

Commonwealth of the Northern Mariana Islands



CASINO JUNKET OPERATOR LICENSE APPLICATION



*Commonwealth Casino Commission
P.O. Box 500237
Saipan, MP 96950*

Introduction

This is the Application Form to use when applying for the Provisional and/or Regular Junket Operator License from the Commonwealth Casino Commission ("Commission").

A. Application for a **Provisional Casino Junket Operator License:**

REQUIREMENTS:

1. Completed Application.
2. Payment of Application Fee: \$1,000.00 (Non-refundable and Non-proratable)
3. Payment of Provisional License Fee: \$1,000.00 (Non-refundable and Non-proratable)
4. License Valid Period: Not to Exceed One (1) Year
5. Licensee must have an existing Casino Junket Operator License from any of the following jurisdictions:
 - United States of America
 - Australia
 - Macau
 - Singapore
 - South Korea
 - Other (Please specify: _____)
6. Due Diligence by Imperial Pacific International Holdings and Mariana Entertainment, Macau:
 - Central Credit Check
 - World Check
 - Wealth Check
7. Letter of Intent issued by Imperial Pacific International (CNMI), LLC.

B. Application for a **Regular Casino Junket Operator License:**

If you do not have an existing Casino Junket Operator License from any of the above listed jurisdictions, but wish to apply for a Regular Casino Junket Operator License, you may use this Form: CCC-CJOL-2016 for your Regular License; provided that your company is registered and licensed to conduct business in the CNMI. The Commission reserves the right to review your application on a case-by-case basis.

INSTRUCTIONS

- Thoroughly read this application in its entirety.
- All entries must be neatly printed OR typed using **BLUE** or **BLACK** ink.
- ALL ENTRIES MUST BE ANSWERED COMPLETELY AND THOROUGHLY. IF ADDITIONAL SPACE IS NEEDED FOR A PARTICULAR RESPONSE, YOU MAY SUPPLEMENT WITH ADDITIONAL PAGES, AS LONG AS YOU INDICATE THE PAGE AND QUESTION NUMBER TO WHICH THE RESPONSE APPLIES.
- If a question or entry does not apply to you or your particular situation, indicate by writing "**N/A**" for your response. You may also include a brief explanation as to why you answered "**N/A**".
- Review the application.

- Date and initial at the bottom of each page where indicated.
- Submit the application for Provisional Casino Junket Operator License, Regular Casino Junket Operator License, or Renewal of Casino Junket Operator License along with a cashier's check for **One Thousand Dollars (\$1,000.00)** for each application made payable to the "CNMI Treasurer" to the following address or by wire transfer to the following account number:

A. Mail To:

**Commonwealth Casino Commission
Springs Plaza, Unit #13 & #14
Chalan Pale Arnold, Gualo Rai
P.O. Box 500237
Saipan, MP 96950**

B. Wire Transfer Funds To:

- 1. Account Name:** CNMI Treasury
General Fund Account
P.O. Box 5234 CHRB
Saipan, MP 96950
- 2. Bank Name:** Bank of Guam
Garapan Branch
P.O. Box 678
Saipan, MP 96950
- 3. Bank Routing Number:** 1214-05115
- 4. Account Number:** 0103-025301
- 5. Type of Account:** Checking
- 6. Amount:** \$1,000.00 (U.S. Currency) for Regular License (2 Year License)
\$1,000.00 (U.S. Currency) for Provisional License (Annual)
\$2,000.00 (U.S. Currency) for both Application Fees
- 7. Memo:** For Business Unit **7171**; Sub-Account: 41683

* The \$1,000.00 payment fee for each application is a **NON-REFUNDABLE** and **NON-PRORATABLE** Application Fee.*

* If payment is made via wire transfer, provide an electronic copy of proof of wire transfer including receipts or other documents issued by the financial institution.

OTHER IMPORTANT INFORMATION

- An applicant for a Junket Operator License is seeking the granting of a privilege. The burden of proving qualifications for such a license or permit is at ALL times the sole responsibility of the applicant. You must fully cooperate with the investigations and promptly supply all information requested of you.
- Applications that are incomplete, left blank or otherwise deficient will be returned to you. No further action will be taken on your application until you re-submit a correctly completed application.
- You may also be required to file an application for a Finding of Suitability at any time after filing this application. If you are notified to file an application for a Finding of Suitability, you will be required to pay additional investigative fees of a minimum of \$6,000.00.

