

## **REGULATIONS CONCERNING POKER ROOMS**

SCHEDULE "F"

## **KEY PERSON PERMIT APPLICATION**

All information provided by the applicant to the Commission will be held in the strictest confidence and will not be used by the Commission for any purpose other than matters pertaining to this application. However, 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.

Name of	fapplicant	·	
Mailing	Address:		
Telepho	ne Numbe	r:	
Fax Nun	nber:		
E-mail: _			
Name of	f Employei	·	
	Telepho	ne Number for Employer:	
	Fax Num	ax Number for Employer:	
	E-mail fo	r Employer:	
This application is accompanied by:			
	(a)	a completed Personal Information Form attached as Schedule "E" to these Regulations in respect of the applicant;	
	(1.)		

(b) a letter from the Poker Room Licence holder addressed to the Commission confirming the existence or Schedule "F" to Regulations concerning Poker Rooms 24 Onerahtohko:wa/May 2017 proposed existence of a key relationship;

- (c) a Criminal Record Information - Consent Form and Privacy Waiver;
- (d) a Full Disclosure Assurance form;
- (e) a recent photocopy of government issued identification;
- (f) except as otherwise provided herein, a non-refundable deposit in the amount of Two Thousand (\$2,000.00) Dollars.

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

## DECLARATION

By signing below, I declare that:

- 1. The information contained in this application is complete and accurate;
- 2. I have been provided with a copy of the Regulations concerning Poker Rooms pursuant thereto (the "Regulations"); the applicant agrees to abide by the provisions of the Kahnawake Gaming Law and the Regulations and the Law and the Regulations will be the law governing the applicant's relationship with the Kahnawake Gaming Commission.

Signature: \_\_\_\_\_

Name: \_\_\_\_\_\_\_\_(Please Print) \_\_\_\_\_

Date: \_\_\_\_\_