

**TENNESSEE SPORTS WAGERING  
COUNCIL**

**PERSONAL HISTORY DISCLOSURE  
RENEWAL FORM**

DATE OF COMPLETION

\_\_\_\_\_

Page 1 of 27  
Last updated  
2/22/24

INITIALS \_\_\_\_\_

# Tennessee Sports Wagering Council Personal History Disclosure Renewal 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. Reference to "last year" as it appears in this form means from the date of your most recent past Personal History Disclosure Form submitted to the Tennessee Sports Wagering Council ("SWC").

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Once a complete application is submitted and accepted as complete, it cannot be withdrawn without approval of the SWC.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

DATE OF COMPLETION

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**PLEASE PRINT OR TYPE THE ANSWERS  
TO THE FOLLOWING QUESTIONS IN THE  
SPACES PROVIDED**

**PERSONAL DATA**

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NAME: LAST (INCLUDE SR., JR., ETC., IF APPLICABLE) FIRST MIDDLE

---

MAILING ADDRESS/POSTAL ADDRESS:  
 NUMBER AND STREET APT #/FLAT # CITY/TOWN STATE/PROVINCE ZIP/POSTAL CODE

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HOME ADDRESS: (IF DIFFERENT THAN MAILING ADDRESS/POSTAL ADDRESS)  
 NUMBER AND STREET APT #/FLAT # CITY/TOWN STATE/PROVINCE ZIP/POSTAL CODE

---

PRESENT BUSINESS ADDRESS:  
 NUMBER AND STREET APT #/FLAT # CITY/TOWN STATE/PROVINCE ZIP/POSTAL CODE

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HOME TELEPHONE NUMBER: CURRENT BUSINESS TELEPHONE NO. AT PLACE OF EMPLOYMENT: FAX NUMBER:  
 (AREA CODE) (NUMBER) (AREA CODE) (NUMBER) (EXTENSION) (AREA CODE) (NUMBER)

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DATE OF BIRTH: (MO)(DAY)(YEAR) EMAIL ADDRESS (REQUIRED):

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SEX	COLOR OF EYES	COLOR OF HAIR	HEIGHT _____FT_____IN/_____CM	WEIGHT _____LBS/_____KG
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DESCRIBE ANY CHANGES IN PHYSICAL APPEARANCE (I.E., SCARS, TATTOOS, GENDER IDENTITY, ETC.)

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

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

2. Check all boxes that apply.

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

Sports Operator License

Vendor Registration

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The following questions encompass the period of time from the filing of your last application to the present. If the answer to any of these questions is yes, the required information/documentation to be filed is listed.

1. Has your primary residence changed?  Yes  No

If yes, provide the new address(es) and dates of occupancy:

Address(es): \_\_\_\_\_

Dates of Occupancy: \_\_\_\_\_

2. Has your country of citizenship changed?  Yes  No

If yes, provide copies of naturalization documentation.

3. Have you been issued a new passport?  Yes  No

If yes, provide copies of all passport pages.

4. Has your employment position changed?  Yes  No

If yes, provide date of change, new title and new salary.

Date of Change	New Title	New Salary

5. a. Since last application, has your spouse or partner changed?  Yes  No

If yes, provide social security number of spouse or partner: \_\_\_\_\_

b. Since last application, has your spouse or partner's citizenship changed?  Yes  No

If yes and naturalized, provide certificate number: \_\_\_\_\_

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\_\_\_\_\_

If no longer a United States citizen, provide authorization or registration number: \_\_\_\_\_

6. Since last application, has your spouse's or partner's employment changed?

Yes  No

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

Employer	Address	Dates Employed	Position Held

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

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

b. If you have not filed a federal U.S. tax return (or foreign equivalent) since last application, provide reason and status of non-filed return: \_

\_\_\_\_\_

c. If you filed a tax return in any jurisdiction outside of the U.S. or country of residence since last application, provide the following.

