

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

Name of Applicant

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 Female
If married give maiden name of spouse
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.

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.

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.

4. Have you ever been a professional gambler?

Yes No If yes provide ALL details.

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: _____