DEFINITIONS
(CNMI Casino Regulations)

Section 1. Definitions. CNMI Casino Regulations: 175-10.1-2601

- (a) As used in this part, the following terms have the following definitions, unless the context clearly requires a different definition:
- (1) “Junket” means an independent activity, in and for organizing, promoting or conduct of a casino marketing arrangement in or with respect to a licensed casino, arranged by a Junket Operator for a player or group of players to visit and participate in gaming activities at the casino(s) operated by the Casino Licensee.
 - (2) “Junket Activity” means activities undertaken by a Junket Operator in furtherance of a Junket, whether or not conducted in the CNMI.
 - (3) “Junket Agreement” means a contract between the Casino Licensee and the Junket Operator that states the terms and conditions in relation to the organizing, promoting or conduct of a casino marketing arrangement in or with respect to a casino licensed by the Commission, and the terms of rebate or other rewards from the Junket Activity payable to the Junket Operator by the Casino Licensee.
 - (4) “Junket Operator” means an individual or business entity other than the casino licensee, who engages in Junket Activity.
 - (5) “Junket Operator License” means the license granted by the Commission to the Junket Operator to engage in Junket Activity under and subject to these Regulations.
 - (6) “Junket Representative” means any individual who is directly or indirectly employed by a Junket Operator; and who conducts Junket Activity in or concerning the casino(s) operated by the Casino Licensee.

All applicants are advised that this personal record is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the denial or revocation of a license or permit.

INDEPENDENT AGENT FOR: Imperial Pacific International (CNMI), LLC

Name of Casino Licensee

1. Applicant:

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

County: _____ Province: _____ Country: _____

Business Telephone Number: () _____

Applicant Telephone Number: () _____

Tax I.D. Number _____ E-Mail Address: _____

STATEMENT OF OWNERSHIP

2. Is the junket to be operated as a partnership? -----If yes, go to question 3.
 Is the junket to be operated as a corporation or limited liability corporation? -----If yes, go to question 4.
 Is the junket to be operated as a sole ownership? -----If yes, go to question 5.
3. List all partners, home addresses, and extent of their interest in the partnership. Attach a copy of the partnership agreement. All partners must complete a separate Casino Junket Operator License Application.

Name	Home Address	Interest

4. List all officers, directors and stockholders, titles in corporation, home addresses, and total number of shares of stock owned by each member of the corporation. Give total number of shares authorized for the corporation. Attach a copy of the Articles of Incorporation, Corporate Charter, and if not a CNMI charter, Authority Business to Do in the CNMI.

Name	Title	Home Address	Stock Owned

5. List all employees, home addresses, and their positions or job titles.

Name	Home Address	Position

6. Does the Applicant swear/affirm that he/she meets the qualifications for a Junket Operator as required by the CNMI Casino Regulations?

Yes () No ()

If no, explain fully _____

7. Does the applicant swear/affirm that as a Junket Operator, he/she will fully comply with all Rules and Regulations promulgated by the Commission relative to the CNMI Casino Law, to keep all records and make all reports and remittances required by the Commission, and to comply with the provisions of the CNMI Casino Law?

Yes () No ()

If no, explain fully _____

8. Have you or any member of your partnership or association or any officer, director, or stockholder of your corporation ever had a license or permit of any kind denied, suspended, or revoked?

Yes () No ()

If yes, explain fully _____

9. Have you or any member of your partnership or association or any officer, director, or stockholder of your corporation ever been arrested, charged, indicted, or convicted of any drug or gaming related violation?

Yes () No ()

If yes, explain fully _____

10. Have you or any contract you have held with any casino in any jurisdiction ever been withdrawn, revoked, discharged or terminated for any reason?

Yes () No ()

If yes, explain fully _____

11. List any casinos and locations in which you currently hold contracts or agreements to do business.

**JUNKET OPERATOR APPLICATION
PERSONAL RECORD**

Type or neatly print an answer to every question. If a question does not apply to you, indicate by writing "N/A". If there is insufficient space, use a separate sheet and precede each answer with the page and question number.

