



West Virginia Lottery Commission

900 Pennsylvania Avenue, Charleston, WV 25302



MULTI JURISDICTIONAL PERSONAL HISTORY DISCLOSURE FORM

(Abbreviated Version)

APPLICATION INSTRUCTIONS

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.
- c. All entries on this form, except initials and signatures, must be typed or printed in block lettering using dark ink. *If your application is not legible, it will not be accepted.*
- d. You must use **blue** ink to personally initial, date and identify the gaming agency to which your application is being submitted in the space provided on the bottom of each page of the form.
- 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. The blank page on page 14 may be used to provide this additional information. You must use **blue** ink to personally initial, date and identify the gaming agency to which your application is being submitted at the bottom of each of these attachment pages.
- f. If you make any modification to the pre-printed questions or information contained in this form, your application will be rejected. Once your application is accepted, it becomes property of the gaming agency with which it has been filed and will not be returned.

II. **BE SURE TO:**

- a. Sign the Statement of Truth form on Page 15 in the presence of a Notary Public, Justice of the Peace, commissioner for declarations or other person legally authorized to notarize your signature.
- b. Check to ensure that you have placed your initials, the date, and identified the gaming agency to which you are applying, on the bottom of each page of this form in the space provided and on any attachment pages.

III. **BEFORE YOU SUBMIT THIS FORM TO THE GAMING AGENCY TO WHICH YOU ARE APPLYING, BE SURE THAT:**

- a. You have reviewed the particular gaming agency's filing instructions for the type of license, approval or qualification that you are seeking.
- b. You have included all required attachments listed in this form.
- c. The Statement of truth form is notarized on the original application.
- d. Every question has been answered completely.
- e. You retain a completed copy of your application package for your own records.
- f. You have completed any ancillary forms for the individual jurisdiction.

VI. **TIPS FOR COMPLETING THIS FORM:**

- a. Keep a blank copy of the form. When you need to update information, you can use the appropriate pages from the blank form to provide the information.
- b. Be sure to use blue ink where you sign, initial, date and identify the gaming agency where you are filing your application. Using blue ink will make it clear to the jurisdiction where you are filing that your application is to be considered an original and not a photocopy.

Revised 04/23/14

MULTI JURISDICTIONAL PERSONAL HISTORY DISCLOSURE FORM

PLEASE PRINT OR TYPE THE ANSWERS TO THE FOLLOWING QUESTION IN THE SPACES PROVIDED

PERSONAL DATA

NAME: LAST (INCLUDE SR., JR., ETC., IF APPLICABLE) FIRST MIDDLE

MAILING ADDRESS/POSTAL ADDRESS:
NUMBER AND STREET APT#/FLAT# CITY/TOWN STATE/PROVINCE ZIP/POSTAL CODE

HOME ADDRESS: (IF DIFFERENT THAN MAILING ADDRESS/POSTAL ADDRESS)
NUMBER AND STREET APT#/FLAT# CITY/TOWN STATE/PROVINCE ZIP/POSTAL CODE

PRESENT BUSINESS ADDRESS:
NUMBER AND STREET APT#/FLAT# CITY/TOWN STATE/PROVINCE ZIP/POSTAL CODE

HOME TELEPHONE NUMBER: CURRENT BUSINESS TELEPHONE NO. AT PLACE OF EMPLOYMENT: FAX NUMBER
(AREA CODE) (NUMBER) (AREA CODE) (NUMBER) (EXTENSION) (AREA CODE) (NUMBER)

DATE OF BIRTH: (MO)(DAY)(YEAR) E-MAIL ADDRESS:

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, OTHER NAME CHANGES, LEGAL OR OTHERWISE.)

Sex	Color of Eyes	Color of Hair	Height ____ FT ____ IN/ ____ CM	Weight ____ LBS/ ____ KG
-----	---------------	---------------	------------------------------------	-----------------------------

DO YOU HAVE ANY SCARS, TATTOOS, OR OTHER DISTINGUISHING MARKS AND/OR CHARACTERISTICS? IF SO, PLEASE DESCRIBE.