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

d. Since last application, have you 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:

\_\_\_\_\_

DATE OF COMPLETION

\_\_\_\_\_

8. 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

9. Has any jurisdiction denied you a gaming license, or has any jurisdiction suspended or revoked your gaming license?

Yes  No

If yes, provide details and explanation: \_\_\_\_\_

10. If you hold any non-gaming professional licenses, has any jurisdiction suspended or revoked that license?

Yes  No

If yes, provide details and explanation: \_\_\_\_\_

11. Have you been investigated, charged or arrested for any criminal offense in any jurisdiction?

Yes  No

If yes, provide details and explanation: \_\_\_\_\_

12. Have you been the party to any civil actions?  Yes  No

If yes, provide details and explanation: \_\_\_\_\_

13. Has your driver's license been suspended?  Yes  No

If yes, provide details and explanation: \_\_\_\_\_

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\_\_\_\_\_

14. Have you filed for bankruptcy?  Yes  No

If yes, provide details and explanation: \_\_\_\_\_

15. a. If any changes have been made since last application, in the chart below, list the names of all your children, step-children and adopted children and the amount of support, if dependent. Also, list all other persons who you are supporting or contributing to the support of, and provide the amount of support.

NAME	DATE OF BIRTH	BIRTH PLACE	ADDRESS (NO., STREET, APT., CITY, STATE, COUNTRY, ZIP CODE)	AMT. OF SUPPORT (IF A DEPENDENT)

b. Please mark the appropriate response regarding your child support obligations:

- I am not subject to a court order for the support of a child.
- I am subject to a court order for the support of one or more children and am in compliance with a plan approved by the public agency/court enforcing the order for the repayment of the amount owed pursuant to the order (indicate amount in 18a. above); or
- I am subject to a court order for the support of one or more children and am NOT in compliance with the order or a plan approved by the public agency/court enforcing the order for the repayment of the amount owed pursuant to the order.

Identify the public agency/court responsible for enforcing the child support order:

Name \_\_\_\_\_

Address \_\_\_\_\_

Contact Person \_\_\_\_\_

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16. List all offices, trusteeships, directorships or fiduciary positions (including non-profit charitable entities and family trusts) held by you with any firm, corporation, association, partnership or other business entity, including all government positions and offices (whether salaried or unsalaried) since last application.

DATES		TITLE OF OFFICE OR POSITION HELD	NAME AND ADDRESS OF FIRM, CORPORATION, ASSOCIATION, PARTNERSHIP OR OTHER BUSINESS ENTITY	COMPENSATION RECEIVED
FROM: (MO/YR)	TO: (MO/YR)			

17. Since last application, has any entity in which you, or your spouse, is/was a director, officer, partner or an owner of a 5% or greater interest ever had any license, permit or certificate issued by a governmental agency in any jurisdiction denied, suspended, revoked, or subject to any conditions?

Yes  No

If yes, complete the following chart as to each denial, suspension or revocation:

NAME OF ENTITY	POSITION HELD BY YOU OR YOUR SPOUSE	TYPE OF LICENSE, PERMIT OR CERTIFICATE	TYPE OF ACTION TAKEN	NAME AND ADDRESS OF GOVERNMENT AGENCY/ORGANIZATION TAKING ACTION	DATE OF ACTION	REASON(S) FOR ACTION

18. List any group, firm, partnership, corporation or any other businesses in which you have held an ownership interest of 5% or more for the past year. (Do **not** include publicly traded corporations in which you owned stock.)

DATES		NAME(S) & ADDRESS(ES) OF BUSINESS(ES)	CURRENT STATUS OF BUSINESS(ES)	% INTEREST HELD BY YOU	NAME(S) OF OTHER OWNERS	ADDRESS(ES) OF OTHER OWNERS	STATE/PROVINCE AND COUNTRY OF ORGANIZATION OR INCORPORATION
FROM: (MO/YR)	TO: (MO/YR)						

DATE OF COMPLETION

\_\_\_\_\_

19. Since last application, have you or has your spouse ever made application for, or held, a license, permit, registration, finding of suitability, qualification or other authorization to participate in any form or type of casino, gaming/gambling related operation (including any manufacturer of gaming/gambling equipment, junket operation, horse racing, dog racing, pari-mutuel operation, lottery, sports betting, Internet gaming, etc.) or alcoholic beverage operation in any jurisdiction? You must answer "YES" to this question if you ever applied and your application was granted, denied, returned to you by the gaming agency for any reason, was withdrawn or is currently pending.