1. PERSONAL INFORMATION:

Last Name	First Name	Middle Name
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Alias (nicknames, maiden name(s), other name changes, legal or otherwise)

Present Residence Address – Street Address	Since (date)
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City – Post Office	State	Zip
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Present Business Address

Occupation

Home Phone: () _____ State/DL# _____

Business Phone: () _____ Passport# _____

Date of Birth	Social Security Number	Sex	Race
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Place of Birth _____

Eye Color	Hair Color	Weight (lbs.)	Height (ft./in.)
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Scars, Tattoos, or distinguishing marks and/or characteristics

Are you a citizen of the United States? Yes () No () If alien, registration number: _____

If naturalized, Certificate Number: _____ Date: _____ Place: _____

If naturalized, certificate must be attached for verification.

2. **Marital Status:** Single () Married () Divorced () Widowed () Other ()

Current Marriage: _____
Spouse's Name Date City County State

Divorced: _____
Former Spouse's Name Date City, County, State

Spouse Full Name (maiden): _____ SSN: _____

Date of Birth (M/D/Y): _____ Place of Birth: _____

Residence Address: _____
Street City State Zip

Home Phone: () _____ Business Phone: () _____

Spouse's Employer: _____ Occupation: _____

Address of Spouse Employer _____
Street City State Zip

3. **Military Information:** Have you ever served in any armed forces?

Yes () No () If yes, provide details below.

Branch: _____ Date of entry-active service: _____

Date of Separation: _____ Type of Discharge: _____

Rating at Separation: _____ Serial Number: _____

While in the military service, were you ever arrested for an offense, which resulted in summary action, a trial, or special general court martial? Yes () No () If yes, furnish details on a separate sheet.

4. **Arrest, Detention, and Criminal Litigation:** (Include those arrests for which you were not convicted.)

A. Have you ever been arrested, detained, charged, indicted, or summoned to answer for any criminal offense or violation for any reason whatsoever, regardless of the disposition of the event? (Except for minor traffic citations)

Yes () No () If yes, give details in space below. List ALL cases without exception.

<u>Date</u>	<u>Age</u>	<u>Charge</u>	<u>City, State</u>	<u>Disposition</u>	<u>Arresting Agency</u>

* If you answer "Yes" to any of the following questions (B-F), provide complete details on a separate sheet *

B. Has a criminal indictment, information, or complaint ever been returned against you, but for which you were not arrested or in which you were named as an un-indicted co-party? Yes () No ()

C. Have you ever been questioned or interrogated by a city, state, federal, or law enforcement agency, commission or committee? Yes () No ()

D. Have you ever been subpoenaed to appear or testify before a federal, state or county grand jury, board or commission? Yes () No ()

E. Have you ever had a civil or criminal record expunged or sealed by a court order? Yes () No ()

F. Have you ever received a pardon for any criminal offense? Yes () No ()

G. Have you, as an individual, ever been named in a lawsuit as either a Plaintiff or Defendant? Yes () No ()

If yes, provide details in the space below. List any additional cases on a separate sheet.

<u>Party v. Party Description</u>	<u>Court, Case # and Filing Date</u>	<u>Disposition</u>
<u>Case Summary:</u> 		

5. Residences: List all of your residences for the last 10 years. List any additional residences on a separate sheet.

<u>Month/Year-Month/Year</u>	<u>Street & Number</u>	<u>City</u>	<u>State & County</u>

6. List your education, beginning with high school(s):

<u>Month/Year</u>	<u>School/Location</u>	<u>Degree Earned</u>

7. Employment: Beginning with your current employment, list your complete work history, including periods of unemployment, for the past 10 years. Also, list all corporations, partnerships, or any other business entities with which you have been associated as an officer, director, stockholder, or similar capacity. Use a separate sheet, if necessary.

Month/Year	Name/Mailing Address of Employer/Business	Reason for Leaving			
Title	Description of Duties	Supervisor	Gaming Present?	Yes ()	No ()

Month/Year	Name/Mailing Address of Employer/Business	Reason for Leaving			
Title	Description of Duties	Supervisor	Gaming Present?	Yes ()	No ()

Month/Year	Name/Mailing Address of Employer/Business	Reason for Leaving			
Title	Description of Duties	Supervisor	Gaming Present?	Yes ()	No ()

Month/Year	Name/Mailing Address of Employer/Business	Reason for Leaving			
Title	Description of Duties	Supervisor	Gaming Present?	Yes ()	No ()

8. Have you ever held a financial interest in a gambling venture, including a racetrack, dog track, racehorse or dog, lottery, casino, bookmaking operation, or pari-mutuel?
 Yes () No () If yes, provide details below and on a separate sheet, if necessary.

