License No. G- ___ ___ ___ ___

CURRENT GAMING EMPLOYEE LIST

OFFICE OF ATTORNEY GENERAL

SFN 54270 (02-17)

Organization Name:		
Mailing Address:		
City:	State:	Zip:
Business Phone:	Cell Phone:	

*** PLEASE PRINT OR TYPE ***

NAME OF GAMING MANAGER:_____ **DATE OF HIRE:**_____

NOTE: Volunteer Gaming Managers are required to have a record check completed.

Record Check Completed: ☐ YES ☐ NO

	EMPLOYEE NAME First name, Middle name, Last Name	JOB TITLE	DATE OF HIRE	DATE OF BIRTH	Check if Volunteer
1.					☐
2.					☐
3.					☐
4.					☐
5.					☐
6.					☐
7.					☐
8.					☐
9.					☐
10.					☐
11.					☐
12.					☐
13.					☐
14.					☐
15.					☐
16.					☐
17.					☐
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19.					☐
20.					☐
21.					☐
22.					☐
23.					☐
24.					☐

RETURN THIS FORM WITH THE STATE GAMING LICENSE REAPPLICATION DOCUMENTS.

	EMPLOYEE NAME First name, Middle name, Last Name	JOB TITLE	DATE OF HIRE	DATE OF BIRTH	Check if Volunteer
25.					☐
26.					☐
27.					☐
28.					☐
29.					☐
30.					☐
31.					☐
32.					☐
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51.					☐
52.					☐
53.					☐
54.					☐
55.					☐
56.					☐

INFORMATION:

1. For purposes of this form, the definition of an "employee" is:
    a. A person who directly operates games on a site.
    b. A person who is a shift or gaming manager.
    c. A person who is employed by a bar that is not operated by an organization, and who is authorized by an organization under subsection 4 of section 99-01.3-12-02 to withdraw currency or a drop box from a pull tab dispensing device.
    d. A person who places a deal of pull tabs in a dispensing device, removes currency from the device, or reimburses a bar for redeemed pull tabs.
    e. A person who is a member of a drop box cash count team.
2. List the employee's full name, including first, middle, and last. If an employee had a record check completed under a different name, indicate the name.
3. List the employee's job title. For example: Runner, Bingo Caller, Dealer, Jar Operator, Count Team Member, etc.
4. List the date the employee was hired or started volunteering for the organization. If an employee had an employment gap for more than one year with the organization, list the most current re-hire date.
5. If an employee is not paid by the organization, check the volunteer box.