Yes  No

If yes, complete the following chart:

NAME & ADDRESS OF LICENSING AGENCY/ORGANIZATION(INCLUDING COUNTRY, STATE/PROVINCE, COUNTY OR MUNICIPALITY/TOWN)	TYPE OF LICENSE, PERMIT, APPROVAL OR REGISTRATION	DATE OF APPLICATION	DISPOSITION (GRANTED, DENIED OR PENDING, ETC.)	LICENSE, PERMIT, APPROVAL OR REGISTRATION NUMBER

20. Since last application, have there been any changes in your direct or indirect financial or ownership interest in any group, firm, corporation, partnership or other business entity that has applied to any licensing agency in any jurisdiction for any license, permit, registration, finding of suitability, or qualification in connection with any form or type of a casino, gaming/gambling related operation (including any manufacturer of gaming/gambling equipment, junket operation, horse racing, dog racing, pari-mutuel operation, lottery, sports betting, Internet gaming, etc.), or alcoholic beverage operation? (Do not include publicly traded corporations or entities in which you held less than 1% of the stock.)

Yes  No

If yes, complete the following chart:

NAME AND ADDRESS OF BUSINESS ENTITY	NATURE OF YOUR INTEREST	DATE OF APPLICATION	NAME & ADDRESS OF LICENSING AGENCY TO WHICH APPLICATION WAS MADE	TYPE OF LICENSE APPLIED FOR	DISPOSITION OF APPLICATION

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21. a. Since last application, have any members of your family (spouse, parents, grandparents, children, grandchildren, siblings, uncles, aunts, nephews, nieces, fathers-in-law, mothers-in-law, sons-in-law, daughters-in-law, brothers-in-law and sisters-in-law whether by whole or half blood, by marriage, adoption or natural relationship) associated with or employed in any form or type of casino or gaming/gambling related operation as defined in question 19 in any jurisdiction?

Yes  No

If yes, complete the following chart:

NAME OF PERSON	RELATIONSHIP	NAME OF GAMING/GAMBLING OR ALCOHOLIC BEVERAGE BUSINESS AND ADDRESS	BUSINESS TELEPHONE

DATE OF COMPLETION

\_\_\_\_\_

INITIALS \_\_\_\_\_

## CIVIL, CRIMINAL AND INVESTIGATORY PROCEEDINGS

The next question asks about any arrests, charges or offenses you, your spouse or your children may have committed. Prior to answering this question, carefully review the definitions and instructions which follow.

DEFINITIONS: For purposes of this question:

- A. "Arrest" includes any detaining, holding, or taking into custody by any police or other law enforcement authorities to answer for the alleged performance of any "offense."
- B. "Charge" includes any indictment, complaint, information, summons, or other notice of the alleged commission of any "offense."
- C. "Offense" includes all felonies, crimes, high misdemeanors, misdemeanors, disorderly persons offenses, petty disorderly offenses, driving while intoxicated/impaired motor vehicle offenses and violations of probation or any other court order.

INSTRUCTIONS:

- 1. Answer "YES" and provide all information to the best of your ability EVEN IF:
  - A. You did not commit the offense charged;
  - B. The charges were dismissed or subsequently downgraded to a lesser charge;
  - C. You completed a Pretrial Intervention (PTI) or equivalent diversionary program in other jurisdictions;
  - D. You were not convicted;
  - E. You did not serve any time in prison or jail; or
  - F. The charges or offenses happened a long time ago.
- 2. Answer "NO" IF any records relating to a charge, an arrest or conviction have been expunged or otherwise officially sealed by a court or government agency\* .

**\* Some jurisdictions permit the gaming agency to obtain information about the expungement or sealing order as part of the licensing process. You should confer with the gaming agency to which you are applying to determine the applicable law.**

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**IMPORTANT**

**The gaming agency will make inquiries to establish whether the applicant has had any involvement with law enforcement agencies.**

**Failure to disclose any such involvement will be taken into account in assessing your character, honesty and integrity.**

22. Since last application, has any member of your family or your spouse's or partner's family 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

23. Since last application, have you 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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24. Since last application, to the best of your knowledge, has a criminal indictment, information or complaint been filed or returned against you, but for which you were not arrested or in which you were named as an unindicted party or unindicted co-conspirator in any criminal proceeding in any jurisdiction?