EDUCATIONAL DATA

Beginning with secondary school (high school), provide the information listed below with respect to each school, college, graduate or post graduate school you have attended.

DATES		NAME AND ADDRESS OF SCHOOL, TRAINING PROGRAM, ETC.	DESCRIPTION OF EDUCATION PROGRAM	LIST ANY DEGREE OR CERTIFICATION ATTAINED	GRADUATED YES OR NO
FROM: (MO/YR)	TO: (MO/YR)				

Initials _____ Gaming Agency _____ Date _____

EMPLOYMENT DATA

In the chart below, provide the information regarding your employment for the past twenty years or from age 18, whichever is less. Begin with your present job and work backwards. Give dates of any unemployment between jobs in proper sequence. Include all part-time and full-time employment and any military service. *

DATES		NAME, MAILING ADDRESS, AND TELEPHONE NUMBER OF EMPLOYER(S)	TITLE/POSITION HELD AND DESCRIPTION OF DUTIES	NAME OF SUPERVISOR	REASON FOR LEAVING/COMPENSATION AT DEPARTURE
FROM: (MO/YR)	TO: (MO/YR)				

* If you have additional employment data that does not fit on this page, please use Page 14 to provide the additional employment data.

Initials _____ Gaming Agency _____ Date _____

NET WORTH STATEMENT -- ASSETS AND LIABILITIES

NOTE: Complete the financial statements on pages 6 through 13 and copy the totals in the appropriate space below.

Please list all assets, tangible and intangible, in which a direct or indirect interest is held by you, your spouse or your dependent children. For each line item, list both the cost of the asset and the present market values as of the date of this statement unless this cannot reasonably be done, in which case any special valuation date should be noted in the column provided. Detail each line entry on the appropriate schedule.

ASSET	COST AT DATE ACQUIRED OR PURCHASED (A)	CURRENT MARKET VALUE (B)	SPECIAL VALUATION DATE, IF ANY	LIABILITY	ORIGINAL AMOUNT OF LIABILITY (C)	AMOUNT OUTSTANDING (D)
1. Cash				10. Notes Payable (Schedule I)		
a) On Hand		a)		11. Loans and Other Payables (Schedule J)		
b) In bank (Schedule A)		b)		12. Taxes Payable (Schedule K)		
2. Loans, Notes and Other Receivables (Schedule B)				13. Mortgages or Liens on Real Estate (Schedule L)		
3. Securities (Schedule C)				14. Loans Against Insurance/Pensions (Schedule M)		
4. Real Estate Interests (Schedule D)				15. Other Indebtedness (Schedule N)		
5. Cash Value Life Insurance (Schedule E)				TOTAL LIABILITIES		
6. Cash Value Pension/Retirement Funds (Schedule F)				NET WORTH		
7. Furniture and Clothing (Reasonable Estimate)				Total Assets (From Column B) less Total Liabilities (From Column D)		
8. Vehicles (Schedule G)				16. Contingent Liabilities (Schedule O)		
9. Other (Schedule H)				Date of Statement		
TOTAL ASSETS				Please provide the name, address and phone number of the person completing this statement if it is completed by someone other than you.		

Name _____
 Address _____
 Phone _____

SCHEDULE "A" – CASH IN BANK

List below all bank accounts (checking, savings, time deposits, certificates of deposit, money market funds, etc.) foreign and domestic, maintained by you, your spouse or dependent children. Identify with an asterisk (*) any check writing accounts held with brokerage houses, insurance companies, etc.

NAME AND ADDRESS OF INSTITUTION	NAME OF PERSON(S) AND TAX IDENTIFICATION NUMBER(S) APPEARING ON ACCOUNT	ACCOUNT NUMBER	INTEREST RATE (%)	GENERAL NATURE OF ACCOUNT	DATE OF BALANCE	BALANCE
						\$ _____
TOTAL CURRENT BALANCE (Enter this figure in Item 1b, Column B on Page 5.)						\$ _____

SCHEDULE "B" – LOANS, NOTES AND RECEIVABLES

List below all loans, notes and other receivables held by you, your spouse, or dependent children.

