



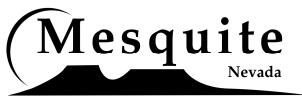
CITY OF MESQUITE BUSINESS LICENSE DIVISION

PRIVILEGED LICENSE BACKGROUND INVESTIGATION APPLICATION CHECKLIST

- _____ Fingerprint Cards - Two (2) Each Applicant (Provided by Mesquite Police)
- _____ Applicant Contact Information and Notice Form
- _____ Affidavit of Full Disclosure
- _____ Applicant's Request to Release Information
- _____ Personal History
- _____ Personal Financial Information – Copy of last two (2) filed tax returns

Copies of Nevada State Gaming Application Personal & Financial histories may be substituted for City forms.

PLEASE NOTE: MESQUITE MUNICIPAL CODE REQUIRES THAT EACH APPLICANT FOR A PRIVILEGED LICENSE MUST UNDERGO A BACKGROUND INVESTIGATION AND SAID APPLICANT SHALL PAY THE ENTIRE COST INCURRED BY THE BUSINESS LICENSE DIVISION AND/OR THE MESQUITE POLICE DEPARTMENT TO COMPLETE THE INVESTIGATION.



AFFIDAVIT OF FULL DISCLOSURE

STATE OF NEVADA

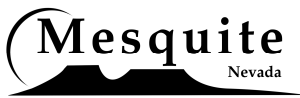
COUNTY OF CLARK

I, _____, DO HEREBY SWEAR, AS REQUIRED BY LAW, THAT THE APPLICATION SUBMITTED HERewith AND ANY ADDITIONAL INFORMATION SUBMITTED IN SUPPORT OF THIS APPLICATION CONTAINS A FULL AND TRUE ACCOUNT OF THE INFORMATION REQUESTED; AND THAT I EXECUTED THE SAME FREELY AND VOLUNTARILY AND FOR THE USES AND PURPOSES THEREIN MENTIONED, AND WITH THE KNOWLEDGE THAT MISREPRESENTATION OR FAILURE TO REVEAL INFORMATION REQUESTED MAY BE DEEMED SUFFICIENT EVIDENCE FOR PROSECUTION FOR PERJURY UNDER NRS 199.145, AND REFUSAL TO ISSUE OR REVOCATION OF LICENSE APPLIED FOR.

Signature of Applicant

Subscribed and Sworn to Before Me this ____ day of _____, 20__

Notary Public In and For Said County & State

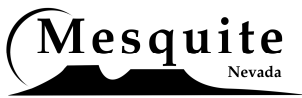


APPLICANT'S REQUEST TO RELEASE INFORMATION

TO: _____ CITY OF MESQUITE _____

FROM: _____

1. I understand that I am applying for a privileged license, permit or work card from the City of Mesquite, Nevada and acknowledge that the burden of proving my qualifications for such a privilege is at all times upon me. I further understand that a full investigation will be made of my background, character and financial responsibility by the Mesquite Police Department as agent of and for use by the City of Mesquite and I accept any risk of adverse public notice, embarrassment, criticism or financial loss which may result from action with respect to my application. This authorization and request is given freely and without duress, voluntarily waiving any protection against unauthorized disclosure of information under the Privacy Act and other similar legal provisions.
2. 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 a duly appointed officer of the Mesquite Police Department, whether or not such information would otherwise be protected from disclosure by any constitutional, statutory or common law privilege.
3. 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 officer or the Mesquite Police Department 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.
4. If the person to whom this request is presented is a brokerage firm, bank, savings and loan or other financial institution, or an officer of same, I hereby authorize and request that a duly appointed officer of the Mesquite Police Department be permitted to review and obtain copies of any 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, savings deposit records, safe deposit records, and general ledger folio sheets.
5. If the person to whom this request is presented is a criminal justice agency or a repository of records of criminal history whether within or without the State of Nevada, I hereby authorize and request that a duly appointed officer of the Mesquite Police Department be permitted to review and obtain copies of any and all documents, records, investigations, photographs or other information pertaining to me, including but not limited to, arrests, charges, convictions, dispositions, investigative and intelligence information, records of licensing and work permit agencies, including the Gaming Control Board of the State of Nevada and records of parole and pardon agencies.
6. I do hereby make, constitute and appoint any duly appointed officer of the Mesquite Police Department my true and lawful attorney in fact for me in my name, place and stead, and on my behalf and for use and benefit:
 - (a) To request, review, copy, sign for and otherwise act for investigative purposes with respect to documents and information in the possession of the person to whom this request is presented as I might or could do if personally present;
 - (b) To name the person or entity to whom this request is presented and insert that person's name in the appropriate location on this request; and
 - (c) To place the name of the Mesquite Police Department officer presenting this request in the appropriate location on this request