Yes  No

If yes, complete the following chart:

NAME AND ADDRESS OF GOVERNMENTAL AGENCY/ORGANIZATION INVOLVED	NATURE OF PROCEEDING	DATE

25. Since last application, have you been the subject of an investigation conducted by any governmental agency/organization, court, commission, committee, grand jury or investigatory body (local, state, county, provincial, federal, national, etc.) other than in response to a traffic summons?

Yes  No

If yes, complete the following chart:

NAME AND ADDRESS OF COURT OR OTHER AGENCY	NATURE OF PROCEEDING OR INVESTIGATION	WAS TESTIMONY GIVEN?	DATE ON WHICH TESTIMONY WAS GIVEN	APPROXIMATE TIME PERIOD OF INVESTIGATION

26. a. Since last application, have you been called to testify before, or otherwise been questioned, interviewed, deposed, or requested to take a polygraph exam by any governmental agency/organization, court, commission, committee, grand jury or investigative body (local, state, county, provincial, federal, national, etc.) in any jurisdiction other than in response to a traffic summons?

Yes  No

- b. Since last application, have you been subpoenaed to appear or testify before a federal, national, state, county grand jury, or other criminal investigatory agency or body, or any board or commission, or any civil, criminal or administrative proceeding or hearing?

Yes  No

If yes to either question, complete the following chart:

NAME AND ADDRESS OF COURT OR OTHER AGENCY/ORGANIZATION	NATURE OF PROCEEDING OR INVESTIGATION	WAS TESTIMONY GIVEN?	DATE ON WHICH TESTIMONY WAS GIVEN	APPROXIMATE TIME PERIOD OF INVESTIGATION

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

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27. Since last application, have you received a pardon, or has any government agency/organization agreed to dismiss, suspend or defer any criminal investigation or prosecution against you for any criminal offense?

Yes  No

If yes, complete the following chart:

DATE OF PARDON, DISMISSAL, SUSPENSION, OR DEFERAL	TYPE OF ACTION TAKEN	NAME AND ADDRESS OF GOVERNMENT AGENCY/ORGANIZATION GRANTING PARDON, DISMISSAL, SUSPENSION OR DEFERAL

28. In the past year, has any general partnership, business venture, sole proprietorship or closely held corporation, which you were associated with as an owner, officer, director or partner, been a party to a lawsuit, arbitration or bankruptcy?

Yes  No

If yes, complete the following chart:

NAME OF ENTITY	TYPE OF ENTITY	APPROXIMATE DATE(S) OF LAWSUIT/ARBITRATION/BANKRUPTCY	WHERE ACTION FILED (CITY/TOWN, STATE/PROVINCE,COUNTY)

29. Since last application, have you or any person or entity on your behalf entered into a settlement before litigation or have criminal charges been 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

DATE OF COMPLETION

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**VEHICLE OPERATOR DATA**

30. In the chart below, list all current motor vehicle operator licenses (automobiles, motorcycles, airplanes, boats, recreational vehicles, etc.) issued to you in any jurisdiction since last application:

DATE LAST ISSUED	LICENSE NUMBER	TYPE OF LICENSE	JURISDICTION ISSUING LICENSE	EXPIRATION DATE OF LICENSE

**FINANCIAL DATA**

31. Since last application, have any individual, local, city, county, provincial, state, Federal, national, or any other governmental liens/debts been filed against you as an individual, sole proprietor, member of a partnership, or owner of a corporation in any jurisdiction?

Yes  No

If yes, complete the following chart:

NATURE OF LIEN/DEBT	WHEN FILED	WHERE FILED	CURRENT STATUS

32. In the past year, has any business entity in which you held a 5% or greater ownership interest, or in which you served as an officer or director been adjudicated bankrupt or filed a petition for any type of bankruptcy or insolvency under any bankruptcy or insolvency law?

Yes  No

If yes, complete the following chart:

DATE FILED	DOCKET/CASE NUMBER	NAME AND ADDRESS OF COURT	NAME AND ADDRESS OF FILING PARTY	NAME AND ADDRESS OF TRUSTEE

DATE OF COMPLETION

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33. Since last application, have you as an individual, member of a partnership, or owner, director or officer of a corporation been in a business entity that has been in liquidation, receivership or been placed under some form of governmental administration or monitoring?

