



CANNON BUILDING
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STATE OF DELAWARE
BOARD OF CHARITABLE GAMING

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CERTIFICATE OF INDIVIDUAL ASSOCIATED WITH CHARITABLE GAMING VENDOR

INSTRUCTIONS

Each officer of a charitable gaming vendor business applying for licensure must submit a [Certificate of Individual](#) form. Officers include each owner, director, partner, members, manager, investor or stockholder of the business (Section 1.0 of the Board's [Rules and Regulations](#)).

- Submit a completed, signed and notarized *Certificate of Individual* form.
- Enclose a copy of your driver's license or state-issued identification card.
- Arrange for the Board office to receive State of Delaware and Federal Bureau of Investigation criminal background checks using the *Instructions for Requesting a Criminal Background Check* form in the application.

1. Name of Charitable Gaming Vendor: _____

2. Business **Physical** Address: _____

Street Address - No PO Box

_____ Delaware _____
City State Zip

3. Select your association with the charitable gaming vendor named in Question 1 (check all that apply):

- Owner Member Investor Director Manager Stockholder
- Partner Other: _____

4. Your Full Name: _____
First Middle Last Suffix

5. Other Names Used: _____
Include names such as aliases, maiden name, former married names, alternate spellings or punctuation

6. Date of Birth (month/day/year): _____ Gender: Male Female

7. Have you been issued a U.S. Social Security Number? Yes No If yes, enter SSN: _____
If no, you must file a [Request for Exemption from Social Security Number Requirement](#).

The Privacy Act of 1974, Section 7, requires the following information to be given to all applicants: Applicants for any Delaware professional or occupational license, permit, registration or certificate (other than Gaming permits) are required to provide a U.S. SSN (29 Del. C. §8735(m)). The Division of Professional Regulation uses the SSN primarily to verify identity and safeguard personal information. It may also be used to enforce child support obligation (13 Del. C. §2216) and for other lawful purposes.

8. Driver's License or State-Issued ID Number: _____ State: _____

Enclose a copy of your driver's license or state-issued identification card.

9. Physical Residence Address: _____

Street Address - No PO Box!

_____ City State Zip

Notice to Charitable Gaming Vendor Officers

Misrepresentation or failure to disclose information on this licensure application may cause the application to be rejected or licensure denied. Such misstatements or failures to disclose may also result in criminal prosecution under the Delaware Criminal Code. An arrest is not necessarily grounds for denial of a license. Do not misstate or omit any material fact on this application.

Applicants who are denied licensure are prohibited from reapplying for a period no less than 12 months

DISCLOSURES

10. Have you engaged in the illegal use of controlled substances within the past two years? Yes No **If yes, submit a signed statement explaining fully, and continue with Question 11. If no, skip to Question 12.**
11. Are you currently participating in a supervised rehabilitation program or professional assistance program that monitors you in order to assure that you are not illegally using controlled substances? Yes No
12. Have you *ever* been convicted of or entered a plea of guilty or *nolo contendere* (no contest) to any felony, misdemeanor or other criminal offense, including any offense for which you have received a pardon or expungement, in any jurisdiction? Yes No **If yes, submit a signed statement explaining fully.**
Arrange for the Board office to receive State of Delaware and Federal Bureau of Investigation criminal background checks using the *Instructions for Requesting a Criminal Background Check* form included with the application. *This requirement applies even if you answered "No" to this question.*
13. Has a criminal indictment, information or complaint *ever* been returned against you, in which you were not arrested or in which you were named as an unindicted co-party? Yes No **If yes, submit a signed statement explaining fully.**
14. Are you currently, or have you ever been, on parole or probation? Yes No **If yes, submit a signed statement explaining fully, including the charge(s), conviction(s), name of parole or probation officer, start and end dates, and city, county and state where probation is/was served.**
15. Have you *ever* engaged in any type of unlawful gambling or gambling enterprise? Yes No **If yes, submit a signed statement explaining fully.**
16. Have you *ever* been employed by, or associated with, any business or person connected in any way with an illegal gambling enterprise? Yes No **If yes, submit a signed statement explaining fully.**
17. Have you *ever* received treatment or counseling for a gambling problem or addiction? Yes No **If yes, submit a signed statement explaining fully, including the name of the treatment facility/physician, the dates of treatment, and the extent of the problem or addiction.**
18. Have you *ever* been barred, expelled or excluded from any racetrack, casino or gambling facility? Yes No **If yes, submit a signed statement explaining fully, including the name and location of the facility, the date of the incident, and the reason for the action.**

DUTY TO REPORT

20. As an officer of a Charitable Gaming Vendor business, do you understand that you are required to:
 - Notify the Board in writing if the ownership of the business changes? Yes No
 - Notify the Board office *in writing* within ten days of any change in the vendor's officers? Yes No
 - Notify the Board office *in writing* within three days after the arrest of any of the vendor's officers for any crime other than minor traffic violations? Yes No
 - Notify the Board office in writing within ten days of any change in the status of the vendor's business license? Yes No

AFFIDAVIT

The individual named above, being duly sworn, does hereby acknowledge that he or she is associated with the charitable gaming vendor named above, in the capacity indicated, and certifies that the facts stated herein are true.

Signature of Officer: _____ **Date:** _____

County of _____ State of _____

Sworn or affirmed before me a Notary Public this _____ day of _____, 2_____.

Notary Signature: _____

SEAL

My commission expires on _____

FORMS THAT ARE UNSIGNED, NOT NOTARIZED, OR INCOMPLETE WILL BE REJECTED.