Name/Description of Venture	Location	Dates of Involvement

9. Have you ever been granted a Junket Operator License, Junket Permit, Gaming License, or been a participant in any group that has been issued a junket or gaming license? Yes () No ()

If yes, provide details below, and on a separate sheet, if necessary.

Type	Country of Organization	Dates	Status

10. Have you or any group with which you have been associated with ever been refused a junket license, gaming license, junket permit, or related findings of unsuitability? Yes () No () If yes, provide details on a separate sheet.

11. Have you or any group with which you have been associated with ever had a junket license, gaming license, junket permit or related findings of suitability denied, revoked, withdrawn, or issued with special conditions? Yes () No () If yes, provide details on a separate sheet.

12. Have you ever owned, operated, or managed any business, company, enterprise or currently own stock, hold interest (other than mutual funds, 401k's, etc.) or currently operate, manage or act as an agent for any business, company, enterprise other than the business, company, enterprise for which you are currently applying for a Junket Operator License? This should include any "Doing Business As" or "Fictitious Business" names used.

Name of Business	Location	Position (Agent, Owner, Operator, Manager etc.)

13. List any privilege or professional licenses you have held or currently hold, including but not limited to the following:

Driver's License	Real Estate Broker or Salesman	Liquor/Alcohol
Attorney	Accountant/CPA	Race Horse/Race Dog Owner
Doctor	Trainer or Manager	Boxing Promoter
Jockey	Securities Dealer/Broker/Financial Adviser	Other (Specify: _____)

Type	Location	Dates	Status

14. Have any disciplinary actions of any nature, regardless of disposition, ever been initiated against you or a related business entity in relation to any privilege or professional licenses? Yes () No ()

If yes, provide details on a separate sheet.

15. Have any disciplinary actions not otherwise included in question 14 ever been initiated against you or a related business entity? Yes () No () If yes, provide details on a separate sheet

16. Do you have any relatives associated with or employed in the gaming industry in any state? Yes () No ()

If yes, write their name, relation, and association or employment in the space below or on a separate sheet if necessary:

17. Do you now or have you ever knowingly been associated with, socially or professionally, persons known to be convicted of a felony or having ties with organized crime? Yes () No ()

If yes, provide details in the space below and on a separate sheet, if necessary.

18. If currently or previously employed in any of the Casino or Gaming Industry in the CNMI, give dates and places of issuance of casino or gaming work permits or licenses.

19. If you have an existing Junket Operator License, Casino Gaming License, or other related Casino/Gaming Licenses/Permits, please list them here. Provide copies of all Licenses or Permits listed here.

Name of License/Permit	Recipient	Country of Issuance	Valid Dates
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Applicant's Photograph

Attach a recent color photograph of yourself taken within the past thirty (30) days here.

* *
*

* *
*

PLACE
UPDATED
PICTURE
HERE

*
* *

*
* *

APPLICATION FOR JUNKET OPERATOR

STATEMENT OF TRUTH

(To be completed in the presence of a Notary Public)

State of _____ County _____

_____, being duly sworn according to law deposes and says:
Name of Applicant

Place your initials in the appropriate response for each statement below:

1. I am the applicant who is submitting this application form: Yes () No ()
2. I personally supplied the information contained in this form: Yes () No ()
3. I swear (or affirm) that the information contained in this form is true to the best of my knowledge and belief: Yes () No ()

Date: _____

(Legal Signature of Applicant)

Subscribed and sworn to before me on this, the _____ day of _____, 20_____.

Notary Public/Apostille Official

SCHEDULE A-CASH IN BANKS

Using the following table, list all accounts maintained by you, your spouse, and your dependents with any financial institutions, foreign and domestic. This includes, but is not limited to checking, savings, time deposits, money market, certificates of deposit, etc.

<u>Name and Address of Bank</u>	<u>Name of Account Holder(s)</u>	<u>Account Type/Number</u>	<u>Date Opened</u>	Balance as of ____/____/____

SCHEDULE B-ACCOUNTS/NOTES RECEIVABLE

Using the following table, list all debts, loans, notes or other receivables owed to you, your spouse, and your dependents.

<u>Name and Address of Debtor</u>	<u>Date Incurred</u>	<u>Original Amount</u>	<u>Current Balance</u>	<u>Payment/Period</u>	<u>Interest Rate</u>	<u>Maturity Date</u>	<u>Purpose & Collateral</u>

SCHEDULE C-STOCKS AND BONDS

Using the following table, list all stocks, bonds, mutual funds, commodity accounts, options, warrants, securities, etc., held or controlled by you, your spouse, and your dependents in any jurisdiction. Individual holdings of mutual funds need not be listed as long as the mutual fund itself is listed. Indicate publicly traded securities with an asterisk (*).