CHECK IF HELD BY SPOUSE OR DEPENDENT CHILD	NAME AND ADDRESS OF DEBTOR	INTEREST RATE (%)	ORIGINAL LOAN AMOUNT	DATE OF ORIGINAL LOAN or RECEIVABLE	TOTAL PAYMENTS	DATE DUE	NATURE OF ADVANCE AND NATURE OF SECURITY, IF ANY (INDICATE IF UNSECURED)	CURRENT BALANCE
			\$ _____					\$ _____
TOTAL ORIGINAL LOAN AMOUNT(S) (Enter this figure in Item 2, Column A on Page 5.)								TOTAL CURRENT BALANCE (Enter this figure in Item 2, Column B on Page 5.)

Initials _____ Gaming Agency _____ Date _____

SCHEDULE "C" – SECURITIES

Provide the information in the table below for all stocks, bonds, mutual funds, commodity accounts, options warrants, etc., held or controlled by you, your spouse or dependent children in any jurisdiction. Whenever interest exists through a mutual fund or holding company, the individual stocks or bonds held by such mutual fund or holding company need not be listed; whenever such interest exists through a beneficial interest in a trust, the securities held in such trust shall be listed if you, your spouse or dependent children have knowledge of what securities are so held. INDICATE PUBLICLY TRADED SECURITIES BY AN ASTERISK (*).

CHECK IF HELD BY SPOUSE OR DEPENDENT CHILD	NUMBER OF SECURITIES OR CONTRACTS HELD	TYPE OF SECURITY	NAME OF ISSUING COMPANY OR GOVERNMENT AGENCY OR ORGANIZATION	MARKET VALUE AT TIME OF ACQUISITION	DATE OF AND PRICE AT PURCHASE	% OF OWNERSHIP IF GREATER THAN 5%	REGISTERED OWNER	DATE OF VALUATION	CURRENT MARKET VALUE
					\$ TOTAL PURCHASE PRICE (Enter this figure in Item 3, Column A on Page 5.)				\$ TOTAL CURRENT MARKET VALUE (Enter this figure in Item 3, Column B on Page 5.)

SCHEDULE "D" – REAL ESTATE INTERESTS

Indicate below the location, size, general nature, acquisition date and other information requested regarding any real property in any jurisdiction in which any direct, indirect, vested or contingent interest is held by you, your spouse, or dependent children, along with the names of all individuals or entities who share a direct, indirect, vested or contingent interest therein.

CHECK IF HELD BY SPOUSE OR DEPENDENT CHILD	ADDRESS PARCEL/LOT NUMBER	LOT SIZE/ STAND NO./ SQUARE FOOTAGE OF BUILDING	TYPE OF PROPERTY	DATE ACQUIRED/ DOWN PAYMENT	INDIVIDUALS OR ENTITIES SHARING INTEREST (INCLUDE % OF OWNERSHIP FOR EACH)	PURCHASE PRICE OF % OWNED	MONTHLY PRICE OF % OWNED	ESTIMATED MARKET VALUE OF % OWNED
						\$ TOTAL PURCHASE PRICE (Enter this figure in Item 4, Column A on Page 5.)		\$ TOTAL CURRENT MARKET VALUE (Enter this figure in Item 4, Column B on Page 5.)

Initials _____ Gaming Agency _____ Date _____

SCHEDULE "E" – CASH VALUE – LIFE INSURANCE

Indicate below the information requested with regard to the cash value of all life insurance policies held by you, your spouse, or your dependent children.