Yes  No

If yes, complete the following chart:

NAME AND ADDRESS OF BUSINESS ENTITY	OUR RELATIONSHIP TO BUSINESS ENTITY	DATE PLACED UNDER LIQUIDATION, RECEIVERSHIP, ETC.	REASON PLACED UNDER LIQUIDATION, RECEIVERSHIP, ETC.	PRESENT STATUS

34. Since last application, have your wages, earnings, or other income been subject to garnishment, attachment, charging order, voluntary wage execution or the like?

Yes  No

If yes, complete the following chart:

DATE FILED	DOCKET/CASE NUMBER	NAME AND ADDRESS OF COURT	NATURE OF OBLIGATION	AMOUNT OF OBLIGATION	NAME AND ADDRESS OF HOLDER OF OBLIGATION

DATE OF COMPLETION

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35. In the past year, have you had any property, real or personal, repossessed by a finance company in any jurisdiction?

Yes  No

If yes, complete the following chart:

TYPE OF PROPERTY	DATE REPOSSESSED	NAME AND ADDRESS OF COMPANY REPOSSESSING PROPERTY	REASON FOR REPOSSESSION

36. Since your last application, have you been:

- a. An executor(trix), administrator or other fiduciary of any estate;
- b. A beneficiary or legatee under a will or received any thing of value under an intestacy statute; or
- c. A settlor/grantor, beneficiary or trustee of any trust?

Yes  No

If yes, complete the following chart as to each estate and trust:

NAME AND LOCATION OF ESTATE/TRUST	POSITION/ INTEREST HELD	DATE(S) ON WHICH POSITIONS WERE HELD OR INTEREST WAS RECEIVED	AMOUNT OF COMPENSATION OR NATURE AND VALUE OF BENEFIT GRANTED/RECEIVED

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37. Since last application, do you own, hold, or have a new interest in any assets in a trust in any jurisdiction? (You may exclude those assets disclosed in your answer to question 45).

Yes  No

If yes, complete the following chart:

DESCRIPTION OF TRUST	LOCATION OF TRUST	NAME OF TRUSTEE(S)	NAMES OF OTHER(S) WITH INTERESTS IN TRUST

38. Since last application, do you hold, manage or control in trust, or otherwise, any new assets or liabilities for another person or entity in any jurisdiction? (You may exclude those assets or liabilities disclosed in your answer to question 45).

Yes  No

If yes, complete the following chart:

DESCRIPTION OF TRUST	LOCATION OF TRUST	NAMES OF OTHER(S) WITH INTEREST IN TRUST

39. a. During the last year have you had any right of ownership in, control over or interest in any bank account(s), which are located outside the country of residence identified in a. above?

Yes  No

If yes, complete the following chart:

DATES		NAME AND ADDRESS OF INSTITUTION HOLDING ACCOUNT	ACCOUNT NUMBER	NAME AND ADDRESS OF EACH PERSON/ENTITY APPEARING ON THE ACCOUNT	PRESENT AMOUNT HELD/ AMOUNT HELD BEFORE CLOSING
FROM: (MO/YR)	TO: (MO/YR)				

DATE OF COMPLETION

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b. Since last application, do you own, manage or control any assets, or are you responsible for any new liabilities, located outside the country of residence as identified in a., above (excluding any foreign bank accounts identified in a., above)?

Yes  No

If yes, complete the following chart:

DESCRIPTION OF ASSET/LIABILITY	LOCATION OF ASSET/LIABILITY

40. During the last year, have you or has your spouse or any of your children, while dependent, received a loan in excess of \$25,000USD?

(If you are applying in a jurisdiction other than the United States, the amount you are required to report is the equivalent to \$25,000USD in the national currency of the jurisdiction where you will be filing this application.)

Yes  No

If yes, complete the following chart:

DATE RECEIVED LOAN	NAME AND ADDRESS OF LENDER	NAME OF BORROWER AND ALL CO-SIGNERS	ORIGINAL AMOUNT OF LOAN	INTEREST RATE (%)	TERMINATION DATE OF LOAN

41. During the last year, have you or has your spouse or any of your children, while dependent, made any loan in excess of \$10,000USD?