<u>Issuer</u>	<u>Type of Security</u>	<u>Number of Shares</u>	<u>Name of Owner</u>	<u>Date of Purchase</u>	<u>Purchase Price</u>	<u>Current Market Value as of</u> ____/____/____

SCHEDULE D-BUSINESS INVESTMENTS

List below any business investments in which any direct, indirect, vested, or contingent interest is held by you, your spouse, and dependents, along with the names of all individuals or entities who share a direct, indirect, vested or contingent interest therein. This includes, but is not limited to joint ventures, partnerships, sole proprietorships, and corporations.

<u>Name of Entity</u>	<u>Type of Entity</u>	<u>Number of Shares/Units</u>	<u>Percent of Ownership</u>	<u>Name of Owner</u>	<u>Purchase Price and Date of Purchase</u>	<u>Current Market Value as of</u> ____/____/____	<u>Name of Individuals/Entities Sharing Interest and Percentage Owned</u>

SCHEDULE E-REAL ESTATE

List below any real property in which any direct, indirect, vested, or contingent interest is held by you, your spouse, and dependents, along with the names of all individuals or entities who share a direct, vested, or contingent interest therein.

<u>Address/Location</u>	<u>Description</u>	<u>Percent of Ownership</u>	<u>Other Owners</u>	<u>Purchase Price/Improvements at Cost</u>	<u>Date of Purchase</u>	<u>Rental Income</u>	<u>Current Market Value as of</u> ___/___/___

SCHEDULE F-OTHER ASSETS

List all other assets held by you, your spouse, and dependents. Use an asterisk (*) in the first column to indicate those held by your spouse or dependents. Other assets includes, but is not limited to automobiles, personal property, cash value life insurance policies, pension plans, IRA, 401(k),etc.

Current Market Value as of

<u>Type of Asset</u>	<u>Date of Purchase</u>	<u>Purchase Price</u>	<u>___/___/___</u>	<u>Description</u>

SCHEDULE G-NOTES/ACCOUNTS PAYABLE

List all notes or accounts payable for which you, your spouse, and dependents are obligated. Use an asterisk (*) in the first column to indicate those held by your spouse or dependents.

<u>Name and Address of Creditor</u>	<u>Date Incurred</u>	<u>Original Amount</u>	<u>Current Balance</u>	<u>Payment/Period</u>	<u>Interest Rate</u>	<u>Maturity Date</u>	<u>Purpose & Collateral</u>

SCHEDULE H-MORTGAGES PAYABLE

List all mortgages or liens payable on real estate for which you, your spouse, and dependents are obligated. Use an asterisk (*) in the first column to indicate those held by your spouse or dependents.

Name and Address of Creditor **Date Incurred** **Original Amount** **Current Balance** **Payment/Period** **Interest Rate** **Maturity Date** **Address and Description of Collateral**

SCHEDULE I-CONTINGENT LIABILITIES

List all contingent liabilities for which you, your spouse, and dependents are obligated. Use an asterisk (*) in the first column to indicate those held by your spouse or dependents. Include any other persons liable for each debt, besides you and your spouse, in the description section.

<u>Name and Address of Creditor</u>	<u>Date Incurred</u>	<u>Original Amount</u>	<u>Current Balance</u>	<u>Payment/Period</u>	<u>Interest Rate</u>	<u>Maturity Date</u>	<u>Description of Contingency (ies)</u>

SCHEDULE J-OTHER LIABILITIES

List all other indebtedness for which you, your spouse, and dependents are obligated. Use an asterisk (*) in the first column to indicate those held by your spouse or dependents.

<u>Name and Address of Creditor</u>	<u>Date Incurred</u>	<u>Original Amount</u>	<u>Current Balance</u>	<u>Payment/Period</u>	<u>Interest Rate</u>	<u>Maturity Date</u>	<u>Description of Collateral</u>

* Fill out Schedules A-J on pages 13-22 before completing Statement of Assets and Statement of Liabilities. You must also include any assets/liabilities/accounts held in trust, by or for the benefit of you, your spouse, and your dependents. *

STATEMENT OF ASSETS

AS OF _____, 20____

List all assets, both tangible and intangible on the appropriate line below. Enter the amount as of the date of this statement. Each listed asset must be described fully and all supporting documentation must be attached to this Application at the time of submission to the Commission.

