

Mescalero Apache Tribal Gaming Commission (MATGC)

3 – Year Renewal of Class III Gaming License

Notice: 60 days before the expiration of your gaming license you are required to submit a renewal application to the Mescalero Apache Tribal Gaming Commission.

- The attached six page application must be filled out completely and returned to the MATGC office. If a question does not apply to you, please state so with the acronym "N/A", or insert the words "not applicable" (Attach additional sheets if necessary).
- ♦ The Authorization for Release of Information must <u>NOT</u> be signed until applicant is in the presence of a Notary Public.
- Applicant must bring two valid forms of identification with application. Any two of the following will be accepted (A birth certificate is not a acceptable form of identification):
 - * State Issued Drivers License
- * State Issued ID
- * Tribal ID

- * Social Security card
- * Passport

* Military ID

- * Resident Alien Card
- * School ID
- *Voters Registration Card

If you have any questions, please call 464 – 7100, select option three (3) for the Licensing Department.

PRIVACY ACT NOTICE

In compliance with the Privacy Act Notice of 1974, the following information is provided: Solicitation of the information on this form is authorized by 25 U.S.C. 2701 *et. seq.* The purpose of the requested information is to determine the eligibility of individuals to be granted a gaming license. The information will be used by the Tribal gaming regulatory authorities and by the National Indian Gaming Commission members and staff who have need for the information in the performance of their official duties. The information may be disclosed to appropriate Federal, Tribal, State, local, or foreign law enforcement and regulatory agencies when relevant to a civil, criminal, or regulatory investigations or prosecutions or when pursuant to a requirement by a tribe or the National Indian Gaming Commission in connection with the issuance, denial, or revocation of a gaming license, or investigations of activities while associated with a tribe or a gaming operation. Failure to consent to the disclosures indicated in this notice will result in a tribe's being unable to license you for a primary management official or key employee position. The disclosure of your Social Security Number (SSN) is voluntary. However, failure to supply a SSN may result in errors in processing your application.

FALSE STATEMENT NOTICE

A false statement on any part of your application may be grounds for denying a license or the suspension or revocation of a license. Also, you may be punished by fine or imprisonment (US Code, title 18, section 1001).

| I Applicant's Name (Please Print clearly) | have read the information above. By signing below, I am in agreement with the above Notices. | | |
|---|--|--|--|
| Applicant Signature | Date | | |

| FULL LEGAL NAME (LAST) | | (FIRST) | | (MIDI |
|--|--------------------------|-----------------------------------|---|----------------------|
| | | | | |
| OTHER NAMES USED BY OR KNOWN | BY (INCLUDE MAIDEN N. | AME) | | |
| | | | | |
| CURRENT STREET ADDRESS | Cr | TY | STATE | ZIP |
| | | | | |
| CURRENT MAILING ADDRESS | CI | TY | STATE | ZIP |
| | | | | |
| HOME PHONE/CELL (Including area co | de) CURRENT POSIT | TION | CITIZENSHIP | USA 🗆 |
| | | | OTHER (L | |
| BUSINESS PHONE (Including area code) | SOCIAL SECURI | TY NUMBER | | TE OF BIRTH |
| | | | | TH/DAY/YEAR |
| DI ACE OF DIDTH | | | YOU AN ENDOLLED ME | TABLE OF THE |
| PLACE OF BIRTH | MIN C 1850cc | MESC | OU AN ENROLLED ME ALERO APACHE TRIBI | |
| CITY | | 1 = | YES NO Census # | |
| COUNTY | COUNTRY | | NU Census n | |
| PLEASE LIST ANY IMMEDIATE FAMI | | ents, Grandparents, Children a | | K FOR THE INN |
| MOUNTAIN GODS RESORT & CASING Name | O. Relationship | Department | a de la companya de | Position |
| MOUNTAIN GODS RESORT & CASING | | Department | | Position |
| MOUNTAIN GODS RESORT & CASING | Relationship | Department IF YES, LIST DATES OF | | |
| MOUNTAIN GODS RESORT & CASING Name HAVE YOU EVER FILED BANKRUPTO | Relationship CY? YES NO | IF YES, LIST DATES OF | BANKRUPTCY AND RE | EASON WHY. |
| MOUNTAIN GODS RESORT & CASING Name HAVE YOU EVER FILED BANKRUPTO DATES | Relationship CY? YES NO | IF YES, LIST DATES OF | BANKRUPTCY AND RE | EASON WHY. |
| MOUNTAIN GODS RESORT & CASING Name HAVE YOU EVER FILED BANKRUPTO DATES | Relationship CY? YES NO | IF YES, LIST DATES OF | BANKRUPTCY AND RE | EASON WHY. FROM TO |
| MOUNTAIN GODS RESORT & CASING Name HAVE YOU EVER FILED BANKRUPTO DATES | Relationship CY? YES NO | IF YES, LIST DATES OF | BANKRUPTCY AND RE | |

