Karuk Tribe Gaming Commissioner Letter of Intent Form

	Name:	Roll Number (if appropriate):
	Residence Address:	
	Mailing Address:	
	Email:	Phone:
1.	Please tell us a little about yourself and why you oversight.	are interested in gaming regulation and
2.	What is your experience with business operation	, oversight, or management?
3.		•
	information on when and where you worked, as	well as in what capacity.
4.	What experience and educational background do that would be an asset to the Gaming Commission	•

5. Please te	ell us about your budget and/or financial oversight experience.
· ·	willing and able to submit to a complete background investigation and provide any and nent information requested to obtain and maintain a Gaming License?
	ning Commission is responsible for the direct supervision of the Compliance Director. your experience supervising or managing staff?
	ning Commission reviews and approves all gaming license applications for Rain Rock Please tell us about your experience working with confidential information.
Casino o	ning Commission works closely with federal and state agencies, as well as the Rain Rock operations team and Karuk Tribal Council. Tell us about your experience collaborating er agencies.
	willing and able to refrain from participating in gaming activities while serving in the a Gaming Commissioner?
Thank you so mu	ach for taking the time to apply for a seat on the Karuk Tribe Gaming Commission.