	Original Cost/Investment	Market Value
Current Assets:		
Cash on Hand	\$ _____	\$ _____
Cash in Banks (Schedule A)	_____	_____
Accounts & Notes Receivable (Schedule B)	_____	_____
Investments:		
Stocks & Bonds (Schedule C)	_____	_____
Business Investments (Schedule D)	_____	_____
Fixed Assets:		
Real Estate (Schedule E)	_____	_____
Other Assets (Schedule F)	_____	_____
TOTAL ASSETS:	\$ _____	\$ _____

STATEMENT OF LIABILITIES

AS OF _____, 20_____

List all liabilities on the appropriate line below. Enter the amount as of the date of this statement. Each liability must be described fully and all supporting documentation, along with a copy, be provided to the investigator assigned to your investigation at the time of your interview.

	Original Amount	Current Balance
Current Liabilities:		
Debts Due within One Year.....	\$ _____	\$ _____
Accounts Payable (Credit Cards, etc.)	_____	_____
Taxes Payable.....	_____	_____
Long Term Liabilities:		
Debts Due in Over One Year.....	_____	_____
Notes Payable (Schedule G).....	_____	_____
Mortgages Payable (Schedule H).....	_____	_____
Contingent Liabilities (Schedule I)....	_____	_____
Other Liabilities (Schedule J).....	_____	_____
TOTAL LIABILITIES:	\$ _____	\$ _____
NET WORTH:	\$ _____	\$ _____
CONTINGENT LIABILITIES (Schedule J):	\$ _____	\$ _____

RELEASE OF ALL CLAIMS

The undersigned has filed with the Commonwealth Casino Commission ("Commission") an Application for a Junket Operator License ("application") as that term is defined and provided for in Commonwealth Casino Law and the CNMI Casino Regulations. In consideration of the assurance by the Commission that no vote on said "application" will be taken except after a deliberate, intensive and thorough investigation of the undersigned, including but not limited to background, associates, and finances, the undersigned does for myself, my heirs, executors, administrators, successors and assigns, hereby release, remise, and forever discharge the CNMI Government, the Commonwealth Casino Commission, its members, agents, and employees, from all and all manner of actions, causes of action, suits, debts, judgments, executions, claims and demands whatsoever, know or unknown, in law or equity, which the undersigned ever had, now has, may have, or claim to have against any or all of said entities or individuals arising out of or by reason of the processing or investigation of or other action relating to the undersigned's "application".

I, the undersigned, have read this release and understand all its terms and conditions. I execute it voluntarily and with full knowledge

In witness whereof, I have executed this release at _____
City and State

_____, on the _____ day of _____, 20_____.

Applicant Signature

Subscribed and sworn to before me the _____ day of

_____, 20_____.

Signature

Notary Public or Apostille Official in and for the County of _____.

State of _____.