| Business Name | Position | Ownership | Address, City, S | State and Zin | Telephone | from - to |
|--|---|--|---|--|---|------------------------------------|
| Dusniess i anne | i USRIOI. | Ownersing | Audios, V.,, | Maic and Esp | I disprione | nom |
| | | | | | | |
| | | _ | | | | |
| | | | <u> </u> | | | |
| | • | | | | | |
| | | | | | | |
| | | | | | | |
| | | _ | | | | |
| IPLOYMENT / BUSIN | FEE HISTORY WI | TH ALL OTHER C | ASINOS (List from t | most current / Attach | additional sheet if nec | word WITHIN |
| ST THREE YEARS. | EGG HAGE CLIL | III AUD C | Abii105 (Diction | HOSt current, | additional blooms. | assary, villand |
| n e se se | - ••• | | the confidence | ~ · · · · · · · · · · · · · · · · · · · | . | Dates From To |
| Susiness Name | Position | Ownership | Address, City, | State and Zip | Telephone | From-To |
| | | | | | | |
| | • | | | | | |
| | | | _ | | | |
| | - | | | | | |
| | | - | | | | _ |
| | | | | | | |
| | | _ | | | | |
| NAME, ADDRESS, TEI WITH WHOM YOU H (Attach additional sheet if | AVE BEEN LICEN f necessary) WITHIN | ISED, APPLIED FOI N THE LAST THREI | R A LICENSE OR I E YEARS. | PERMIT, OR BEE | N DENIED A LICEN | NSE OR PERMIT |
| Agency Name | A | Address, City, State ar | nd Zip | Telephone | License Stati | us and Number |
| | | | | | | |
| | | | | | | |
| LIST ANY CURRENT (Attach additional sheet if | | ESS RELATIONSH | IPS WITH THE MI | ESCALERO APAC | HE TRIBE OR ITS | ENTERPRISES |
| (Attach additional sheet if | f necessary). | | | ESCALERO APAC | | ENTERPRISES |
| | f necessary). | ESS RELATIONSH | | ESCALERO APAC | CHE TRIBE OR ITS | ENTERPRISES |
| (Attach additional sheet if | f necessary). | | | ESCALERO APAC | | ENTERPRISES |
| (Attach additional sheet if | f necessary). | | | ESCALERO APAC | | ENTERPRISES |
| (Attach additional sheet if | f necessary). | | | ESCALERO APAC | | ENTERPRISES |
| (Attach additional sheet if Tribal Entity LIST ANY CURRENT | f necessary). I OR PRIOR BUSIN | Description of Busine | ess Relationship | | Dates | |
| (Attach additional sheet if | f necessary). I OR PRIOR BUSIN | Description of Busine | ess Relationship | | Dates | |
| (Attach additional sheet if Tribal Entity LIST ANY CURRENT (Attach additional sheet if | OR PRIOR BUSIN | Description of Busine | ess Relationship | | Dates NCLUDING OWNE | |
| (Attach additional sheet if Tribal Entity LIST ANY CURRENT (Attach additional sheet if | OR PRIOR BUSIN | Description of Busine | ess Relationship | | Dates | |
| (Attach additional sheet if Tribal Entity LIST ANY CURRENT (Attach additional sheet if | OR PRIOR BUSIN | Description of Busine | ess Relationship | | Dates NCLUDING OWNE | |
| (Attach additional sheet if Tribal Entity LIST ANY CURRENT (Attach additional sheet if | OR PRIOR BUSIN | Description of Busine | ess Relationship | | Dates NCLUDING OWNE | |
| (Attach additional sheet if Tribal Entity LIST ANY CURRENT | OR PRIOR BUSIN | Description of Busine | ess Relationship | | Dates NCLUDING OWNE | |