7. I grant to said attorney in fact full power and authority to do, take and perform all and every act and thing whatsoever requisite, proper or necessary to be done in the exercise of any of the rights and powers herein granted, as fully to all intents and purposes as I might or could do if personally present, with full power of substitution or revocation, hereby ratifying and confirming all that said attorney in fact, or his substitute or substitutes, shall lawfully do or cause to be done by virtue of this power of attorney and the rights and powers herein granted.
8. This power of attorney ends eighteen months from the date of execution.
9. 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 and employees, from any and all manner of actions, claims and demands whatsoever, known or unknown, in law or equity, which I ever had, now have, 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.
10. I agree to 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.
11. A reproduction of this request shall be, for all intents and purposes, as valid as the original.

In witness whereof, I have executed this request at _____ on this
_____ day of _____, 20____.
(City) (State)

Signature of Applicant

Subscribed and sworn to before me this _____ day of _____, 20____.

Notary Public in and for said County & State

Name of the Mesquite Police Department officer presenting this request:

Signature of the Mesquite Police Department officer presenting this request:

Date of Request:



6. Scars, Tattoos, or distinguishing marks and/or characteristics:

7. Do you wear corrective lenses: Yes_____ No_____

8. Are you a citizen of the United States? Yes_____ No_____

If Naturalized, certificate # _____ Date _____

Place _____

(If naturalized, document must be verified)

9. Marital Status

Single___ Married___ Separated___ Divorced___ Widowed___ Engaged___.

If engaged, name of Fiancé: _____

Fiancé's Address: _____

Current Employment: _____

10. Information Concerning Marriage(s):

When Where Who Officiated Spouse's Full Name (Maiden)

10a. Spouse's Date of Birth: _____ Spouse's Place of Birth: _____

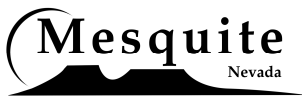
If Spouse is Employed State Where & What position:

11. If Legally Separated, Annulled or Divorced, Indicate Below:

Type Date of Order or Decree By Whom Court & State

Applicant's Initials _____

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12. Children and Dependents

List all Children, including Step-Children and Adopted, and Give the Following Information:

Name	Birth date/Place	Residence Address	Supported by Whom

13. Family:

Mother's Full Name (Maiden)	Address	
Where Employed	Address	Occupation
Father's Name	Address	
Where Employed	Address	Occupation

Give Names and Addresses of Brothers and Sisters:

Name	Address
Name	Address
Name	Address
Name	Address
Name	Address

14. Education

Name of School	Location	Dates Attended	Graduate
Grammar School			Yes ___ No ___
High School			Yes ___ No ___
College/ University			Yes ___ No ___
Other: _____			Credit Hours _____
Type of Degree Obtained, If Any: _____			

Applicant's Initials _____

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11. Military Status

Have you ever served in any armed forces? Yes ___ No ___.
 If Yes, attach copy of your DD-214 form.

Branch _____ Active Guard Reserve
 Date of Entry-Active Service _____ Date of Separation _____
 Type of Discharge _____ Rating at Separation _____
 Serial Number _____

While in the military service were you ever arrested for an offense which did result in or was subject to a trial by court or by summary, special or general court martial? Yes ___ No ___.

If yes, give date, place, name of arresting agency or type of court martial, charge and action taken for each incident.

12. Arrest, Detention and Litigation

Have you ever been arrested for any reason whatsoever? Yes ___ No ___.

If yes, give details in space provided below. List all cases without exception.