(If you are applying in a jurisdiction other than the United States, the amount you are required to report is the equivalent of \$10,000USD in the national currency of the jurisdiction where you will be filing this application.)

Yes  No

If yes, complete the following chart:

DATE OF LOAN	NAME AND ADDRESS OF BORROWER	ALL CO-PARTIES TO LOAN	NAME OF LENDER	ORIGINAL AMOUNT OF LOAN	INTEREST RATE (%)	TERMINATION DATE OF LOAN	SECURITY PLEDGED

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42. Since last application, have you individually exchanged currency in an amount of more than \$10,000USD? (If you are applying in a jurisdiction other than the United States, the amount you are required to report is the equivalent of \$10,000USD in the national currency of the jurisdiction where you will be filing this application.)

Yes  No

If yes, complete the following chart:

DATE AND AMOUNT OF EXCHANGE	LOCATION WHERE EXCHANGE MADE	REASON FOR EXCHANGE	DID YOU FILL OUT OR FILE ANY GOVERNMENTAL REPORTING DOCUMENT

43. Since last application, do you maintain a new brokerage or margin account with any securities or commodities dealer?

Yes  No

If yes, complete the following chart:

TYPE OF ACCOUNT	NAME AND ADDRESS OF DEALER	AMOUNT OF MARGIN

44. Since last application, have you or has your spouse or children, while dependent, filed any claims in excess of \$100,000USD under any fire, theft, automobile or insurance policy? (If you are applying in a jurisdiction other than the United States, the amount you are required to report is the equivalent of \$100,000USD in the national currency of the jurisdiction where you will be filing this application.)

Yes  No

If yes, complete the following chart:

DATE OF CLAIM	NATURE OF CLAIM	NAME AND ADDRESS OF INSURANCE CARRIER	DISPOSITION

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45. During the last year, have you, your spouse or dependent children given or received any gift or gifts, whether tangible or intangible which either individually or in the aggregate exceeded \$10,000USD in value? (If you are applying in a jurisdiction other than the United States, the amount you are required to report is the equivalent of \$10,000USD in the national currency of the jurisdiction where you will be filing this application.)

Yes  No

If yes, complete the following chart as to each gift:

NAME OF THE DONOR OR DONEE	DATE GIFT GIVEN/RECEIVED	DESCRIPTION OF GIFT	APPROXIMATE VALUE

46. a. Since last application, do you have any new safe deposit boxes in your name in any jurisdiction? Yes  No

- b. Since last application, do you have access to the funds in any other new safe deposit boxes in any jurisdiction? Yes  No

If yes to either question, complete the following chart:

NAME AND ADDRESS OF BANK OR OTHER INSTITUTION/BUSINESS WHERE LOCATED	NAME(S) IN WHICH ACCOUNT(S) OR SAFE DEPOSIT BOX(ES) HELD	TYPE OF ACCOUNT, (SAVINGS, CHECKING,SAFE DEPOSIT, ETC.)	ACCOUNT NO. OR SAFE DEPOSIT BOX NO.

47. In the past year, have you received any referral or finder's fee in excess of \$10,000USD (If you are applying in a jurisdiction other than the United States, the amount you are required to report is the equivalent of \$10,000USD. In the national currency of the jurisdiction where you will be filing this application.)

Yes  No

If yes, complete the following chart:

NAME AND ADDRESS OF ALL PARTIES INVOLVED	NATURE OF GOODS OR SERVICES PROVIDED	AMOUNT RECEIVED	DATE RECEIVED

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48. Since last application, have you, given a guarantee, co-signed or otherwise insured payment of a loan,debt or other financial obligation in any jurisdiction?

Yes  No

If yes, complete the following chart:

NATURE OF OBLIGATION (PERSONAL GUARANTEE, ETC.)	DATE OBLIGATION MADE	NAME(S) OF PERSON RESPONSIBLE FOR OBLIGATION	STATUS OF UNDERLYING OBLIGATION

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49. Along with the above requested submissions, please provide the following:

Copy of driver's license or government-issued identification (front and back);
One fingerprint card as set forth in the SWC Fingerprint Process, available on SWC website;
Copy of federal tax return (or equivalent) for the past year; and
The SWC may request additional documentation, as needed.

