

# APPLICATION INSTRUCTIONS PERSONAL HISTORY LONG FORM

**PLEASE READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS FORM**

## **I. COMPLETING THIS FORM:**

- A. You must make accurate statements and include all material facts. Any misrepresentation, or the failure to provide requested information, may result in the denial of your application.
- B. Read each question carefully prior to answering. Answer every question completely. Do not leave blank spaces. If a question does not apply to you, indicate "Does Not Apply" in response to that question. If there is nothing to disclose in response to a particular question, indicate "None" in response to that question. Failure to provide a response to every question could result in the rejection of your application and/or lengthen the amount of time needed to complete the investigation.
- C. Applicants must initial each page to indicate that you have read the information as provided and it is correct.
- D. All entries on this form, except initials and signatures, must be typed or printed in block lettering using **black ink**. Note: If your application is not legible, it **WILL NOT** be accepted.
- E. If the space available is insufficient to respond to a question, you are to supply the required information on an attachment page and clearly identify which question you are answering.
- F. Information normally needed by the assigned investigator can include but not limited to: federal tax forms, bank statements, and brokerage statements. Your investigator will tell you if they are needed and if any additional information is necessary. Have the above documents available if requested. Failure to provide any requested documents could result in the denial of your application.
- G. Once your application is accepted, it becomes the property of the Las Vegas Metropolitan Police Department. It will not be returned, and LVMPD does not make any copies of any documents relating to the application. Applicant is advised to make copies before submitting questionnaire.
- H. IT IS THE RESPONSIBILITY OF EACH APPLICANT FOR A LICENSE TO THOROUGHLY FAMILIARIZE HIM/HERSELF WITH ALL APPLICABLE ORDINANCES, RULES, AND REGULATIONS PERTAINING TO THE PARTICULAR LICENSE APPLIED FOR.

## **II BE SURE TO:**

- A. Attach a recent (within the past six months) passport size color photograph of yourself.
- B. Sign the Statement of Truth form and have notarized.
- C. Check to ensure that you have placed your initials on each page.
- D. Have included all required attachments.
- E. Answer every question completely.
- F. Retain a copy of your application for your own records.
- G. Read, initial, sign, and notarize both AUTHORIZATION TO RELEASE INFORMATION forms.

# PERSONAL HISTORY FORM

Name: Last (includes Sr., Jr., Etc., if applicable)	First	Middle		
Mailing Address (number and street)	Apt. #	City/Town	State/Province	Zip/Postal Code
Home Address (if different from mailing address)	Apt. #	City/Town	State/Province	Zip/Postal Code
Present Business Address (number and street)	Suite #	City/Town	State/Province	Zip/Postal Code
Home Telephone Number (include area codes)	Present Business Telephone No.		Cellular Telephone No.	

Date of Birth	Social Security No.
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Have you been known by any other name or names?  Yes  No, If yes, list the additional names below and specify dates of use for each (include maiden name, aliases, nicknames, American name, other name changes, legal or otherwise):

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Sex	Color of Eyes	Color of Hair	Height	Weight
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Do you have any scars, tattoos, or other distinguishing marks and/or characteristics? If so, please describe:

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Of what country are you a citizen?	If registered alien, list number
If naturalized, list certificate number	Date of Naturalization
Port of Entry	Date of Entry

## ATTACH COPY OF ALIEN REGISTRATION/NATURALIZATION

Have you ever been issued a passport?  Yes  No If yes, complete the following and attach copy

Passport Number	Country of Issue	Place Issued	Date Issued	Expiration Date
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## ATTACH COPY OF PASSPORT

- List all current motor vehicle drivers licenses (automobiles, motorcycles, airplanes, boats, recreational vehicles, etc.) issued to you in any jurisdiction.