Notary Public/Apostille Official

APPLICANTS REQUEST TO RELEASE INFORMATION

TO _____

FROM _____

1. I hereby authorize and request all persons to whom this request is presented having information relating to or concerning me to furnish such information and to permit a duly appointed agent of the Commonwealth Casino Commission, whether or not such information would otherwise be protected from the disclosure by any constitutional, statutory or common law privilege.
2. If the person to whom this request is presented is a brokerage firm, bank, saving and loan, or other financial institution or an officer of same, I hereby authorize and request that a duly appointed agent of the Commonwealth Casino Commission be permitted to review and obtain copies of any and all documents, records, or correspondence pertaining to me, including Deposit box records, passbook records, and general ledger folio sheets.
3. I do hereby make, constitute, and appoint any duly appointed agent of the Commonwealth Casino Commission my true and lawful attorney in fact for me in my name, place, stead, and on my behalf and for my use and benefit:
 - (a) To request, review, copy, sign for, or otherwise act for investigative purposes with respect to documents and information in the possession of the person to whom this request is presented as I might;
 - (b) To name the person or entity to whom this request is presented and insert that person's name in the appropriate location on this request;
 - (c) To place the name of the Commonwealth Casino Commission's agent presenting this request in the appropriate location on this form.
4. I grant to said attorney in fact full power and authority to do, take, and perform all and every act and thing whatsoever requisite, proper, or necessary to be done, in the exercise of any of the rights and powers herein granted, as fully to all intents and purposes as I might or could do if personally present, with full power of substitution or revocation, hereby ratifying and confirming all that said attorney in fact, or his substitute or substitutes, shall lawfully do or cause to be done by virtue of this power of attorney and the rights and powers herein granted.
5. This Power of Attorney ends upon expiration of the license or when the license is revoked by the Commission, whichever comes first.
6. I have filed with the Commonwealth Casino Commission an application for a Casino Junket Operator License as provided for by CNMI P.L. 18-56, P.L. 19-24, and by the CNMI Casino Regulations. I understand that I am seeking the granting of a privilege and acknowledge that the burden of providing my qualifications for a favorable determination is at all times on me. I accept any risk of adverse public notice, embarrassment, criticism, or other actions of financial loss, which may result from action with respect to this application.
7. I do, for myself, my heirs, executors, administrators, successors and assigns, hereby release, remise, and forever discharge the person to whom this request is presented, and his agents and employees from all manner of actions, equity, which I ever had, now have, may have, or claims to have against the person to whom this request is presented or his agents or employees arising out of or by reason of complying with this request.
8. I agree to indemnify and hold harmless the person to whom this request is presented and his agents and employees from and against all claims, damages, losses, and expense, including reasonable attorney's fees arising out of or by reason of complying with this request.
9. A reproduction of this request by a copier (Xerox or similar device) or similar process shall be for all intents and purposes as be valid as the original.

In witness whereof, I have executed this request at _____

On the _____ day of _____, 20_____.

Applicant's Signature

Subscribed and sworn to before me on this _____ day of _____, 20_____.

Notary Public or Apostille Official in and for the County of _____ State of _____.

Notary Public/Apostille Official

Signature of Commonwealth Casino Commission agent presenting this request _____

Date _____

STANDARD BANK CONFIRMATION FORM

Dear Sir/Madam:

Your completion of the following report will be sincerely appreciated. If the answer to any item is "none" please so state. Mail it in the enclosed stamped, self-addressed envelope direct to the address below.

Report from
(Bank) _____

Yours truly,

By _____
(Authorized Signature)
Bank customer should check here if
Confirmed of bank balances only
(Items 1) is desired. ()

Name of CCC Reviewer:
Commonwealth Casino Commission

Bank should check whichever is applicable. This report covers all accounts

- 1. With this office () or
- 2. With this office and all other domestic offices ()

Dear Sir/Madam:

1. We hereby report that at the close of business on _____, 20____ Our records showed the following balance(s) to the credit of _____.

Amount	Designation of Account	Is Balance Subject to Withdrawal by Check?	Earn Interest?	Rate?
\$ _____				
\$ _____				
\$ _____				

2. We further report that the above mentioned depositor was directly liable to us in report of loans, acceptance, etc., at the close of business on that date in the total amount of \$ _____.

Amount	Date of Loan of discount	Due Date	Interest Rate	Paid to	Description of liability, Collateral, Liens, Endorsers, Etc.
\$ _____					
\$ _____					
\$ _____					

3. Said Depositor was contingently liable as endorser of notes discounted and/or guarantor at the close of business on that date in the total amount of \$ _____, as below:

Amount	Name of Maker	Date of Note	Due Date	Remarks
\$ _____				
\$ _____				
\$ _____				

Other direct or contingent liabilities, open letters or credit, and relative collateral, were

Yours truly,
(Bank) _____
By _____
Authorized Signatures

Date _____, 20_____

STATEMENT OF TRUTH

Island of _____)

) ss:

Commonwealth of the Northern Mariana Islands: _____)

_____, being duly sworn according to law deposes and says:

1. I am the applicant who is submitting this application form.
2. I personally supplied the information contained in this form.
3. I understand and read the English language or I have had an interpreter read, explain and record the answer to each and every question on this application form.
4. Any document accompanying this **Application for Casino Junket Operator License** that is not an original document is a true copy of the original document.
5. I swear (or affirm) that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

DATED: _____ (LEGAL SIGNATURE)
(Signature of Applicant)

Notarization Required

STATE OF: _____

COUNTY/ISLAND: _____

SWORN TO ME AND SUBSCRIBED IN MY PRESENCE, THIS _____ DAY OF _____ 20____.

