

**TENNESSEE SPORTS WAGERING  
COUNCIL**

**SUPPLEMENTAL PERSONAL HISTORY  
DISCLOSURE FORM**

DATE OF COMPLETION

\_\_\_\_\_

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Last updated 9/8/23

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# Tennessee Supplemental Personal History Disclosure Form

This Supplemental Personal History Disclosure Form is in addition to the Multi-Jurisdictional Personal History Disclosure Form.

Every question must be answered completely, accurately, and legibly. If a question is not applicable, indicate by replying, "N/A" or "Does Not Apply." Only respond to a question with "Unknown" if substantial effort is made to obtain the response. If the response space to a question is insufficient or if additional details are necessary to adequately respond to the question, attach an additional page that clearly references the question being answered.

If this form, the Multi-jurisdictional Personal History Disclosure Form, or any other form or document required or requested to be submitted as part of the application is not legible or incomplete, the application will be deemed **incomplete** and returned to the applicant. Any portion of an application that is incomplete and not corrected within five (5) days of notice sent to the email address or telephone number on file constitutes an **incomplete** application and will be returned to the applicant. It is the burden of the applicant to notify the Tennessee Sports Wagering Council ("SWC") of any change in email address or telephone number.

Once a complete application is submitted and accepted as complete, it cannot be withdrawn without approval of the SWC.

Applications are confidential pursuant to Tennessee law, except as necessary in the administration of the Sports Gaming Act or policies, rules, or regulations promulgated thereunder by the SWC or pursuant to a lawful court order. Nevertheless, an applicant, licensee, registrant, or person subject to a finding of suitability waives any liability of the State of Tennessee, the SWC, or any representatives, agents, or employees thereof for any damages resulting from the disclosure or publication in any matter, except if made willfully and unlawfully. Any application form, document, or information provided to the SWC as part of the application remains the property of the SWC and will not be returned to the applicant.

Upon submitting this form, you certify that you have responded truthfully and have not made **ANY MISREPRESENTATION, MISLEADING STATEMENT, OR OMISSION, OR FAILED TO STATE A MATERIAL FACT** in this form or any other form, document, or submission of information that is part of the application. Such action may be cause for denial of the application or grounds for disciplinary action upon discovery that such action was taken during the application process.

1. Full legal name of applicant (first, middle initial, last, and suffix, if any).

\_\_\_\_\_

2. Social security number of applicant \_\_\_\_\_

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3. Type of license or registration with which you are associated:

Sports Operator License

Vendor Registration

4. Are you a citizen of the United States?  Yes  No

If naturalized, certificate number: \_\_\_\_\_

If not a citizen, authorization or registration number: \_\_\_\_\_

5. Name of spouse or partner: \_\_\_\_\_

Social security number of spouse or partner: \_\_\_\_\_

Is your spouse or partner a citizen of the United States?  Yes  No

If naturalized, certificate number: \_\_\_\_\_

If not a citizen, authorization or registration number: \_\_\_\_\_

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6. List spouse's or partner's prior employment for last 10 years. Attach additional page(s) as necessary.

Employer	Address	Dates Employed	Position Held

7. Has any member of your family or your spouse's or partner's family ever been convicted of a felony?

Yes  No

If yes, provide the following. Attach additional page(s) as necessary.

Name	Relationship	Charge(s)	Location of Offense(s)	Date of Offense(s)	Disposition/Status

8. Have you ever had a civil or criminal record expunged, sealed, dismissed due to diversion or deferred judgment, or been granted immunity from liability or prosecution?

Yes  No

If yes, provide the following. Attach additional page(s) as necessary.

Claim(s) or Charge(s)	Location	Date of Disposition	Disposition/Status

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9. Have you or any person or entity on your behalf ever entered into a settlement before litigation or criminal charges were filed against you or an entity with which you were affiliated as an owner, officer, director, manager, partner, or trustee?

Yes  No

If yes, provide the following. Attach additional page(s) as necessary.

Nature of Alleged Claim(s) or Charge(s)	Adverse Party or Government Agency	Date of Disposition	Disposition/Status

10. a. Date that last federal U.S. tax return (or foreign equivalent) was filed:

\_\_\_\_\_ for tax year \_\_\_\_\_

b. Have you ever been subject to a federal U.S. income tax audit (or foreign equivalent)?

