



New Mexico
Gaming
Bingo Staff Permit
Application

New Mexico Gaming Control Board

4900 Alameda Blvd. NE
Albuquerque, NM 87113
Phone: (505) 841-9700
Fax: (505) 841-9725
Website: www.nmgcb.org
v. 2015-11

New Mexico Gaming Control Board

Bingo Staff Permit Application Checklist

INCLUDE THE FOLLOWING:

- \$50.00 Application fee for a 3 year licensure

- Completed Application

- Complete applicant's investigation
 - Notary Public must notarize your signature

- Complete self disclosure form

- Include a recent passport photo or email digital photo taken in the last 90 days.
 - Email digital photos to gcb-licensing@state.nm.us.
 - If emailed, photo must be received before your application is submitted.
 - Date photo was sent _____.

INCOMPLETE APPLICATIONS MAY NOT BE ACCEPTED



New Mexico Gaming Control Board

BINGO STAFF PERMIT APPLICATION

\$50.00 Application Fee for a Three Year Licensure

Revised June 2011

Applicant's Printed Name (last, first, middle)					
Maiden/Married Names Past or Presently Used (Attach separate sheet if necessary)			Nicknames, Aliases, or any name that you have ever been known by (Attach separate sheet if necessary)		
Sex <input type="checkbox"/> M <input type="checkbox"/> F	Social Security Number	Other Social Security Number Used <input type="checkbox"/> Yes* <input type="checkbox"/> No *If "Yes", attach details		Drivers License No. / I.D. # & State License Issued	
Date of Birth	Place of Birth (city, state, country)				
Height	Weight	Hair Color	Eye Color	U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No	*If "No", attach details and indicate Alien Registration Number here:
Physical Address					Day Time Contact Number ()
City		State	Zip	County	Length at This Address
Mailing Address, if different from Physical Address (city, state, zip)				Email Address	
Position applying for: <input type="checkbox"/> Bingo Manager <input type="checkbox"/> Alternate Bingo Manager <input type="checkbox"/> Caller <input type="checkbox"/> Game Accountant					Bingo Licensee #
Are you replacing another person? <input type="checkbox"/> Yes* <input type="checkbox"/> No *If "Yes" Name of person you are replacing:					
Name of establishment(s) you will be working:				Phone:	
Position applying for: <input type="checkbox"/> Bingo Manager <input type="checkbox"/> Alternate Bingo Manager <input type="checkbox"/> Caller <input type="checkbox"/> Game Accountant					Bingo Licensee #
Are you replacing another person? <input type="checkbox"/> Yes* <input type="checkbox"/> No *If "Yes" Name of person you are replacing:					
Name of establishment(s) you will be working:				Phone:	
Position applying for: <input type="checkbox"/> Bingo Manager <input type="checkbox"/> Alternate Bingo Manager <input type="checkbox"/> Caller <input type="checkbox"/> Game Accountant					Bingo Licensee #
Are you replacing another person? <input type="checkbox"/> Yes* <input type="checkbox"/> No *If "Yes" Name of person you are replacing:					
Name of establishment(s) you will be working:				Phone:	
Position applying for: <input type="checkbox"/> Bingo Manager <input type="checkbox"/> Alternate Bingo Manager <input type="checkbox"/> Caller <input type="checkbox"/> Game Accountant					Bingo Licensee #
Are you replacing another person? <input type="checkbox"/> Yes* <input type="checkbox"/> No *If "Yes" Name of person you are replacing:					
Name of establishment(s) you will be working:				Phone:	

PLEASE NOTE: Incomplete applications may be sent back.