NOTARY PUBLIC/OFFICIAL: _____

MY COMMISSION EXPIRES: _____

**AFFIDAVIT AND WAIVER OF LIABILITY AND CONSENT
TO INSPECTIONS, SEARCHES, AND SEIZURES**

Island of _____)
)
 Commonwealth of the Northern Mariana Islands:) ss:

The applicant hereby certifies that the information contained herein is true and correct and that there is no misrepresentation, falsification, or omission of information in this **Casino Junket Operator License Application**. Further, the applicant is aware that any false or misleading statement or omitted information will be caused for rejection, denial, or revocation of the **Casino Junket Operator License Application**, and may subject the applicant to criminal penalties.

The applicant agrees to the terms and conditions of the **Casino Junket Operator License Application** and Licensing process and procedures as outlined in the Commonwealth Casino Commission Rules and Regulations and agrees, if licensed, to abide by the same.

Applicant shall have the continuing duty to:

1. Provide any assistance or information required by the Commission or by other CNMI law enforcement agencies and to cooperate in any inquiry, investigation, or hearing;
2. Consent to inspections, searches, and seizures;
3. Inform the Commission of any actions which Applicant believes would constitute a violation of the CNMI Casino and Gaming laws or the Commonwealth Casino Commission Rules and Regulations; and,
4. Inform the Commission of any arrests for any criminal violations or offenses.

The applicant hereby expressly waives, releases and forever discharges the CNMI government and the Commission and its officials, attorneys, agents, employees, and representatives in their personal and official capacities from any and all manner of claims and causes of action whatsoever which the Applicant, or the Applicant's administrators or executors can, shall, or may have now or in the future, against the CNMI and its instrumentalities and agents or against the Commission and its agents and employees, whether such claim is known or unknown, for any damage resulting to the applicant from any disclosure or publication, in any manner, other than a willfully unlawful disclosure or publication maliciously made, of any material or information acquired during the licensing process or during any inquiries, investigations, or hearings.

Applicant Certification Date: _____

Name of Applicant: _____
First *Middle* *Last*

Signature of Applicant: _____

Notarization Required

STATE OF: _____

COUNTY/ISLAND: _____

SWORN TO ME AND SUBSCRIBED IN MY PRESENCE, THIS _____ DAY OF _____, 20____.

NOTARY PUBLIC/ APOSTILLE OFFICIAL: _____

MY COMMISSION EXPIRES: _____

RELEASE AUTHORIZATION AND WAIVER OF LIABILITY

Name of Applicant

I hereby authorize and request all persons to whom this request is presented having information relating to or concerning me to furnish such information to the Commonwealth Casino Commission ("Commission") or its members, attorneys, agents, employees, or representatives, whether or not such information would otherwise be protected from disclosure by any constitutional, statutory, or common law privilege.

I hereby authorize and request all persons to whom this request is presented having documents relating to or concerning me to permit the Commission or its members, attorneys, agents, employees, or representatives to review and copy such documents, whether or not such documents would otherwise be protected from disclosure by constitutional, statutory, or common law privilege.

If the person to whom this request is presented is a brokerage firm, bank savings and loan, or other financial institution or an office of the same, I hereby authorize and request that the Commission or its agents, employees, or representatives be permitted to review and obtain copies of any and all documents, records or correspondence pertaining to me, including but not limited to past loan information, notes cosigned by me, checking account records, savings deposit records, safe deposit box, passbook records, and general ledger portfolio sheets.

I have filed with the Commission an application for a **Casino Junket Operator License** and I understand that I am seeking the granting of a privilege and acknowledge that the burden of proving my qualifications for favorable determination is at all times on me. I accept any risk of adverse public notice, embarrassment, criticism, or other action or financial loss which may result from any action with respect to this application.

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

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

I hereby waive liability as to the CNMI government and its instrumentalities, officers, attorneys, employees, and agents, or the Commission members, attorneys, agents, employees, or representatives for any damage resulting to myself from any disclosure or publication in any manner, other than a willfully unlawful disclosure or publication, maliciously made, of any material or information acquired during the licensing process or during any inquires, investigations, or hearings.

Witness whereof, I have executed this request at _____

on the _____ day of _____, 20____.

Signature of Applicant: _____

Notarization Required

STATE OF: _____

COUNTY/ISLAND: _____

SWORN TO ME AND SUBSCRIBED IN MY PRESENCE, THIS _____ DAY OF _____ 20____.

NOTARY PUBLIC/ APOSTILLE OFFICIAL: _____

MY COMMISSION EXPIRES: _____