



SOUTH DAKOTA
DEPT. OF LABOR
& REGULATION

RECEIVED

OCT 21 2024

SD Secretary of State

Filed this 21st day of

October 2024

Monae L. Johnson

SECRETARY OF STATE

October 17, 2024

Chris Banks
Chris Banks Law LLC
10309 N Revere Ave
Kansas City, MO 64015

Attached is your South Dakota Athlete Agent certificate.

No such certificate shall be transferred to or used by any other person or business entity other than the person or business entity to whom the certificate was issued.

Services are subject to sale tax in South Dakota. If you are providing your service in South Dakota, you need to apply for a SD Sales Tax license. Please visit the South Dakota Department of Revenue website at dor.sd.gov.

State of South Dakota Department of Labor and Regulation

Chris Banks
Chris Banks Law LLC
10309 N Revere Ave
Kansas City, MO 64015

Has been registered by the SD Department of Labor and Regulation as an

ATHLETE AGENT

Effective: 10/17/2024

EXPIRATION: 10/16/2026

M. Hultman

Marcia Hultman,
Secretary of Labor & Regulation

This certificate is non-transferable to any other person or entity other than to whom the certificate was issued.

Scott, Jeannell

From: Petrik, Sarah
Sent: Friday, October 18, 2024 5:03 PM
To: McCabe, Jerry; Scott, Jeannell
Subject: Athlete Agent Cert - Chris Banks
Attachments: Athlete Agent Cert - Chris Banks.pdf

Good afternoon,

The attached Athlete Agent Certificate for Chris Banks, this went out in today's mail.

Thank you,
Sarah



Sarah Petrik | Executive Assistant to the Cabinet Secretary
DEPARTMENT OF LABOR AND REGULATION

123 W. Missouri Ave. | Pierre, SD | 57501

605.773.5395 | dlr.sd.gov | Like/Follow [@SouthDakotaDLR](https://www.instagram.com/SouthDakotaDLR)

Athlete Agent Registration Form

Please Type or Print Clearly in Ink

Make Payment Payable to SECRETARY OF STATE

FILE DATE 10/11/24
RECEIPT NO 002522910
CK# 2208
\$150.00
RECEIVED

OCT 11 2024

SD Secretary of State

Please check the applicable filing status.

- Initial Application **\$100** Fee
- Application based on certification in another state per §59-10-5(b): **\$50** Fee
- Application for Renewal **\$25** Fee

1. Name: Chris Banks
816 807 8151 Chris.S.banks@gmail.com
Daytime Phone Email Address

2. The address for the applicant's principal place of business:
10309 N Revere Ave Kansas City MO 64015
Street Address City State ZIP
SAME AS ABOVE
Mailing Address (Optional) City State ZIP

3. The name of the applicant's business or employer: Chris Banks Law LLC

4. List any business or occupation engaged in by the applicant for the five years next preceding the date of the application:
Chris Banks Law LLC - Lawyer
Zillow Home Loans - Mortgage Loan Originator

5. Provide a brief description of your training as an athlete agent:
NFLPA certified and many hours studying NFL Law. Training from Inside the League. Negotiated hundreds of cases.

6. Provide a brief description of your practical experience as an athlete agent:
None as of yet. I am a new agent.

7. Provide a brief description of your educational background related to being an athlete agent:
JD - University of MO-Columbia 2006 Bar Licensed in MO & IL (inactive)
Negotiated hundreds of cases.

8. Provide names and addresses of three references not related to the applicant:

<u>Sean Williams</u>	<u>705 SW 29th St</u>	<u>Blue Springs MO</u>	<u>64015</u>
Name	Address	City	State ZIP
<u>Chris Murr</u>	<u>11310 Zachary Dr</u>	<u>Liberty, MO</u>	<u>64068</u>
Name	Address	City	State ZIP
<u>Nick Dudley</u>	<u>1114 W Main St</u>	<u>Blue Springs MO</u>	<u>64015 (work)</u>
Name	Address	City	State ZIP

9. For whom have you served as an athlete agent in the past 5 (five) years:

Name	Sport	Last Known Team
None as of yet		
Name	Sport	Last Known Team
Name	Sport	Last Known Team
Name	Sport	Last Known Team

10. If the applicant's business is not a corporation, list the names and addresses of the partners, members, officers, managers, or profit-sharers of the business:

Name	Address	City	State	ZIP
Name	Address	City	State	ZIP

11. If the business employing the applicant is a corporation, list the names and addresses of the officers, directors, and any shareholder of the corporation having a five percent interest or greater.

