



REGULATIONS CONCERNING POKER ROOMS

SCHEDULE "G"

APPLICATION FOR A DEALER PERMIT

Information provided by the applicant to the Commission will be made available to the Commission's agents and other third party investigators and may be communicated to the Poker Room Licence holders with which the applicant is seeking employment.

TO APPLY FOR A DEALER PERMIT THE FOLLOWING DOCUMENTS MUST BE COMPLETED.

1. Application for a Dealer Permit
2. Dealer Information
3. Oath or Solemn Affirmation
4. Full Disclosure Assurance
5. Criminal Record Information – Consent Form and Privacy Waiver

INSTRUCTIONS FOR COMPLETION

1. The required documents must be completed by the person who is, or proposes to be, employed as a house-dealer, as defined by the *Regulations concerning Poker Rooms*.
2. Type or print in BLOCK LETTERS an answer to every question.
3. If a question does not apply, state "N/A" in response to that question.
4. If there is nothing to disclose in reply to a particular question state "nil" in response to that question.
5. If there is insufficient space on a printed form in which to answer a question, additional information may be provided on the attachment page.
6. When required to use the attachment page precede each answer thereon with the applicable question.
7. All dates should be completed in the form: Day/Month/Year.
8. This form is to be completed in the English language.
9. Failure to give true and correct answers to any questions in this form may constitute an offence and will be grounds for the Commission to refuse an application or revoke a Dealer Permit that has been granted on the basis of untrue or incorrect information.
10. **NOTE: This application MUST be accompanied by:**
 - a. **A letter from the Poker Room Licence holder that will be employing or contracting the applicant confirming the existence or proposed existence of the relevant relationship;**
 - b. **A clear photocopy of a valid government issued photo identification issued to the applicant;**
 - c. **Application fee in the amount of CDN\$300.00.**
11. The completed form, with enclosed documents and application fee, should be placed in a sealed envelope marked "Confidential" and delivered or mailed to:
Kahnawake Gaming Commission
P.O. Box 1799
Mohawk Territory of Kahnawake, Quebec
J0L 1B0

APPLICATION FOR A DEALER PERMIT

THIS APPLICATION IS FOR (check the applicable box);

- A Dealer Permit**
- A Temporary Dealer Permit**

Name of applicant: _____

Mailing Address:

Telephone Number: _____

Fax Number: _____

E-mail: _____

Name of Poker Room Licence holder that will be employing or contracting the applicant: _____

Name of contact person at Poker Room: _____

Telephone number for contact person: _____

Applications that are incomplete or inaccurate will be returned to the applicant and will not be processed by the Commission.

7. Social Insurance Number, Social Security Number or the equivalent for your jurisdiction:

DRIVER'S LICENCE

8. Are you the holder of a current Driver's Licence?

Yes / No

If yes, date and place of issue: _____

Licence No: _____

EMPLOYMENT HISTORY

9. Beginning with your current employment and working backwards, list your work history for the past four (4) years.

Dates of Employment	Employer Name and Contact Information	Position

CRIMINAL HISTORY

10. Have you ever been charged, arrested or summonsed for an offence, regardless of the disposition, in any jurisdiction, excluding traffic offences.

Yes / No

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

Nature of offence	Age at time of offence	City, Prov/State County	Date of offence	Result of Hearing or other disposition

TRAINING

11. Have you ever received training to be a dealer in a card room or casino?

Yes / No

If yes, give details in the space provided below.

Dates of Training	Trainer's Name and Contact Information	Certificate obtained

GAMING EXPERIENCE

12. Are you or have you been employed in a casino, card room or other gaming operation?

Yes / No

If yes, give details in the space provided below.

Dates of Employment	Employer Name and Contact Information	Position

CHARACTER REFERENCES

13. Name two (2) persons who are not related to you and who have known you for a period of not less than five (5) years. Persons giving references may be contacted for additional information.

Name: _____

Address: _____

Occupation: _____

Telephone: _____ Years known: _____

Name: _____

Address: _____

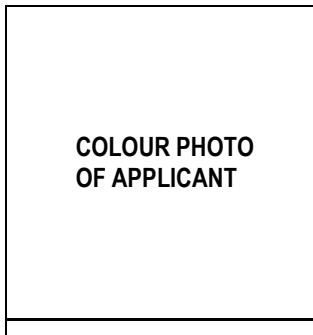
Occupation: _____

Telephone: _____ Years known: _____

**OATH OR SOLEMN AFFIRMATION
BEFORE AN AUTHORIZED PERSON**

I, _____ of _____ swear or solemnly affirm that:

1. I am the person named in this Application for a Dealer Permit.
2. I have personally completed the Application and related documents or have personally supplied all the information contained therein.
3. All of the information in the Application and related documents is true and correct in every detail and fully disclose the information required to complete this Application.
4. I agree to abide by the provisions of the *Kahnawake Gaming Law* and the Commission's *Regulations concerning Poker Rooms*.
5. I am the person in the photograph attached below.



Date of photograph: _____

(Signature of Applicant)

- Sworn before me,
 Solemnly affirmed before me,

at _____

this _____

(Signature)

(Given name and name in block letters)

*(Specify in which capacity this declaration is taken:
as commissioner for oaths, justice of the peace,
lawyer, notary, mayor, clerk or secretary-
treasurer of a municipality.)*