CHECK IF HELD BY SPOUSE OR DEPENDENT CHILD	DATE PURCHASED	INSURANCE CARRIER POLICY NUMBER	BENEFICIARY(IES)	FACE VALUE	ANNUAL PREMIUM PAYMENTS	CASH SURRENDER VALUE	EFFECTIVE DATE OF CASH SURRENDER VALUE
						\$ _____	
						TOTAL CASH SURRENDER VALUE (Enter this figure in Item 5, Column B on Page 5.)	

SCHEDULE "F" – PENSION/RETIREMENT FUNDS

Indicate below the information requested with regard to the cash value of all retirement/investment/pension funds* held by you or your spouse.

CHECK IF HELD BY SPOUSE	TYPE OF FUND	TYPE OF SECURITIES HELD AND ACCOUNT NUMBER, IF ANY	EMPLOYER/ INSTITUTION	CUMULATIVE EMPLOYEE CONTRIBUTION	CUMULATIVE EMPLOYER CONTRIBUTION	CURRENT CASH VALUE	EFFECTIVE DATE OF CASH VALUE
				TOTAL CUMULATIVE EMPLOYEE CONTRIBUTION (Enter this figure in Item 6, Column A on Page 5.)		TOTAL CURRENT CASH VALUE (Enter this figure in Item 6, Column B on Page 5.)	

*If you are filing this application in the United States, the information is to include IRA, 401K and KEOGH plans.

Initials _____ Gaming Agency _____ Date _____

SCHEDULE "G" – VEHICLES

Indicate below the information requested with regard to all vehicles owned or leased by you, your spouse, or your dependent children.

CHECK IF HELD BY SPOUSE OR DEPENDENT CHILD	TYPE OF VEHICLE	SPECIFY IF OWNED OR LEASED*	DATE OF PURCHASE/LEASE	MODEL YEAR	MAKE/ MODEL OF VEHICLE	COST**	IF OWNED, CURRENT MARKET VALUE
						\$	\$

*If leased, specify in this column the length of the lease, total lease costs, down payment, monthly payments and number of payments over the life of the lease.

**If leased, enter the sum of the down payment plus monthly payments to date as the total cost.

SCHEDULE "H" – OTHER ASSETS

List below the information requested regarding all other assets, including any business investments in which any direct, indirect, vested or contingent is held by you, your spouse or your dependent children. Business interests should include, but not be limited to, joint ventures, partnerships, sole proprietorships, corporations, and LLCs. Other assets should include, but not be limited to, art collections, coin collections, and antiques.

CHECK IF HELD BY SPOUSE OR DEPENDENT CHILD	NATURE OF ASSET	DATE OF ACQUISITION	COST	% OF OWNERSHIP INTEREST	DATE OF VALUATION	CURRENT MARKET VALUE
			\$			\$

TOTAL COST(S) OF OTHER ASSETS (Enter this figure in Item 9, Column A on Page 5.)

TOTAL CURRENT MARKET VALUE OF OTHER ASSETS (Enter this figure in Item 9, Column B on Page 5.)

Initials _____ Gaming Agency _____ Date _____

SCHEDULE "I" – NOTES PAYABLE

List below the information requested with regard to all notes payable for which you, your spouse or dependent children are obligated

CHECK IF OWED BY SPOUSE OR DEPENDENT CHILD	NAME & ADDRESS OF CREDITOR	ACCOUNT NUMBER, IF ANY	DATE INCURRED	DUE DATE	INTEREST RATE (%)	AMOUNT OF PERIODIC PAYMENT/ PAY PERIOD	ORIGINAL AMOUNT OF NOTE	NATURE OF SECURITY IF ANY	TOTAL PAYMENTS	OUTSTANDING AMOUNT OF LIABILITY
							\$			\$
							TOTAL ORIGINAL AMOUNT OF NOTES PAYABLE (Enter this figure in Item 10, Column C on Page 5.)			TOTAL AMOUNT OF OUTSTANDING NOTES PAYABLE (Enter this figure in Item 10, Column D on Page 5.)