Date of Arrest	Age	Charge	Location City & State	Disposition
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Have you or your spouse been involved in any court action, civil or criminal? Yes ___ No ___.

If so, explain detail below:

Have you ever had your record, civil or criminal, sealed by a court order? Yes ___ No ___.

If so when? _____ Where? _____

12a. Have you ever been questioned by a City, State, or Federal Crime Commission? Yes ___ No ___.

A Grand Jury? Yes ___ No ___.

If Answer is "Yes", Type of Inquiry: _____

Date: _____ Location: _____

12b. Has a member of your family, or spouse's family, ever been convicted of a felony? Yes ___ No ___.

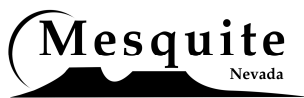
If Yes, Where? _____ Charge? _____

Disposition: _____ Date: _____

Name and Relationship: _____

Applicant's Initials _____

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From Date	Name/Mailing Address of Employer	Why did you leave?
To Date	Job Title	Description of Duties
Salary	Name of Supervisor	Was Gaming Present? _____ Was Liquor Present? _____

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To Date	Job Title	Description of Duties
Salary	Name of Supervisor	Was Gaming Present? _____ Was Liquor Present? _____

15. Character Reference: List three (3) character references. Do not include relatives or present employer.

Name	Address	Phone	City	State	Years Known

16. Credit References

Give names and addresses of the individuals, companies, banks, mortgage holders, finance companies or others, to whom you are indebted, or have been indebted, and the extent of your debt. Include any loans on which you are co-maker.

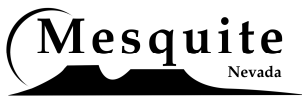
Name of Creditor	Type of loan
Mailing Address	Account # and Amount

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Mailing Address	Account # and Amount

Name of Creditor	Type of loan
Mailing Address	Account # and Amount

Applicant's Initials _____

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Name of Creditor	Type of loan
Mailing Address	Account # and Amount
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Mailing Address	Account # and Amount

17. Business Information

**** Special Notice to All Applicants**

** It is the responsibility of each applicant for a license to thoroughly familiarize himself or herself with those sections of Title 2 of the Mesquite City Code entitled **Business License Regulations** which pertain to the particular license applied for.

Type of Ownership:

Sole Owner___ Partnership___ Co-Owner___ Corporation___ Non-Profit___ Other_____

If corporation, list percentage of total stock to be owned or controlled by Applicant _____%

17a. If a corporation, organized under the laws of what state? _____

When_____ Name of Corporation_____

Have Articles of Incorporation been filed in the State of Nevada? Yes___ No___.

If yes, When?_____

Has Certificate of Fictitious Firm Name been filed with the Clark County Clerk? Yes___ No___.

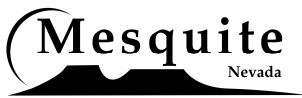
If Yes, When?_____ Under What Name? _____

18. List below, all members of the Corporation or Partnership, together with the percentage owned by each and the amount invested by each. Attach additional pages if needed.

Name	Number of Shares	% of Ownership	Amount Invested

Applicant's Initials_____

PHQ



19. Have you ever held, or do you presently hold, a Nevada State Gaming License? Yes___ No___.

From	To	Trade Name and Address
____ - ____	_____	_____
____ - ____	_____	_____
____ - ____	_____	_____

20. Do you have any relatives associated with the Gaming or Liquor Industry? Yes___ No___.

If "yes" what relation? _____
What capacity? _____

21. Is entertainment to be used in this establishment? Yes___ No___.

If "yes", what type? _____

22. List the Gaming Licenses to be applied for; also list slot machines.

23. List the Liquor Licenses to be applied for.

24. Are the premises for which this license is requested owned by you? Yes___ No___;

And/Or Partner? Yes___ No___.

Are the premises rented? Yes___ No___;

Leased? Yes___ No___;

Or Subleased? Yes___ No___.

List name and mailing address of person or firm from whom you are leasing or renting.

24. Have you been in business (owner or part owner) previously? Yes___ No___.

If yes, list former business associates, firms and addresses:

Firm Name	% Owned	Firm Address
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Applicant's Initial _____

PHQ