FOR AGENCY USE ONLY			
GCB BR-003			
STAFF PERMIT FEE.....\$50.00	<input type="checkbox"/> Check No. _____	<input type="checkbox"/> Money Order No. _____	Application Control No. _____
			Entity Control No. _____



AFFIRMATION & STATEMENT

I, Applicant's Printed Name, state under penalty of perjury that the entire Bingo Staff Permit Application, statements, attachments, and supporting schedules are true and correct to the best of my knowledge and belief, and that this statement is executed with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for the refusal to issue a Bingo Staff Permit by the State of New Mexico. Further, I am aware that later discovery of an omission or misrepresentation made in the above statements may be grounds for the denial of a Bingo Staff Permit or the revocation of the work permit. I am voluntarily submitting this application to the New Mexico Gaming Control Board under oath with full knowledge that I may be charged with perjury or other crimes for intentional omissions and misrepresentations pursuant to New Mexico law. I further consent to any background investigation necessary to determine my present and continuing suitability. I also agree that the State of New Mexico, its agencies, officers and assigns, shall be entitled to collect from me all expenses it incurs in processing this Bingo Staff Permit Application. If I fail to pay all the expenses incurred by the State for processing this Bingo Staff Permit Application, I agree that the State shall be entitled to recover from me any expenses incurred in pursuing its legal remedies, including, but not limited to, reasonable attorneys fees and costs.

My obligation and responsibilities continue as long as I am a holder of a valid staff permit.

Printed Full Legal Name (Last, First, Middle) _____

CERTIFICATION

I, Applicant's Printed Name, acknowledge, understand and agree that by applying for and accepting any license, certification, registration, renewal, finding of suitability, or other approval (each a "License") from the New Mexico Gaming Control Board ("Board"), I am certifying to the Board that:

1. I have read the New Mexico Bingo and Raffle Act, Sections 60-2F-1 through 60-2F-26 NMSA 1978 ("Act") and administrative rules and policies adopted or approved by the Board (collectively "Rules" New Mexico Administrative Code 15.4 et seq.), and I understand and will implement the requirements including changes of the Act and Rules.
2. I understand and agree that, as a staff permittee, I am responsible for my own and the Licensee's compliance with the Act and Rules including, but not limited to where applicable to my job duties.
3. I am signing this Certification with the knowledge that the Licensee and I will be subject to disciplinary action, including fines and/or revocation or suspension of the License, for failure to comply with the Act or Board rules including, where applicable to my job duties.

The Statutes & Rules can be found on our website at www.nmgcb.org

Printed Full Legal Name (Last, First, Middle) _____

Signature of Applicant _____ Date: _____

(Must be notarized by notary public)

State of _____)

County of _____)

Subscribed and sworn to before me by _____ this _____ day of _____, _____

My commission expires: _____ Signed: _____

Notary Public

[SEAL]

APPLICANT'S INVESTIGATION AUTHORIZATION AND REQUEST TO RELEASE INFORMATION

1. I Applicant's Printed Name, hereby authorize the New Mexico Gaming Control Board or its designee ("collectively, "Board") to conduct a complete investigation into my personal background, using whatever legal means they deem appropriate. I hereby waive any rights of confidentiality in this regard.
2. I hereby authorize and request a review, full disclosure, and release of any and all information, materials, and documents concerning me requested by the New Mexico Gaming Control Board ("Board"), its agents, or employees, whether the information, materials, and documents are of a public, private, or confidential nature and whether the information, materials, and documents would otherwise be protected from disclosure by any constitutional, statutory or common law privilege.
3. I understand that by signing this authorization, a criminal history check will be performed. I authorize the Board to obtain, maintain, and use from any source, any information concerning me contained in any type of criminal history record files, wherever located. I understand that the criminal history record files contain records of arrests that may have resulted in a disposition other than a finding of guilt (i.e., dismissed charges, or charges that resulted in a not guilty finding.) I understand that the information may contain listings of charges that resulted in suspended imposition of sentence, even though I successfully completed the conditions of said sentence and was discharged pursuant to law. I authorize the release of this type of information, even though this record may be designated as "confidential" or "nonpublic" under the provisions of state or federal law.
4. I authorize the Board, its agents, or employees to determine the persons or entities to whom this Request is to be presented.
5. I understand that the Board, its agents, or employees will conduct a complete and comprehensive investigation to determine the validity of all information gathered. The Board, the State of New Mexico, and the agents and employees of either, will not be held liable for inaccurate information.
6. If this Request is not sufficient to obtain access to certain records, I understand that I may be asked to sign another appropriate authorization or release and that any failure to do so may be taken into consideration by the Board, its agents, or employees in reviewing my application.
7. I understand that I may revoke this Request in writing at any time and that the Board, its agents, or employees may take the revocation into consideration in reviewing my application.
8. This Request is valid for the duration of the period that I am licensed with the New Mexico Gaming Control Board.
9. I consent to the disclosure of information compiled by the Board in connection with my application to any law enforcement or any regulatory agency of this or any other state, the government of the United States, any foreign country, or any Indian Tribe. I understand any information could include any information contained within the application, within financial or personnel records, any information found or obtained from any source, and any information maintained by the Board.