SCHEDULE "J" – LOANS AND OTHER PAYABLE

List below the information requested with regard to all accounts payable (include lines of credit, installment loans, revolving charge accounts and any other accounts) for which you, your spouse or your dependent children are obligated.

CHECK IF OWED BY SPOUSE OR DEPENDENT CHILD	NAME & ADDRESS OF CREDITOR	ACCOUNT NUMBER, IF ANY	DATE OPENED OR INCURRED	DATE DUE	INTEREST RATE (%)	NATURE OF ACCOUNT	ORIGINAL AMOUNT OF LIABILITY	NATURE OF SECURITY IF ANY	TOTAL PAYMENTS	CURRENT AMOUNT OUTSTANDING
							\$			\$
							Total of Original Amount of Liabilities Reported Above.			Total of Amounts of Outstanding Loans and Other Payables Reported Above.

SCHEDULE "j" – LOANS AND OTHER PAYABLE (Continued)

List below the information requested with regard to all accounts payable (include lines of credit, installment loans, revolving charge accounts and any other accounts) for which you, your spouse or your dependent children are obligated.

CHECK IF OWED BY SPOUSE OR DEPENDENT CHILD	NAME & ADDRESS OF CREDITOR	ACCOUNT NUMBER, IF ANY	DATE OPENED OR INCURRED	DATE DUE	INTEREST RATE (%)	NATURE OF ACCOUNT	ORIGINAL AMOUNT OF LIABILITY	NATURE OF SECURITY IF ANY	TOTAL PAYMENTS	CURRENT AMOUNT OUTSTANDING
							\$ Total of Original Amount of Liabilities Reported Above.			\$ Total of Amounts of Outstanding Loans and Other Payables Reported Above.
							\$ GRAND TOTAL OF ORIGINAL AMOUNT OF LIABILITIES (Enter this figure in Item 11, Column C on Page 5.)			\$ GRAND TOTAL OF AMOUNT OF OUTSTANDING LOANS AND OTHER PAYABLES (Enter this figure in Item 11, Column D on Page 5.)

SCHEDULE "K" – TAXES PAYABLE

List below the information requested with regard to all taxes payable for which you, your spouse, or your dependent children are obligated. Only real estate and income taxes need to be included.

CHECK IF OWED BY SPOUSE OR DEPENDENT CHILD	TAXING AUTHORITY	NATURE OF TAX	DATE AND AMOUNT OF ORIGINAL OBLIGATION	FINES, PENALTIES AND INTEREST, IF ANY	TOTAL AMOUNT DUE
			\$ Total of Original Tax Obligations (Enter this figure in Item 12, Column C on Page 5.)		\$ Total Amount of Taxes Payable (Enter this figure in Item 12, Column D on Page 5.)

SCHEDULE "L" – MORTGAGES OR LIENS PAYABLE ON REAL ESTATE

List below the information requested with regard to all mortgages or liens due and owing on real estate for which you, your spouse or your dependent children are obligated.

CHECK IF OWED BY SPOUSE OR DEPENDENT CHILD	NAME AND ADDRESS OF MORTGAGEE OR LIEN HOLDER	ACCOUNT NUMBER	DATE INCURRED	ORIGINAL AMOUNT OF LIABILITY	DESCRIPTION/ ADDRESS OF REAL ESTATE	TERM OF MORTGAGE/ INTEREST RATE (%)	AMOUNT OF PERIODIC PAYMENT/ PAY PERIOD	CURRENT MORTGAGE BALANCE
				TOTAL ORIGINAL MORTGAGES OR LIENS PAYABLE ON REAL ESTATE (Enter this figure in Item 13, Column C on Page 5.)				TOTAL MORTGAGES OR LIENS PAYABLE ON REAL ESTATE (Enter this figure in Item 13, Column D on Page 5.)

SCHEDULE "M" – LOANS AGAINST INSURANCE/PENSION PLANS

List below the information requested with regard to all loans against life insurance policies, pension plans, etc., taken by you, your spouse or your dependent children.

