



CHEROKEE TRIBAL GAMING COMMISSION
APPLICATION FOR AN EXEMPT VENDOR LICENSE

Solicitation of the information on this form is authorized by 25 U.S.C. 2701 *et seq.* the purpose of the requested information is to determine the eligibility of individuals to be employed or badged in a gaming operation. The information will be used by the Commission, the State of North Carolina and the National Indian Gaming Commission members and staff who have need for the information in the performance of their official duties. The information may be disclosed to appropriate Federal, Tribal, State, Local or foreign law enforcement and regulatory agencies when relevant to civil, criminal, or regulatory investigations or prosecutions or when pursuant to a requirement by a tribe or the National Indian Gaming Commission in connection with the issuance or revocation of a gaming license, or investigations of activities while associated with a tribe or a gaming operation.

Please type or print in Black Ink:

- ◆ Additional documentation and explanation sheets should be attached as necessary to clarify and answer.
- ◆ You must complete, sign the application, and initial where indicated on the bottom of each page.
- ◆ Failure to complete all information and requirements will cause delays and/or denial of your application.

1. Company Name _____

2. Company Complete Mailing Address: _____

3. Company Complete Physical Address: _____

4. Federal Tax ID Number: _____ (If no tax ID#, Provide Social Security/Insurance Number)

5. Business Phone # _____ Business Cell # _____

Contact Person and Title _____

Contact Email Address _____

6. Type of exemption status applied for: _____

7. Description of Goods or Services Providing: _____

8. Approximate dollar value of goods and/or services to be provided during the fiscal year: _____

9. Number of employees who will be on gaming property to provide goods or services: _____

Initials _____

Individual Signature

Date

Individual (Print Name and Title)

Witness Signature

Date

Witness (Print Name)

TGC Representative Signature

Date Received

TGC Representative (Print Name)

Approved or Denied (Circle one)

Signature and Determination Date

Initials _____