



**PUEBLO OF LAGUNA
TRIBAL GAMING REGULATORY AUTHORITY**

P.O. Drawer 225 ♦ Laguna, NM 87026

Phone: (505) 352-8240 | Fax: (505) 352-8241

Contractor License Renewal Application

PLEASE REMIT \$25.00 APPLICATION FEE and APPROPRIATE LICENSE FEE WITH THIS APPLICATION

Failure to renew your contractor license no later than 30 days before your expiration will result in a penalty fee in addition to the license fee

Gaming Non-Gaming Bingo Pull Tabs & Related Games Exempt Construction

General description of commercial activity to be conducted within the jurisdiction of the Pueblo of Laguna and the amount of sales/services within the next twelve months:

Services provided to: Dancing Eagle Casino Rt. 66 Casino/Casino Xpress All

LIST THE ADDRESS OF OFFICE, WAREHOUSE, OR OUTLET DESIGNATED TO DO BUSINESS WITH DEC & RT 66/CASINO XPRESS

Primary Company, Entity, or Person:

Company Business Name: _____

Business Mailing Address: _____

City _____ State _____ Zip _____ Phone # _____

Fax # _____

Premises address (physical Street Address): _____

City _____ State _____ Zip _____ Phone # _____

Fax# _____

Federal Tax ID Number: _____

LIST EMPLOYEE WHO WILL BE THE PRIMARY CONTACT FOR LICENSING MATTERS

Name: _____

Title _____ Phone _____ Fax _____

E-mail Address (No personal email address) _____

LIST YOUR BUSINESS LEGAL STRUCTURE (Corporation, partnership, sole proprietor, etc):

President/CEO of Company; _____

Account Representative: _____ Phone _____

IMPORTANT: IF THERE HAS BEEN ANY CHANGES TO YOUR ORGANIZATIONAL, STRUCTURE, NATURE OF SERVICES, OR REQUEST FOR CHANGE IN LICENSE CLASS SINCE SUBMITTING YOU LAST VENDOR APPLICATION, PLEASE ATTACH EXPLANATION IN FULL DETAIL

CERTIFICATION

I CERTIFY ALL THE INFORMATION PROVIDED IN THIS APPLICATION IS TRUE AND CORRECT. I WILL COMPLY WITH ALL APPLICABLE STATUTES AND REGULATIONS IN CONDUCTING THE ABOVE DESCRIBED ACTIVITY WITH THE PUEBLO OF LAGUNA GAMING ENTERPRISES.

Signature

Date

Print Name

Title

Please submit the completed **original** application with the \$25.00 application fee and the prescribed license fee to:

Standard mailing address for USPS:

**Pueblo of Laguna
Tribal Gaming Regulatory Authority
P.O. Box 225
Laguna NM 87026**

Physical Address for **FedEx & UPS** only:

**Pueblo of Laguna
Tribal Gaming Regulatory Authority
14500 Central Avenue, I-40W @ Exit 140
Albuquerque, NM 87121**

APPLICATION'S REQUEST TO RELEASE INFORMATION

To: Pueblo of Laguna Tribal Gaming Regulatory Authority

Applicant Name: _____

The applicant has filed with the Tribal Gaming Regulatory Authority (TGRA) an application for a vendor license. The applicant understands that it is seeking a grant of a privilege and acknowledges that the burden of providing its qualifications for a favorable determination is at all times on the Applicant. To complete its investigation of Applicant's application, the TGRA may need additional authority to obtain information relevant to the application. If additional authority is requested by the TGRA, Applicant may grant such additional authority or withdraw its application. The TGRA reserves the right to deny an application even if it is withdrawn.

1. I hereby authorize and request all persons to whom this request is presented having information (including, documents, electronic media, data, and all other forms of information) relating to or concerning the Applicant to permit an agent duly appointed by the TGRA to receive such information, whether or not that information would otherwise be protected from disclosure by any constitutional, statutory, or common law privilege, where the information is susceptible to copying or other reproduction the agent of the TGRA is authorized to receive copies or reproductions.
2. If the person to whom, this request represented is a bank, savings and loan, or other financial institutions or an officer of the same. I hereby authorize and request that an agent duly appointed by the TGRA be permitted to review and obtain copies of any and all documents, records or correspondence pertaining to Applicant, within the following scope or with the following limitation (if any).