Name	Address	City	State	ZIP
Chris Banks	10309 N. Revere Ave	Kansas City	MO	64054
Name	Address	City	State	ZIP

12. Have you or anyone listed in questions 10 or 11 been convicted of a crime, that in South Dakota, would be considered a crime of moral turpitude or a felony? Yes No

If yes please identify the crime: _____

13. Have you or anyone listed in questions 10 or 11 been administratively or judicially determined to have made false, misleading, deceptive or fraudulent representations? Yes No

14. Has your conduct or that of anyone listed in questions 10 or 11 resulted in the imposition of a sanction, suspension, or declaration of ineligibility to participate in an interscholastic or intercollegiate athletic event on a student athlete or educational institution? Yes No

15. Have you or anyone listed in questions 10 or 11 had any sanction, suspension or disciplinary action taken against you / them because of occupational or professional conduct? Yes No

16. Have you or anyone listed in questions 10 or 11 ever been denied an application for, suspension or revocation of, or refusal to renew the athlete agents registration of licensure? Yes No

Attach additional pages as needed when there is insufficient room to fully complete a question.

I declare under penalty of perjury, under the laws of the State of South Dakota, that all statements contained in this application and any accompanying documents are true and correct.

Dated 10/7/24


(Signature of Applicant)

Chris Banks
(Printed Name)



STATE OF MISSOURI
 DIVISION OF PROFESSIONAL REGISTRATION
APPLICATION FOR ATHLETE AGENT REGISTRATION

MISSOURI OFFICE OF ATHLETE AGENTS
 3605 MISSOURI BOULEVARD • P.O. BOX 1335
 JEFFERSON CITY, MO 65102
 (573) 751-0243 • FAX: (573) 751-5649

DATE _____

- Registration is valid for two years. This license will expire on June 30 odd numbered years.
- Attach two (2) recent photos to this application.
- Attach two (2) fingerprint cards to this application.

REGISTRATION NUMBER _____

FEES	
Application Fee	\$70.00
State Criminal Records Check	\$20.00
Federal Criminal Records Check	\$13.25
TOTAL	\$103.25

READ INSTRUCTIONS CAREFULLY

Payment must be by check or money order made payable to Missouri Office of Athlete Agents.

EACH APPLICANT SHOULD ANSWER THE FOLLOWING (PLEASE TYPE OR PRINT CLEARLY)

NAME OF APPLICANT
Christopher Banks

HOME ADDRESS
10309 N Revere Ave

CITY Kansas City	STATE MO	ZIP CODE 64154
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BUSINESS ADDRESS
10309 N Revere Ave

NAME OF BUSINESS/EMPLOYER Chris Banks Law	
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CITY Kansas City	STATE MO	ZIP CODE 64154
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HOME TELEPHONE NUMBER 8168078151	WORK TELEPHONE NUMBER 8168078151	FAX NUMBER
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SOCIAL SECURITY NUMBER 490843323	DRIVER'S LICENSE (STATE AND NUMBER) MO - T203243024
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DATE OF BIRTH 10/16/1979	CITY, STATE, COUNTRY OF BIRTH Kansas City, MO USA
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E-MAIL ADDRESS
chris.s.banks@gmail.com

APPLICANT'S HISTORY (ATTACH ADDITIONAL SHEETS IF NECESSARY)

A. Please include the names and addresses of all persons who are the partners, officers, associates or profit-sharers of your athlete agent's business, if not a corporation, or the officers, directors and any shareholders with a five percent or greater interest of your athlete agent's business, if a corporation, business trust, estate trust, partnership, limited liability company, association or joint venture.

NAME	ADDRESS
Christopher Banks	10309 N Revere Ave Kansas City, MO 64154

B. ARE YOU CURRENTLY REGISTERED IN ANY STATE TO ACT AS AN ATHLETE AGENT?
 YES NO
 IF YES, LIST STATES: _____

C. HAVE YOU EVER BEEN DENIED ANY TYPE OF REGISTRATION AS AN ATHLETE AGENT IN ANY STATE?
 YES NO
 IF YES, EXPLAIN: _____

D. ARE YOU CERTIFIED AS AN ATHLETE AGENT WITH ANY PROFESSIONAL SPORTS ORGANIZATIONS?
 YES NO
 IF YES, EXPLAIN: NFLPA Certified (effective 10-1-24)