(Continued on next page)



APPLICANT'S INVESTIGATION AUTHORIZATION AND REQUEST TO RELEASE INFORMATION

- 10. I hereby release, waive, discharge, and agree to hold harmless, and otherwise waive liability as to the State of New Mexico, the Board, and other agents or employees of the State of New Mexico for any damages resulting from any collection, use, disclosure, or publication in any manner, other than a willfully unlawful disclosure or publication, of any material or information acquired during inquiries, investigations, or hearings, and hereby authorize the lawful use, disclosure, or publication of this material or information.
- 11. I do, for myself, my heirs, executors, administrators, successors, and assigns, hereby release the providers of the information collected pursuant to this Request, and their agents and employees, from any and all liability arising out of or by reason of complying with this Request.
- 12. A photocopy of this Request will be considered as valid and effective as the original.

Printed Full Legal Name (Last, First, Middle) _____

Signature of Applicant _____ Date: _____

(Must be notarized by notary public)

State of _____)

)

County of _____)

Subscribed and sworn to before me by _____ this _____ day of _____, _____

My commission expires: _____ Signed: _____

Notary Public

[SEAL]



SELF-DISCLOSURE FORM

Finance History

1. Are you or have you been delinquent in the filing of any tax return with any taxing agency?
Yes* No
2. Are you or have you been delinquent in the payment of any taxes, interest, or penalties due to any taxing agency?
Yes* No
3. Are you or have you been delinquent in the payment of any judgments due to any government
Yes* No
4. Are you or have you been delinquent in the repayment of any loan?
Yes* No
5. Are you or have you been delinquent in the payment of any child support?
Yes* No

IF YOU ANSWERED YES TO ANY OF THE QUESTIONS ABOVE, GIVE DETAILS ON A SEPARATE SHEET DEMONSTRATING THE STEPS TAKEN TO RESOLVE THE FINANCIAL DELINQUENCY.

Criminal History

1. Have you ever been detained/arrested?
Yes* No
2. Have you ever been charged or convicted of any crime or offense?
Yes* No
3. Have you ever been convicted of a felony?agency?
Yes* No
4. Are you currently being prosecuted or facing pending charges, in any jurisdiction, for any offense, or are you on a deferred prosecution or a deferred judgment and sentence for any offense?
Yes* No
5. Do you currently have a warrant for arrest in this or any other jurisdiction?
Yes* No

IF YOU ANSWERED YES, EXPLAIN IN DETAIL ON A SEPARATE SHEET AND ATTACH IT TO YOUR APPLICATION FOR EACH OFFENSE FOR WHICH YOU WERE ARRESTED OR CHARGED.

Bingo Managers and Alternate Bingo Managers

1. Are you currently an officer, stockholder, owner or co-owner of the licensee for which you are applying?
Yes* No
2. Have you been a member in good standing for the licensed organization for which you are applying for more than six months?
Yes* No

I understand that if any of the information provided above is found to be false, it may preclude me from being approved for a staff permit.

This document is signed and sworn under penalty of perjury. I certify that the above information is true and correct.

Printed Full Legal Name (Last, First, Middle) _____

Signature of Applicant _____ Date _____