20\_\_\_\_\_.

**NOTARY**

STATE OF \_\_\_\_\_

SEAL

COUNTY OF \_\_\_\_\_

This day personally came and appeared before me the undersigned authority in and for the aforesaid jurisdiction, the within named \_\_\_\_\_ who, after being by me first duly sworn, state on oath that the matters and things contained and set forth in the above and foregoing application are true and correct as therein stated.

\_\_\_\_\_  
Applicant's Signature

Sworn to and subscribed before me on this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

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

My Commission Expires: \_\_\_\_\_



# MISSISSIPPI GAMING COMMISSION CHARITABLE GAMING DIVISION

## APPLICATION FOR BINGO SUPERVISORS AND ALTERNATES

### SECTION 4.1.1

*This application form is to be completed by EACH DESIGNATED SUPERVISOR, Alternate, Assistant, who is (are) the member (s) designated by the organization to, HOLD, OPERATE, CONDUCT OR ASSIST in the holding, operating or conducting the bingo game.*

#### Name of Applicant

1. Have you EVER been arrested, convicted, plead guilty, nolo contendere or failed to answer charges of ANY criminal violation or ordinance of the United States, State of Mississippi or any other county or local jurisdiction other than misdemeanor traffic violations?

Yes  No

If yes, provide full details of that conviction or forfeiture, including the date, name of the count, citation to ordinance or law violation and details of the sentence. Attach additional sheets if necessary.

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2. Have you ever been subject to or convicted of ANY revocation proceeding or any other proceedings concerning violations of gaming in any federal, state, county or local jurisdiction?

Yes  No

If yes, provide full details of the agency conducting the proceedings, the alleged violation, date of proceeding, and final disposition. Attach additional sheets if necessary.

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3. Do you have ANY charges pending against you in ANY State, Federal, or local court, in any jurisdiction?

Yes  No

If yes provide any and ALL details.

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4. Have you ever been a professional gambler?

Yes  No

If yes provide ALL details.

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5. Have you read and do you understand the requirements set forth under the Gaming Control Act, Charitable Gaming Laws Sections 97-33-51 through 97-33-81, along with the Rules and Regulations set forth by the Mississippi Gaming Commission?

Yes  No



**MISSISSIPPI GAMING COMMISSION  
CHARITABLE GAMING DIVISION**

**APPLICATION FOR BINGO SUPERVISORS AND ALTERNATES**

**SECTION 4.1.1**

The statements within this application are true and correct and contain FULL and TRUE account of the requested information. I have executed this statement form voluntarily with FULL knowledge that FAILURE to reveal information is sufficient cause for denial or revocation of a charitable bingo license, and can result in criminal charges being filed for submitting ANY FALSE INFORMATION. I have been designated as a SUPERVISOR, OR ALTERNATE SUPERVISOR, by the applicant organization and I understand that I will be LEGALLY RESPONSIBLE for the holding, operating, and conducting of bingo games in accordance with the terms of the license and the provisions of the Charitable Gaming Laws, and Rules and Regulations of the Mississippi Gaming Commission.

*\*Note: You cannot perform the duties of bingo supervisor, or alternate, until you receive written notice of finding of suitability from the Charitable Gaming Division of the Mississippi Gaming Commission.*

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**NAME (PRINT OR TYPE)**

**NOTARY**

STATE OF \_\_\_\_\_

SEAL

COUNTY OF \_\_\_\_\_

This day personally came and appeared before me the undersigned authority in and for the aforesaid jurisdiction, the within named \_\_\_\_\_ who, after being by me first duly sworn, state on oath that the matters and things contained and set forth in the above and foregoing application are true and correct as therein stated.

\_\_\_\_\_  
Applicant's Signature

Sworn to and subscribed before me on this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

My Commission Expires: \_\_\_\_\_

\_\_\_\_\_