3. If required by any person or entity for an authorized release of information under section 1-3, any agent duly appointed by the TGRA, is authorized on my behalf to complete and execute any form, letters, or other documents necessary to the release of that information.
4. The Applicant does for itself, its heirs, executors, administrators, successors and assigns, hereby release, remise and forever discharge the person to whom this request is presented, including his or its agents and employees, from all and all manner or actions, cause of action, suits, debts, judgments, executions, claims and demands whatsoever, known or unknown, in law or equity, which the Applicant ever had, now has, may have or claims to have against the person to whom this request being presented or his agents or employees arising out of or by reason of complying with the request,
5. The Applicant agrees to indemnify and hold harmless the person, to whom this request is presented including his or its agents and employees, from and against all claims, damages, losses and expenses, including reasonable attorneys fees arising out of or by reason of complying with this request.
6. A reproduction of this request by photocopying or similar process shall be for all intents and purpose as valid as the original

Printed Full Name of Authorized Vendor Agent (last, First, Middle)

Title

Signature

Date

Signature of TGRA Agent presenting this request

Date

FOR CEO

INVESTIGATIVE AUTHORIZATION TO RELEASE INFORMATION

I, _____, as authorized Agent of the Vendor, hereby authorize the Tribal Gaming Regulatory, the Federal Bureau of Investigation and the National Indian Gaming Commission (collectively "The investigatory Agencies") to conduct a complete investigation into the **Vendor's** background, using whatever legal means they deem appropriate in order to determine the **Vendor's** suitability for involvement in Indian Gaming. On behalf of the **vendor**, I hereby authorize any person or entity contacted by the investigatory Agencies to provide any and all such information deemed necessary y the Investigatory Agencies. On behalf of the **Vendor**, I hereby waive any rights of confidentiality in this regard.

I understand that by signing this authorization, a financial record check may be performed on the Vendors business operation. On behalf of the **Vendor**, I authorize any financial institution to surrender to the Investigatory Agencies a complete and accurate record of such transactions that may have occurred with that institution, including, but not limited to, internal banking memoranda, past and present loan applications, financial statements and any other documents relating to **Vendor's** business financial records in whatever form and wherever located.

I understand that by signing this authorization, a criminal history check will be performed. I authorize the investigatory Agencies to obtain and use from any source, any information concerning the Vendor contained in any type of criminal history record or files, wherever located. I understand that the criminal history record files contain records of arrests, which may have resulted in a disposition other than a finding of guilt (i.e., dismissed charges, or charges that resulted in a not guilty finding). I understand that the information may contain listing of charges that resulted in suspended imposition of sentence even though the **Vendor** successfully completed the conditions of said sentence and was discharged pursuant to law, I authorize the release of this type of information even though this record may be designated as "confidential: or "nonpublic" under the provisions of state or federal laws.

The Investigatory Agencies reserve the right to investigate all relevant information and facts to their satisfaction. I understand that the Investigatory Agencies may conduct a complete and comprehensive investigation to determine the accuracy of all information gathered. However, the Investigatory Agencies, and other agents or employee of the Investigatory Agencies shall not be liable for the receipt, use, or dissemination of inaccurate information. I, on behalf of the **Vendor**, its legal representative assigns, hereby release, waive, discharge, and agree to hold harmless, and otherwise waive liability as to the Investigatory Agencies and other agents or employees of the Investigatory Agencies for any damages resulting from any use, disclosure or publication on any manner, other than willfully unlawful disclosure or publication of any material or information acquires during inquiries, investigation, or hearing, and hereby authorize the lawful use, disclosure or publication of this material or information.

Any information contained in this application, contained within any financial or personnel record, or otherwise found, obtained, or maintained by the Investigatory Agencies, shall be accessible to law enforcement agents of this or any other state, the Government of the United States, any foreign country, or any Indian Tribe.

Vendor Name

Trade Name (DBA)

Printed Full Legal Name of Authorized Agent (Last, First, Middle)

Signature

Date

Please sign in the presence of a Notary

State of _____

NOTARY STAMP

County of _____

Subscribed and sworn before me this _____ Day of _____ 20 _____

Notary Public: _____