Form 10
Rev 12/19

PERSONAL/CRIMINAL HISTORY STATEMENT

CONFIDENTIAL

Type or print clearly in dark ink. Complete all spaces or print N/A in spaces that do not apply.

Name of Applicant _____ Name of Business *(if applicable)* _____

REASON FOR APPLICATION:

- ☐ Gambling Operator
- ☐ Manufacturer
- ☐ Route Operator
- ☐ Card Room Contractor
- ☐ Non-Institutional Lender
- ☐ Alcoholic Beverages Operator
- ☐ Distributor
- ☐ Card Dealer
- ☐ Sports Tab Seller
- ☐ Other _____

POSITION WITH BUSINESS:

- ☐ Owner
- ☐ Partner
- ☐ Officer
- ☐ Member LLC
- ☐ Other _____
- ☐ Shareholder
- ☐ Key Employee/ Manager
- ☐ Director
- ☐ Member LLP

Name: *(Last, First, Middle)*				Maiden:		Social Security Number:	
Date of Birth:	Place of Birth:	Sex: ☐ Male ☐ Female	Race:	Eye Color:	Hair Color:	Height:	Weight:
Home Address:		City:		County:			
State:	Zip:	Home/Cell Phone:		Work Phone:			
Mailing Address *(if different than home address):*		City:		State:	Zip:		
Email Address:							
Driver's License Number & State of Issuance:		US Citizen: ☐ Yes ☐ No If no, list entry visa/work permit number:			Port/Date of Entry:		

LICENSE HISTORY:

List any business licenses that you have ever held or applied for (including any that have been denied/revoked/suspended in any state). Use additional paper if necessary.

TYPE	LICENSE NUMBERS	BUSINESS NAME	STATE	LAST YEAR HELD
GAMBLING RELATED				
ALCOHOLIC BEVERAGES				

PERSONAL/CRIMINAL HISTORY STATEMENT:

*Answer **YES** to the questions even if your charges were dismissed, deferred, or otherwise changed.*

In the past 10 years, have you been:

Arrested?	☐ Yes	☐ No	Placed on probation?	☐ Yes	☐ No
Charged with a misdemeanor or felony crime?	☐ Yes	☐ No	Arrested or ticketed for alcohol-related traffic offenses? (such as DUI, Per Se, etc.)	☐ Yes	☐ No
Convicted of a misdemeanor or felony crime?	☐ Yes	☐ No	Are you currently on probation or parole?	☐ Yes	☐ No

Explain each charge fully. Use additional paper if necessary. False or incomplete information may result in denial, suspension or revocation of a license.

OFFENSE DATE	OFFENSE	CITY	COUNTY	STATE	DISPOSITION & DATE

Continue onto page 2 of this form.

PERSONAL/CRIMINAL HISTORY STATEMENT (PAGE 2)

Use additional paper if necessary.

OFFENSE DATE	OFFENSE	CITY	COUNTY	STATE	DISPOSITION & DATE

GAMBLING AND/OR ALCOHOLIC BEVERAGES RELATED EMPLOYMENT

Use additional paper if necessary.

Have you been employed at a liquor or gambling establishment within the past two (2) years? Yes No

If Yes, where and when? _____

Have you been fired or asked to resign from a liquor or gambling location within the past two (2) years? Yes No

If Yes, where, when, and why?_____

LITIGATION HISTORY:

In the past 10 years, have you, as an individual, partner, member of company, owner, director or officer of a corporation, been a party to a lawsuit?

Yes No

If yes, give details below. List all cases without exception, including bankruptcies. Use additional paper if necessary.

PLAINTIFF/ DEFENDANT	COURT & CASE NUMBER	CITY	COUNTY	STATE	DISPOSITION & DATE

RESIDENCE INFORMATION:

List all cities, counties, and states you have lived in over the past 5 years. Start with most current first. Use additional paper if necessary.

Dates From – To:	City:	County:	State:	Zip:

Dates From – To:	City:	County:	State:	Zip:

Dates From – To:	City:	County:	State:	Zip:

Mailing address:

Gambling Control Division
P.O. Box 201424
Helena, MT 59620-1424

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CERTIFICATION AND AUTHORIZATION:

The Montana Department of Justice Gambling Investigation Bureau shall access and review State and Federal history records and shall make reasonable efforts to determine whether you have been convicted of, or are under pending charges for a crime that bears upon your suitability to be granted a license. If such adverse information is obtained, you will be entitled to (a) obtain a copy of any background check report and (b) challenge the accuracy and completeness of any information contained in any such report. A request for a copy of your criminal history record and whether you dispute the accuracy of such record should be addressed to the Montana Department of Justice Gambling Investigations Bureau.

I certify under penalty of law that all answers and statements made on this application are true, correct and complete. I understand that untruthful or misleading answers are cause for denial of a license and/or revocation of any license granted. I further understand that I may be prosecuted for knowingly making an Unsworn False Statement, a misdemeanor (45-7-203 MCA), or tampering with public records or information, a felony (45-7-208). I hereby authorize the Gambling Control Division to investigate my criminal history, financial records and other sources as necessary for licensing.

1st signature area

Print Name | Signature | Date

NONCRIMINAL JUSTICE APPLICANT'S RIGHTS:

As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for a job or license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below.

- You must be provided written notification[8] by the Montana Department of Justice Gambling Investigations Bureau that your fingerprints will be used to check the criminal history records of the FBI.
- You must be provided, and acknowledge receipt of, an adequate Privacy Act Statement when you submit your fingerprints and associated personal information. This Privacy Act Statement should explain the authority for collecting your information and how your information will be used.
- If you have a criminal history record, the officials making a determination of your suitability for the job, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.
- The officials must advise you that the procedures for obtaining a change, correction, or updating of your criminal history record are set forth at Title 28 Code of Federal Regulations (CFR), Section 16.34.
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the job, license, or other benefit based on information in the criminal history record.

You have the right to expect that officials receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.[10]

If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at http://www.fbi.gov/about-us/cjis/background-checks.

If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI at the same address as provided above. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.)

If a change, correction, or update needs to be made to a Montana criminal history record, or if you need additional information or assistance, please contact Montana Criminal Records and Identification Services at DOJCRISS@mt.gov or 406-444-3625.

Your signature below acknowledges this agency has informed you of your privacy rights for fingerprint-based background check requests used by the agency for non-criminal justice purposes.

Signed:

Print Name | Signature | Date

2nd signature area

[8] Written notification includes electronic notification, but excludes oral notification.
[9] See 28 CFR 50.12(b).
[10] See 5 U.S.C. 552a(b); 28 U.S.C. 534(b); 42 U.S.C. 14616, Article IV(c); 28 CFR 20.21(c), 20.33(d) and 906.2(d).

In accordance with federal law regarding notices and disclosures, MT Dept of Justice requires the entity to which you are applying to work or volunteer to use this form.

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Sign in three areas total found on pages 3 & 4.

PRIVACY ACT STATEMENT

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/ biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

3rd signature area:

_____	_____	_____
Print Name	Signature	Date