50. Please answer the following questions:

	YES	NO
Are you an employee of the Tennessee Sports Wagering Council?	<input type="checkbox"/>	<input type="checkbox"/>
Are you a member of the Tennessee Sports Wagering Council?	<input type="checkbox"/>	<input type="checkbox"/>
Are you an owner or employee of any professional, collegiate, or Olympic sports team?	<input type="checkbox"/>	<input type="checkbox"/>
Are you a coach of, or player for, a collegiate, professional, or Olympic sports team or sport?	<input type="checkbox"/>	<input type="checkbox"/>
Are you a member or employee of any governing body of a sports team, league, or association?	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>

51. Complete the attached Net Worth Statement and Schedule A "Cash in Bank." If there are any changes or updates to Schedules B through O of the Multijurisdictional Personal History Disclosure Form since the submission of your prior Personal History Disclosure Form, you must submit the updated schedules.

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\_\_\_\_\_

INITIALS \_\_\_\_\_



# NET WORTH STATEMENT – ASSETS AND LIABILITIES

**NOTE: Complete the financial statements on pages 25 and 26. If there are any changes from the last application, submit updated Schedules.**

58. Please list all assets, tangible and intangible, in which a direct or indirect interest is held by you, your spouse or your dependent children. For each line item, list both the cost of the asset and the present market values as of the date of this statement unless this cannot reasonably be done, in which case any special valuation date should be noted in the column provided. Detail each line entry on the appropriate schedule.				59. Please list all liabilities of you, your spouse and your dependent children. Enter the amount as of the date of this statement. Detail each line entry on the appropriate schedule.		
ASSET	COST AT DATE ACQUIRED OR PURCHASED (A)	CURRENT MARKET VALUE (B)	SPECIAL VALUATION DATE, IF ANY	LIABILITY	ORIGINAL AMOUNT OF LIABILITY (C)	AMOUNT OUSTANDING (D)
1. Cash		a)		10. Notes Payable (Schedule I)		
a) On Hand		b)	b)	11. Loans and Other Payables (Schedule J)		
b) In Bank (Schedule A)				12. Taxes Payable (Schedule K)		
2. Loans, Notes and Other Receivables (Schedule B)				13. Mortgages or Liens on Real Estate (Schedule L)		
3. Securities (Schedule C)				14. Loans Against Insurance/Pensions (Schedule M)		
4. Real Estate Interests (Schedule D)				15. Other Indebtedness (Schedule N)		
5. Cash Value Life Insurance (Schedule E)				<b>TOTAL LIABILITIES</b>		
6. Cash Value Pension/Retirement Funds (Schedule F)				NET WORTH		
7. Furniture and Clothing (Reasonable Estimate)				Total Assets (From Column B) less		
8. Vehicles (Schedule G)				Total Liabilities (From Column D)		
9. Other (Schedule H)				16. Contingent Liabilities (Schedule O)		
<b>TOTAL ASSETS</b>				Date of Statement _____		
				Please provide the name, address, and phone number of the person completing this statement if it is completed by someone other than you.		
				Name _____		
				Address _____		
				Phone _____		

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

INITIALS \_\_\_\_\_

## SCHEDULE "A" - CASH IN BANK

52. List below all bank accounts (checking, savings, time deposits, certificates of deposit, money market funds, etc.) foreign and domestic, maintained by you, your spouse or dependent children. Identify with an asterisk (\*) any check writing accounts held with brokerage houses, insurance companies, etc.

NAME AND ADDRESS OF INSTITUTION	NAME OF PERSON(S) AND TAX IDENTIFICATION NUMBER(S) APPEARING ON ACCOUNT	ACCOUNT NUMBER	INTEREST RATE (%)	GENERAL NATURE OF ACCOUNT	DATE OF BALANCE	BALANCE
						\$ _
<b>Total Current Balance:</b>						

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

INITIALS \_\_\_\_\_

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

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

I, \_\_\_\_\_, certify under penalty of perjury that I have read and understood this Tennessee Sports Wagering Council 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  
\_\_\_\_\_

INITIALS \_\_\_\_\_