Date Last Issued	License Number	Type of License	Jurisdiction Issuing License	Expiration Date of License

2. What is your current marital status:     Single                       Married                       Divorced  
     Engaged                       Legally Separated                       Widow/Widower

How many times have you been married? \_\_\_\_\_

**2a. Provide the following information regarding your current marriage and spouse: (if applicable):**

Name of Spouse			Spouse's Occupation
Date of Birth	Social Security Number	Date of Marriage	Where Married
Place of Birth	Current Address		Telephone Number

**2b. Previous Marriages - Provide the information regarding previous marriages-if any (Do not include current spouse)**

<b>Name of Former Spouse</b>			<b>Date of Birth</b>	<b>Present Address and Phone Number of Former Spouse</b>
<b>Date and Place of Marriage</b>		<b>Date and Location of Annulment Separation, or Divorce</b>		<b>Docket/Case # of Divorce Action</b>
<b>Name of Former Spouse</b>			<b>Date of Birth</b>	<b>Present Address and Phone Number of Former Spouse</b>
<b>Date and Place of Marriage</b>		<b>Date and Location of Annulment Separation, or Divorce</b>		<b>Docket/Case # of Divorce Action</b>
<b>Name of Former Spouse</b>			<b>Date of Birth</b>	<b>Present Address and Phone Number of Former Spouse</b>
<b>Date and Place of Marriage</b>		<b>Date and Location of Annulment Separation, or Divorce</b>		<b>Docket/Case # of Divorce Action</b>

**3. In the chart below, list the names of all your children, step-children and adopted children.**

NAME	DATE OF BIRTH	BIRTHPLACE	CURRENT ADDRESS	SUPPORTED BY

4. List names, residence address, dates of birth, and most recent occupations of parents, parents-in-law, or legal guardians. If deceased, please note as such:

Name	Date of Birth	Address	Phone Number	Occupation
Father				
Mother				
Father-in-law				
Mother-in-law				

5. List names, dates of birth, home addresses, phone numbers, and the most recent occupations of brothers and sisters and of their respective spouses.

Name (Include Maiden)	Date of Birth	Address	Phone Number	Occupation
Sibling				
Spouse				
Sibling				
Spouse				
Sibling				
Spouse				



8. Beginning with your present job and working backward, provide the following information in regards to each place you have worked since the age of 18. Include all part-time and full-time employment and military service. Give dates of any unemployment between jobs in proper sequence.

From:	Employer Name and Mailing Address	Employer Phone Number	Name of Supervisor	Reason for Leaving
To:				
Salary:	Job Title/Classification	Description of Duties		
From:	Employer Name and Mailing Address	Employer Phone Number	Name of Supervisor	Reason for Leaving
To:				
Salary:	Job Title/Classification	Description of Duties		
From:	Employer Name and Mailing Address	Employer Phone Number	Name of Supervisor	Reason for Leaving
To:				
Salary:	Job Title/Classification	Description of Duties		
From:	Employer Name and Mailing Address	Employer Phone Number	Name of Supervisor	Reason for Leaving
To:				
Salary:	Job Title/Classification	Description of Duties		
From:	Employer Name and Mailing Address	Employer Phone Number	Name of Supervisor	Reason for Leaving
To:				
Salary:	Job Title/Classification	Description of Duties		
From:	Employer Name and Mailing Address	Employer Phone Number	Name of Supervisor	Reason for Leaving
To:				
Salary:	Job Title/Classification	Description of Duties		
From:	Employer Name and Mailing Address	Employer Phone Number	Name of Supervisor	Reason for Leaving
To:				
Salary:	Job Title/Classification	Description of Duties		
From:	Employer Name and Mailing Address	Employer Phone Number	Name of Supervisor	Reason for Leaving
To:				
Salary:	Job Title/Classification	Description of Duties		
From:	Employer Name and Mailing Address	Employer Phone Number	Name of Supervisor	Reason for Leaving
To:				
Salary:	Job Title/Classification	Description of Duties		

8a. With regard to the previously listed employment:

- A. Were you ever discharged, suspended, or asked to resign from employment?  Yes  No
- B. Were you ever charged with any infraction in relation to any employment which was the subject of any disciplinary action?  Yes  No

If yes to either question, complete the following:

Date of Discharge, Suspension, Resignation or Disciplinary Action	Name and Address of Employer	Name of Supervisor	Reason for Discharge, Suspension, Resignation or Disciplinary Action

9. Provide the names and other information requested of three (3) references over the age of 18 who have known you for at least three (3) years and can attest to your good character and reputation. No person can be a reference who is a member of your family (ie spouse, parents, grandparents, children, grandchildren, siblings, uncles, aunts, nephews, nieces, fathers-in-law, mothers-in-law, sons-in-law, daughters-in-law, brothers-in-law and sisters-in-law, whether by whole or half blood, by marriage, adoption or natural relationship). No person can be a reference who is a current employer, employee or business associate.