| (Attach additional sheet if Tribal Entity LIST ANY CURRENT (Attach additional sheet if Tribal Entity | OR PRIOR BUSIN | Description of Busine ESS RELATIONSH | ess Relationship IPS WITH OTHER ess Relationship | INDIAN TRIBE II | Dates NCLUDING OWNED Dates | RSHIP INTERES |
| (Attach additional sheet if Tribal Entity LIST ANY CURRENT (Attach additional sheet if Tribal Entity NAME, ADDRESS, TEI | OR PRIOR BUSING f necessary). | Description of Busine ESS RELATIONSH Description of Busine | ess Relationship IPS WITH OTHER ess Relationship | INDIAN TRIBE I | Dates NCLUDING OWNE Dates | RSHIP INTERES |
| CAttach additional sheet if Tribal Entity LIST ANY CURRENT (Attach additional sheet if Tribal Entity NAME, ADDRESS, TEI WITH WHOM YOU H. | OR PRIOR BUSING f necessary). LEPHONE, LICENAVE APPLIED FOI | Description of Busine ESS RELATIONSH Description of Busine ESE STATUS AND L R AN OCCUPATION | ess Relationship IPS WITH OTHER ess Relationship ICENSE NUMBER NAL LICENSE OR | INDIAN TRIBE I | Dates NCLUDING OWNE Dates | RSHIP INTERE |
| (Attach additional sheet if Tribal Entity LIST ANY CURRENT (Attach additional sheet if Tribal Entity NAME, ADDRESS, TEI WITH WHOM YOU H. | OR PRIOR BUSING f necessary). LEPHONE, LICENAVE APPLIED FOI | Description of Busine ESS RELATIONSH Description of Busine | ess Relationship IPS WITH OTHER ess Relationship ICENSE NUMBER NAL LICENSE OR | INDIAN TRIBE I | Dates NCLUDING OWNE Dates ING OR REGULATE additional sheet if neces | RSHIP INTERES |
| (Attach additional sheet if Tribal Entity LIST ANY CURRENT (Attach additional sheet if Tribal Entity NAME, ADDRESS, TEI WITH WHOM YOU H. | OR PRIOR BUSING f necessary). LEPHONE, LICENAVE APPLIED FOI | Description of Busine ESS RELATIONSH Description of Busine ESE STATUS AND L R AN OCCUPATION | ess Relationship IPS WITH OTHER ess Relationship ICENSE NUMBER NAL LICENSE OR | OF ANY LICENS | Dates NCLUDING OWNE Dates ING OR REGULATE additional sheet if neces | RSHIP INTERES ORY AGENCIES SSATY). |
| (Attach additional sheet if Tribal Entity LIST ANY CURRENT (Attach additional sheet if Tribal Entity NAME, ADDRESS, TEI WITH WHOM YOU H. | OR PRIOR BUSING f necessary). LEPHONE, LICENAVE APPLIED FOI | Description of Busine ESS RELATIONSH Description of Busine ESE STATUS AND L R AN OCCUPATION | ess Relationship IPS WITH OTHER ess Relationship ICENSE NUMBER NAL LICENSE OR | OF ANY LICENS | Dates NCLUDING OWNE Dates ING OR REGULATE additional sheet if neces | RSHIP INTERES ORY AGENCIES SSATY). |
| (Attach additional sheet if Tribal Entity LIST ANY CURRENT (Attach additional sheet if Tribal Entity NAME, ADDRESS, TEI WITH WHOM YOU H. | OR PRIOR BUSING f necessary). LEPHONE, LICENAVE APPLIED FOI | Description of Busine ESS RELATIONSH Description of Busine ESE STATUS AND L R AN OCCUPATION | ess Relationship IPS WITH OTHER ess Relationship ICENSE NUMBER NAL LICENSE OR | OF ANY LICENS | Dates NCLUDING OWNE Dates ING OR REGULATE additional sheet if neces | RSHIP INTERE |
