



P.O. Box 151 (580 Fort Road)  
Toppenish, WA 98948  
(509) 865-5322  
Fax: (509) 865-7867

## VENDOR LICENSING RENEWAL APPLICATION

Office Use Only

Renewal Sent \_\_\_\_\_ Renewal Certification Sent \_\_\_\_\_

Date of App \_\_\_\_\_ License No. \_\_\_\_\_ Agent's Initial \_\_\_\_\_

Please note the following before completing this statement:

Type or print in black ink. Additional documentation or explanations may be attached to clarify any answers.

You must sign and complete the entire application. N/A may be used if a section is not applicable.

### General Information

A. Applicant: \_\_\_\_\_  
(Use full name, partnership, corporate name)

Telephone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_

Business Mailing Address: \_\_\_\_\_

City

State

Zip

Premises Address (Physical) \_\_\_\_\_

City

State

Zip

Doing Business As: \_\_\_\_\_

Type of Services Provided: \_\_\_\_\_

*Is the business Class III Certified by the Washington State Gambling Commission?* YES NO

Provide a current copy of the certification.

Provide details of any agreements, whether written or oral, between the applicant and Yakama Legends Casino, if the agreement has changed.

Provide the company organizational structure if it has changed. Complete a Personal/Criminal History for each new addition, to include any new representative whom will be conducting business with the Casino (enclosed: copy as needed).

B. Have you entered into an agreement with an Indian Nation to be a services supplier or act as a consultant since last applying? If so, please list: (add additional sheet if needed)

Tribe: \_\_\_\_\_ State: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Tribe: \_\_\_\_\_ State: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Tribe: \_\_\_\_\_ State: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

C. Have you ever applied for or been granted any license/permit/authorization to be a services supplier or act as a consultant (in any capacity) regarding gaming at/with/for an Indian Nation facility since last applying?

☐

YES

☐

NO

(CHECK ONE)

If yes, complete the following (if you need more space, use an attachment):

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

D. Were any of the licenses/permits/authorizations granted, revoked, suspended, or denied since last applying?

☐

YES

☐

NO

(CHECK ONE)

If yes, please attach a letter of explanation, including the date(s), location(s), and circumstances.

E. Yakama Nation Tero Compliance – All businesses shall comply with Tero Ordinance and rules, regulations and orders of the Commission.

F. Yakama Nation Business License – All Businesses will apply for annual Yakama Nation Business License. Current fee is \$5.00 (This fee is separate from Vendor Renewal fee).

### **Oath of Applicant**

I declare under penalty of perjury that all the answers and statements are true, correct and complete. I declare I am authorized as the owner, President/CEO, or Board Member of a Company or Corporation to sign these documents. I understand that untruthful or misleading answers are cause for denial of my application and/or revocation of any licensure granted. I further understand that the Yakama Nation Gaming Commission may revoke, suspend, withdraw, or deny any licensure granted for any reason(s) it deems to be in the public interest under the provisions of the Yakama Nation Gaming Commission Ordinance or Federal law. I agree to inform the Commission should any information provided on this application change or become obsolete, and/or should any criminal or civil actions be filed against me.

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

(Pres/CEO)

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

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

(Pres/CEO)

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

**YAKAMA NATION GAMING COMMISSION**  
**RELEASE OF INFORMATION AUTHORIZATION**  
***For Business Company***

I, \_\_\_\_\_ (name), \_\_\_\_\_ (title) of \_\_\_\_\_ (business entity) authorize any investigator, special agent, or other representative of the United States Department of the Interior, the Federal Bureau of Investigation, or any tribal, state, or local law enforcement or investigatory agencies, in order to determine my suitability for involvement in Indian gaming, to obtain any information requested related to my activities including: employment, schools, criminal justice agencies, financial or lending institutions, residential management agents, businesses, regulatory agencies, property interests (real or personal), medical institutions, hospitals and health care professionals, and other sources. This information includes, but is not limited to my academic, residential performance, disciplinary, financial, employment, and criminal history records, whether or not such information would otherwise be protected from disclosure by any constitutional, statutory, or common law privilege.

I authorize custodians of such records and sources of information to release such information, including permitting the review and copy of any and all documents, records, or correspondence pertaining to me, upon request of the representative of the agencies listed above, regardless of any previous agreement to the contrary.

I do, for myself, my heirs, administrators, successors, and assigns, hereby release, waive and forever discharge any person to whom this request is presented and his agents and employees from any and all manner of actions, causes of action, suits, debts, judgments, executions, claims, and demands whatsoever, known or unknown, in law or equity, which I ever had, now have, may have, or may claim to have against such person or his agents or employees arising out of or by reason of complying with this request.

I agree to accept any risk of adverse public notice, embarrassment, criticism or financial loss that may result from use of information that is obtained in connection with a background investigation for the purpose listed in this document.

I agree to indemnify and hold harmless any person to whom this request is lawfully presented and his agents and employees from and against all claims, damages, losses, and expenses, including reasonable attorneys' fees, arising out of or by reason of complying with this request.

I understand that the information released by records, custodians, and other sources of information is for a required background investigation to process the license application of \_\_\_\_\_ (business entity) for providing goods or services to a gaming operation.

Copies of this authorization that show my signature are as valid as the original release signed by me. I understand that this authorization remains valid for the period of my vendor license and two (2) years beyond my license expiration date.

I, \_\_\_\_\_, do hereby certify that I am not associated with organized crime and I have read the foregoing and understand and authorize release of personal, financial, and criminal information about myself.

Signature: \_\_\_\_\_ SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

Full Name: \_\_\_\_\_ Date Signed \_\_\_\_\_

Current Address: \_\_\_\_\_  
Street City State Zip

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*This must be signed by a notary public or a staff member of the Yakama Nation Gaming Commission.*

Witnessed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,

Signed \_\_\_\_\_