**REFERENCE ONE**

Name \_\_\_\_\_ Business Address \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Telephone No. \_\_\_\_\_ Occupation \_\_\_\_\_

How long have you known the reference? \_\_\_\_\_

**REFERENCE TWO**

Name \_\_\_\_\_ Business Address \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Telephone No. \_\_\_\_\_ Occupation \_\_\_\_\_

How long have you known the reference? \_\_\_\_\_

**REFERENCE THREE**

Name \_\_\_\_\_ Business Address \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Telephone No. \_\_\_\_\_ Occupation \_\_\_\_\_

How long have you known the reference? \_\_\_\_\_





12. Have you ever had any records, civil or criminal, sealed or expunged in any jurisdiction?  Yes  No  
 If yes, please provide copy of sealing document and details:

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13. Have you been in business as an owner or part-owner previously or are you engaged in an active business as an owner or part-owner at this time?  Yes  No If yes, complete the following:

BUSINESS NAME	BUSINESS ADDRESS	PARTNER(S) NAMES(S)	DATES	STATUS (OPEN, SOLD, BANKRUPT, OTHER)

14. Have you ever made application for, or held, any professional or occupational license, permit, or certification in any jurisdiction, including, but not limited to the following: Real Estate Broker or Salesman, Accountant, Attorney, Medical, Boxing Promoter, Manager or Matchmaker, Race Horse Owner, Trainer, Manager, Jockey, Race Dog Owner, Securities Dealer, Contractor, Pilot, Insurance, or any other type of professional license. (Do not include Alcoholic Beverage or Driver’s License.) You must answer “Yes” to this question if you ever applied and your application was granted, denied, returned to you by the licensing agency for any reason, withdrawn, or is currently pending.  Yes  No If yes, complete the following:

NAME ON LICENSE	TYPE OF LICENSE	DATE - FROM/TO	NAME AND ADDRESS OF LICENSING AGENCY/ORGANIZATION	DISPOSITION OF THE APPLICATION



17. Have you (as an individual, member of a partnership, or owner, director or officer of a corporation) or your spouse been party to a lawsuit, either as a plaintiff or defendant? This includes matrimonial matters, negligence matters, auto accident matters, contract matters, collection matters, debt matters, bank matters, bankruptcies, etc.  Yes  No If yes, complete the following and attach copy of summons and complaint and motion disposing of matter (if applicable):

DATE FILED	NAME & ADDRESS OF COURT	DOCKET/CASE NUMBER	OTHER PARTIES TO SUIT	NATURE OF SUIT	DISPOSITION	DATE OF DISPOSITION

18. Have any individual, local, city, county, state, federal or any other governmental liens/debts been filed against you as an individual, sole proprietor, member of a partnership, or owner of a corporation in any jurisdiction?  Yes  No If yes, complete the following and attach copy of lien and release (if applicable):

NATURE OF LIEN/DEBT	WHEN FILED	WHERE FILED	CURRENT STATUS

19. Have you, as an individual, or any business entity in which you have been involved with filed any type of bankruptcy, insolvency or liquidation under any bankruptcy or insolvency law in any jurisdiction?  Yes  No If yes, complete the following and attach copy of discharge, if applicable:

DATE FILED	DOCKET/CASE NUMBER	NAME AND ADDRESS OF COURT	NAME AND ADDRESS OF FILING PARTY	NAME AND ADDRESS OF TRUSTEE

20. Have you ever held a financial interest in a gambling venture, including a race track, race horse or race dog, lottery, casino, bookmaking operation, or pari-mutual outside the State of Nevada?  Yes  No If yes, please provide details:

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21. Have you ever been cited or charged with, or formally accused of, any violation of a statute, regulation, or code of any local, state, county, municipal, provincial, federal, or national government other than a criminal, disorderly persons, petty disorderly person, or motor vehicle violation?  Yes  No If yes, complete the following:

GOVERNMENTAL AGENCY/ORGANIZATION	NATURE OF CHARGE	DATE	DISPOSITION

22. Have you ever been barred, trespassed, or otherwise excluded, for any reason other than for the denial, suspension or revocation of a license or registration from any form or type of casino or gaming/gambling related operation in any jurisdiction? (Check 'Yes' even if the disbarment or exclusion is no longer in effect or has been lifted.)  Yes  No If yes, complete the following:

GAMING/GAMBLING AGENCY	DATE OF EXCLUSION	REASON FOR EXCLUSION

23. Will you have any type of slot machines/gaming devices in your establishment that are not owned by you? If so, complete the following, and provide copy of participation agreement.

NAME	ADDRESS	TELEPHONE NO.	CONTACT PERSON	DATE OF AGREEMENT

24. Have you ever been called to testify, or otherwise participated in a hearing or proceeding, before any Licensing Agency, Grand Jury, Federal Board, or Commission for any reason whatsoever?  Yes  No If yes, complete the following:

NAME OF LICENSING AGENCY/OR COMMISSION	DATE OF APPEARANCE(S)	NATURE OF HEARING	WAS TESTIMONY GIVEN?

25. Have you filled out a cash transaction report (CTR) or has one been filled out for you in the past three (3) years?  Yes  No If yes, supply details:

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26. Are you currently indebted to a gaming establishment?  Yes  No If yes, supply details:

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27. Do you intend to actively participate in the operation of this business for which this license is desired?  Yes  No If yes, state position:

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If no, state reason: \_\_\_\_\_

28. Is entertainment to be used in this establishment?  Yes  No If yes, describe:

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29. Are the premises for which the license is requested owned by you or a business in which you have an interest?  
 Yes  No If property is not owned by you, is it owned by a partner?  Yes  No If yes, provide the following:

Name	Telephone No:
Address:	

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30. If the premises are not owned by you or a partner, are they leased or subleased?  Yes  No If yes, provide the name and address of the person or firm from whom you are leasing:

Name	Telephone No:
Address:	

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31. Did another individual complete this application on your behalf?  Yes  No If yes, provide the following:

Name	Date of Birth	Social Security No.
Address		Telephone No.

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32. Explain affiliation of this individual and reason this application was completed on your behalf (i.e. language, legal, etc.)

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## STATEMENT OF TRUTH

1. I am the applicant who is submitting this application form.
2. I personally supplied the information contained in this form.
3. I understand and read the English language or I have had an interpreter read, explain and record the answer to each and every question on this application form.
4. Any document accompanying this form that is not an original document is a certified copy of the original document.
5. I swear (or affirm) that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, or misleading they will be documented and could result in the denial of licensing.

Dated: \_\_\_\_\_

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

Subscribed and Sworn to  
before me this \_\_\_\_\_ day  
of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
State/Province, Country

36. I, \_\_\_\_\_, understand that in case this application is withdrawn or denied, there shall be no refund of any investigation fees paid.

**X** \_\_\_\_\_  
Signature of Applicant

**SUBSCRIBED AND SWORN TO BEFORE ME**

THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC IN AND FOR SAID COUNTY AND STATE

37. I, \_\_\_\_\_, understand that if this application is for a change of ownership of an existing business, it must comply with the uniform commercial code "Bulk Transfers" (Nevada Revised Statutes 104.6101 through 104.6108), and upon approval of the license transfer by the Gaming Board of Commissioners and county and municipal licensing boards, I will submit to the licensing authorities a completed copy of the compliance with this code.

**X** \_\_\_\_\_  
Signature of Applicant

**SUBSCRIBED AND SWORN TO BEFORE ME**

THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC IN AND FOR SAID COUNTY AND STATE