| CAttach additional sheet if Tribal Entity LIST ANY CURRENT (Attach additional sheet if Tribal Entity NAME, ADDRESS, TEI WITH WHOM YOU H. | OR PRIOR BUSING f necessary). LEPHONE, LICENAVE APPLIED FOI | Description of Busine ESS RELATIONSH Description of Busine ESE STATUS AND L R AN OCCUPATION | ess Relationship IPS WITH OTHER ess Relationship ICENSE NUMBER NAL LICENSE OR | OF ANY LICENS | Dates NCLUDING OWNE Dates ING OR REGULATE additional sheet if neces | RSHIP INTERE ORY AGENCIE |
| (Attach additional sheet if Tribal Entity LIST ANY CURRENT (Attach additional sheet if Tribal Entity NAME, ADDRESS, TEI WITH WHOM YOU H. Agency Name | or Prior Busini f necessary). LEPHONE, LICENAVE APPLIED FOI | Description of Busine ESS RELATIONSH Description of Busine RESTATUS AND L R AN OCCUPATIO | ESS Relationship IPS WITH OTHER ESS Relationship ICENSE NUMBER NAL LICENSE OR | OF ANY LICENS PERMIT (Attach a | Dates NCLUDING OWNED Dates SING OR REGULATE additional sheet if necess License State | RSHIP INTERE ORY AGENCIE |
| CAttach additional sheet if Tribal Entity LIST ANY CURRENT (Attach additional sheet if Tribal Entity NAME, ADDRESS, TEI WITH WHOM YOU H. Agency Name | OR PRIOR BUSINI f necessary). LEPHONE, LICEN AVE APPLIED FOI | Description of Busine ESS RELATIONSH Description of Busine ESE STATUS AND L R AN OCCUPATION ddress, City, State and | IPS WITH OTHER ess Relationship ICENSE NUMBER NAL LICENSE OR nd Zip | R OF ANY LICENS R PERMIT (Attach a Telephone | Dates NCLUDING OWNER Dates ING OR REGULATE deditional sheet if necess License State INDUSTRY! | RSHIP INTERE ORY AGENCIE |
| (Attach additional sheet if Tribal Entity LIST ANY CURRENT (Attach additional sheet if Tribal Entity NAME, ADDRESS, TEI WITH WHOM YOU H. Agency Name | OR PRIOR BUSINI f necessary). LEPHONE, LICEN AVE APPLIED FOI | Description of Busine ESS RELATIONSH Description of Busine ESE STATUS AND L R AN OCCUPATION ddress, City, State and | ESS Relationship IPS WITH OTHER ESS Relationship ICENSE NUMBER NAL LICENSE OR | R OF ANY LICENS R PERMIT (Attach a Telephone | Dates NCLUDING OWNED Dates SING OR REGULATE additional sheet if necess License State | RSHIP INTERE ORY AGENCIE |
| CAttach additional sheet if Tribal Entity LIST ANY CURRENT (Attach additional sheet if Tribal Entity NAME, ADDRESS, TEI WITH WHOM YOU H. Agency Name | OR PRIOR BUSINI f necessary). LEPHONE, LICEN AVE APPLIED FOI | Description of Busine ESS RELATIONSH Description of Busine ESE STATUS AND L R AN OCCUPATION ddress, City, State and | IPS WITH OTHER ess Relationship ICENSE NUMBER NAL LICENSE OR nd Zip | R OF ANY LICENS R PERMIT (Attach a Telephone | Dates NCLUDING OWNER Dates ING OR REGULATE deditional sheet if necess License State INDUSTRY! | RSHIP INTERE ORY AGENCIE |
| CAttach additional sheet if Tribal Entity LIST ANY CURRENT (Attach additional sheet if Tribal Entity NAME, ADDRESS, TEI WITH WHOM YOU H. Agency Name | OR PRIOR BUSINI f necessary). LEPHONE, LICEN AVE APPLIED FOI | Description of Busine ESS RELATIONSH Description of Busine ESE STATUS AND L R AN OCCUPATION ddress, City, State and | IPS WITH OTHER ess Relationship ICENSE NUMBER NAL LICENSE OR nd Zip | R OF ANY LICENS R PERMIT (Attach a Telephone | Dates NCLUDING OWNER Dates ING OR REGULATE deditional sheet if necess License State INDUSTRY! | RSHIP INTERE ORY AGENCIE |