CHECK IF OWED BY SPOUSE OR DEPENDENT CHILD	INSURANCE CARRIER/ PENSION PLAN	PURPOSE OF LOAN	ORIGINAL AMOUNT OF LOAN	INTEREST REATE (%)	DATE OF LOAN	PERIODIC PAYMENT AMOUNT/ PAY PERIOD	CURRENT LOAN BALANCE
			TOTAL ORIGINAL LIABILITY INSURANCE/ PENSION LOANS (Enter this figure in Item 14, Column C on Page 5.)				TOTAL AMOUNT OUTSTANDING INSURANCE /PENSION LOANS (Enter this figure in Item 14, Column D on Page 5.)

Initials _____ Gaming Agency _____ Date _____

SCHEDULE "N" – ANY OTHER INDEBTEDNESS

List below the information requested with regard to any other indebtedness for which you, your spouse or your dependent children are obligated.

CHECK IF OWED BY SPOUSE OR DEPENDENT CHILD	NAME AND ADDRESS OF CREDITOR	INTEREST RATE (%)	DESCRIPTION OF LIABILITY, TYPE OF OBLIGATION AND NATURE OF SECURITY, IF ANY	DUE DATE	AMOUNT OF PERIODIC PAYMENT/ PAY PERIOD	ORIGINAL AMOUNT OF LIABILITY	OUTSTANDING AMOUNT OF INDEBTEDNESS
						\$	\$
						TOTAL ORIGINAL AMOUNT OTHER INDEBTEDNESS (Enter this figure in Item 15, Column C on Page 5.)	TOTAL AMOUNT OUTSTANDING OTHER INDEBTEDNESS (Enter this figure in Item 15, Column D on Page 5.)

SCHEDULE "O" – CONTINGENT LIABILITIES

List below the information requested with regard to all contingent liabilities for which you, your spouse, or your dependent children are obligated.

CHECK IF OWED BY SPOUSE OR DEPENDENT CHILD	NAME AND ADDRESS OF CONTINGENT CREDITOR	DATE INCURRED	ACCOUNT NUMBER	PRIMARY DEBTOR	DESCRIPTION OF OBLIGATION INCLUDING NATURE OF SECURITY, IF ANY	ORIGINAL AMOUNT OF CONTINGENT OBLIGATION	CURRENT AMOUNT OF CONTINGENT OBLIGATION
						TOTAL ORIGINAL CONTINGENT LIABILITIES (Enter this figure in Item 16, Column C on Page 5.)	TOTAL AMOUNT OF OUTSTANDING CONTINGENT LIABILITIES (Enter this figure in Item 16, Column D on Page 5.)

Initials _____ Gaming Agency _____ Date _____

As indicated in the instructions on page 1 of this form, this page is to be used by you for any questions which require additional space to answer. The number of the question must be stated immediately prior to your answer. If additional pages are needed, photocopy this page or add paper of similar size and identify these pages with corresponding numbers and letters. You must use blue ink to personally initial, date and identify the gaming agency to which your application is being submitted at the bottom of any new page added.

IDENTIFY ALL ANSWERS BY ORIGINAL QUESTION NUMBER, SCHEDULE OR PAGE NUMBER

USE ADDITIONAL PAGES IF NECESSARY

STATEMENT OF TRUTH

STATE/PROVINCE OF _____:

SS:

COUNTY/DISTRICT OF _____:

_____, being duly sworn according to law deposes and says:

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 Multi Jurisdictional Casino/Gaming License Personal History Disclosure Form that is not an original document is a true 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, I am subject to punishment.

DATED: _____ (LEGAL SIGNATURE)
(Signature of Applicant)

Subscribed and sworn to
before me this _____ day
of _____.

NOTARY PUBLIC, JUSTICE OF THE PEACE/
COMMISSIONER FOR DECLARATIONS OR OTHER
PERSON AUTHORIZED TO TAKE DECLARATIONS

STATE/PROVINCE, COUNTRY