Yes  No

Tax year: \_\_\_\_\_

Audit year: \_\_\_\_\_

Agency or Entity Conducting Audit: \_\_\_\_\_

Action Due or Required As a Result of Audit and Status of Such Action:

\_\_\_\_\_

c. Have you ever not filed a federal U.S. tax return (or foreign equivalent)?

Yes  No

If yes, provide reason and status of non-filed return: \_\_\_\_\_

\_\_\_\_\_

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d. Have you filed a tax return in any jurisdiction outside of the U.S. or country of residence in the past 10 years?

Yes  No

If yes, provide the following. Attach additional page(s) as necessary.

Jurisdiction(s) Where Filed	Tax Year(s) of Filing	Reason for Filing

11. Do you currently have any tax obligations, fines, court orders, legal obligations, or judgments outstanding, owed, or past due?

Yes  No

If yes, provide the following. Attach additional page(s) as necessary.

Obligation	Amount or Action Owed or Due	Date of Disposition	Reason for Status

12. Have you ever withdrawn an application for any type of casino, race, sports wagering, daily fantasy sports, or other gambling-related operation or finding of suitability in any jurisdiction?

Yes  No

If yes, provide the following. Attach additional page(s) as necessary.

Type of Application	Jurisdiction Where Filed	Reason for Withdrawal

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13. Have you ever had your driver's license suspended or revoked in any jurisdiction?

Yes  No

If yes, provide the following.

Jurisdiction	Reason for Suspension or Revocation	Length of Suspension or Revocation	Current Status

14. Do you have a safe, safe deposit box, vault, or other security storage in any jurisdiction?

Yes  No

If yes, provide the following. Attach additional page(s) as necessary.

Type	Location of Storage	Contents

15. Do you have access to the safe, safe deposit box, vault, or other security storage of another person in any jurisdiction?

Yes  No

If yes, provide the following. Attach additional page(s) as necessary.

Type	Owner of Storage	Location of Storage	Contents

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16. Provide the following documentation:

Copies of federal tax returns (or equivalent) for the last 3 years;
Copy of driver's license or government-issued identification;
Copy of passport photo page;
Two fingerprint cards as set forth in the SWC Fingerprint Process document, available on SWC website; &
The SWC may request additional documentation, as needed.

17. Please answer the following questions:

	YES	NO
Are you an employee of the Tennessee Sports Wagering Council?		
Are you a member of the Tennessee Sports Wagering Council?		
Are you an owner or employee of any professional, collegiate, or Olympic sports team?		
Are you a coach of, or player for, a collegiate, professional, or Olympic sports team or sport?		
Are you a member or employee of any governing body of a sports team, league, or association?		
Are you an official, referee, or any person having the ability to affect directly or holding a position through which decisions made by you would affect the outcome of a sporting event?		

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State of \_\_\_\_\_ SS:

County of \_\_\_\_\_

I, \_\_\_\_\_, certify under penalty of perjury that I have read and understood this Supplemental Personal History Disclosure Form and affirm as follows:

1. I am the individual submitting this form.
2. I personally supplied the information contained in this form.
3. All statements and information contained in in this form are true, correct, and accurate to the best of my belief and knowledge and represents a full account of any information requested.
4. I have not omitted or otherwise failed to state a material fact necessary to make statements or information in this form misleading or untrue.
5. I understand and have knowledge that any statement or information in this form or provided as part of my application that is untrue, false, misleading, or fails to reveal all information requested may be cause for denial or other adverse action taken against my application or any license or finding of suitability that may be awarded.
6. My application is being submitted voluntarily and may not be withdrawn without approval from the SWC.
7. I agree to inform the SWC of any changes or updates to this application while my application is pending decision or determination.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

SUBSCRIBED AND SWORN TO BEFORE ME  
THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, \_\_\_\_\_

(NOTARY PUBLIC SEAL/STAMP)

\_\_\_\_\_  
Signature of Notary Public

Commission Expiration Date: \_\_\_\_\_

DATE OF COMPLETION  
\_\_\_\_\_

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