ARE YOU NOW THE SUBJECT OF A CRIMINAL INVESTIGATION? (Attach additional sheet if necessary)
YES NO IF YES, PROVIDE THE FOLLOWING INFORMATION FOR EACH INSTANCE

WITH IN THE PAST THREE (3) YEARS HAVE YOU BEEN ARRESTED, CHARGED OR INDICTED FOR A MISDEMEANOR OR FELONY (<u>OTHER THAN MINOR TRAFFIC VIOLATIONS</u>) INCLUDING RECKLESS DRIVING, CARELESS DRIVING or DUI/ DWI?

IF YES, PLEASE LIST THESE CHARGES BELOW.

| Charge: | |
|---|-------|
| Type of Charge (Misdemeanor or Felony): | Date: |
| Name of Court, City and State | |
| Disposition (Outcome) | |
| <u>-</u> | |
| Charge: | Date: |
| Type of Charge (Misdemeanor or Felony): | |
| Name of Court, City and State | |
| Disposition (Outcome) | |
| • ` ` ` | |
| Charge: | Date: |
| Type of Charge (Misdemeanor or Felony): | |
| Name of Court, City and State | |
| Disposition (Outcome) | • |
| - | |
| Charge: | |
| Type of Charge (Misdemeanor or Felony): | Date: |
| Name of Court, City and State | |
| Disposition (Outcome) | |
| • ` ` '- | |
| Charge: | |
| Type of Charge (Misdemeanor or Felony): | Date: |
| Name of Court, City and State | |
| Disposition (Outcome) | |
| 2.5pos.404 (0.4001110) | |
| Charge: | |
| Type of Charge (Misdemeanor or Felony): | Date: |
| Name of Court, City and State | |
| Disposition (Outcome) | |
| 2.5) | |
| Charge: | |
| Type of Charge (Misdemeanor or Felony): | Date: |
| Disposition (Outcome) | |
| Disposition (Outdome) | |
| Charge: | |
| Type of Charge (Misdemeanor or Felony): | Date: |
| Name of Court, City and State | |
| Disposition (Outcome) | |
| 2.500.000 (0.00000) | |
| Charge: | |
| Type of Charge (Misdemeanor or Felony): | Date: |
| Name of Court, City and State | |
| Disposition (Outcome) | |
| | |
| Charge: | |
| Type of Charge (Misdemeanor or Felony): | Date: |
| Name of Court, City and State | |
| Disposition (Outcome) | |
| Disposition (Outcome) | |

NOTICE

All Inn of the Mountain Gods Resort & Casino and Casino Apache key employees who are arrested, charged, or convicted of a crime must notify the Mescalero Apache Tribal Gaming Commission, in writing, within ten (10) calendar days. Copies of court documents must be provided. Failure to comply may result in the suspension or possible revocation of your Gaming License.

You must LIST all charges on the previous page, which have occurred within the past three years even if charges were dismissed, deferred, dropped, pending or expunged. Explain each charge fully and attach additional sheets if necessary. False or incomplete information may result in denial or revocation of your Gaming License.

I understand that it is my responsibility to conduct my personal life in such a manner that will not impact my ability to hold a Class III Gaming License. I have read the information above. By signing below, I agree to comply with the requirements of the above notice.

| APPLICANTS SIGNATURE Date | e | | | | |
|---|------|--|--|--|--|
| <u>CERTIFICATION</u> I certify that all information and statements made by me in this gaming license application are true, complete and correct to the best of my knowledge and belief, and are made in good faith. | | | | | |
| APPLICANTS SIGNATURE Date | e | | | | |
| State of New Mexico County of Otero Subscribed and sworn to before me this day of | , 20 | | | | |
| Notary Public Signature My Commission Expires: | | | | | |