

SOBOBA BAND OF LUISEÑO INDIANS
Soboba Tribal Gaming Commission – Backgrounds/Licensing Department
CERTIFICATION

I, _____ CERTIFY THAT ALL STATEMENTS MADE BY ME AND RECORDS AND DOCUMENTS PROVIDED BY ME IN RESPECT TO THIS APPLICATION ARE TRUE, COMPLETE, AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF AND ARE MADE IN GOOD FAITH. I AM AWARE THAT THE PURPOSE OF THIS INVESTIGATION IS TO DETERMINE ELIGIBILITY AS A LICENSED EMPLOYEE. I AUTHORIZE AND GRANT MY CONSENT TO PERMIT THE TRIBAL GAMING COMMISSION AND/OR STATE GAMING AGENCY AND/OR LAW ENFORCEMENT AGENCY AND ANY OTHER PERSON, BUSINESS OR UNDERSTAND THAT, IN DETERMINING MY SUITABILITY FOR LICENSING, THE TRIBAL AND/OR STATE GAMING AGENCY MAY REQUEST MY CONSUMER CREDIT REPORT. MY SIGNATURE BELOW AUTHORIZES THESE AGENCIES TO REQUEST MY CREDIT REPORT FOR SUCH PURPOSES.

I ALSO UNDERSTAND THAT THE GRANTING OF A TRIBAL GAMING LICENSE IMPOSES ON ME THE RESPONSIBILITY TO COMPLY WITH ALL APPLICABLE LAWS AND REGULATIONS. I FURTHER UNDERSTAND THAT FAILURE TO COMPLY WITH THOSE LAWS AND REGULATIONS MAY RESULT IN DENIAL, SUSPENSION, OR REVOCATION OF A LICENSE, OR OTHER SANCTIONS OR FINES.

I FURTHER UNDERSTAND THAT FAILURE TO ANSWER ANY QUESTION ON THIS APPLICATION COMPLETELY AND/OR FALSE STATEMENTS, ANSWERS, OR INTENTIONAL OMISSIONS MADE BY ME IN CONNECTION WITH MY APPLICATION AND/OR SUBSEQUENT INVESTIGATION AS A LICENSED EMPLOYEE WITH THE SOBOBA TRIBAL GAMING COMMISSION MAY BE GROUNDS FOR LICENSING ACTION AND/OR TERMINATION FROM THE LICENSING QUALIFICATION PROCESS.

SIGNATURE

DATE SIGNED

FULL NAME (PRINTED)

A Notary Public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

STATE OF CALIFORNIA

COUNTY OF _____

ON _____ BEFORE ME, _____, Notary Public,

PERSONALLY APPEARED _____

WHO PROVED TO ME ON THE BASIS OF SATISFACTORY EVIDENCE TO BE THE PERSON(S) WHOSE NAME(S) IS/ARE SUBSCRIBED TO THE WITHIN INSTRUMENT AND ACKNOWLEDGED TO ME THAT HE/SHE/THEY EXECUTED THE SAME IN HIS/HER/THEIR AUTHORIZED CAPACITY (IES), AND THAT BY HIS/HER/THEIR SIGNATURE(S) ON THE INSTRUMENT THE PERSON(S), OR THE ENTITY UPON BEHALF OF WHICH THE PERSON (S) ACTED, EXECUTED THE INSTRUMENT.

I CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE FOREGOING PARAGRAPH IS TRUE AND CORRECT.

WITNESS MY HAND AND OFFICIAL SEAL.

SIGNATURE _____