E. HAVE YOU EVER BEEN DENIED REGISTRATION OR HAD YOUR REGISTRATION SUSPENDED OR REVOKED BY ANY SPORTS ORGANIZATION?

YES NO

IF YES, EXPLAIN:

F. HAVE YOU OR ANY OTHER PERSON NAMED IN ITEM A ENGAGED IN CONDUCT THAT RESULTED IN THE IMPOSITION OF A SANCTION, SUSPENSION OR DECLARATION OF INELIGIBILITY TO PARTICIPATE IN AN INTERSCHOLASTIC OR INTERCOLLEGIATE ATHLETIC EVENT ON A STUDENT ATHLETE, EDUCATIONAL INSTITUTION OR PROFESSIONAL SPORTS TEAM?

YES NO

IF YES, EXPLAIN:

G. FOR THE PAST FIVE YEARS, PLEASE LIST ANY/ALL BUSINESSES OR OCCUPATIONS YOU HAVE ENGAGED IN

Chris Banks Law
Zillow Home Loans

H. PLEASE DESCRIBE YOUR FORMAL ATHLETE AGENT TRAINING, PRACTICAL EXPERIENCE AS AN ATHLETE AGENT, AND EDUCATIONAL BACKGROUND RELATING TO YOUR ACTIVITIES AS AN ATHLETE AGENT.

JD - University of Missouri 2006

Licensed to practice law in MO since 2006 - Licensed to practice law in IL since 2009 (inactive)

Negotiated hundreds of cases as an attorney representing criminal, injury, employment, and consumer clients

Completed NFLPA test training from Inside the League and passed NFLPA Certification Test on first attempt

Countless hours studying NFL and College/NIL issues

I. INCLUDE THE NAMES, ADDRESSES AND TELEPHONE NUMBERS OF THREE UNRELATED REFERENCES.

NAME	ADDRESS	TELEPHONE NUMBER
Sean Williams	705 SW 29th St Blue Springs, MO 64015	8166990694
Chris Murr	11310 Zachary Dr Liberty MO 64068	8167183036
Nick Dudley	1114 W Main St Blue Springs, MO 64015 (work)	8165604826

J. INCLUDE THE NAME, SPORT, AND LAST KNOWN TEAM OF EACH INDIVIDUAL FOR WHICH YOU HAVE PROVIDED SERVICES TO AS AN ATHLETE AGENT DURING THE FIVE YEARS IMMEDIATELY PRECEDING THE DATE OF THIS APPLICATION.

NAME	SPORT	TEAM

K. HAVE YOU OR ANY OTHER PERSON NAMED IN ITEM A BEEN CONVICTED OR FOUND GUILTY, PLED GUILTY OR ENTERED A PLEA OF NOLO CONTENDERE OF ANY FELONY OFFENSE, INCLUDING ANY CRIME THAT, IF COMMITTED IN MISSOURI, WOULD BE A FELONY OR OTHER CRIME INVOLVING MORAL TURPITUDE?

YES NO

IF YES, EXPLAIN AND LIST DATE, JURISDICTION (STATE AND COUNTY), CRIME/OFFENSE, CASE NUMBER, DISPOSITION AND ALL OTHER RELEVANT INFORMATION ON ATTACHED SHEETS:

L. PLEASE INCLUDE ANY INFORMATION ON WHETHER THERE HAS BEEN ANY ADMINISTRATIVE OR JUDICIAL DETERMINATION THAT YOU OR ANY OTHER PERSON NAMED IN THIS APPLICATION PURSUANT TO ITEM A HAS MADE A FALSE, MISLEADING, DECEPTIVE OR FRAUDULENT REPRESENTATION

M. HAVE ANY SANCTIONS, SUSPENSIONS OR DISCIPLINARY ACTIONS BEEN TAKEN AGAINST THE APPLICANT OR ANY OTHER PERSON NAMED UNDER ITEM A ARISING OUT OF OCCUPATIONAL OR PROFESSIONAL CONDUCT?

YES NO

IF YES, EXPLAIN:

N. CURRENTLY, IS THERE PENDING AGAINST YOU IN ANY JURISDICTION A COMPLAINT AGAINST YOUR PROFESSIONAL CONDUCT OR COMPETENCE AS AN ATHLETIC AGENT?

YES NO

IF YES, EXPLAIN:

1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? Yes No

2. If answering question (1) in the affirmative, would you like to receive information and assistance regarding the agency's veteran services? Yes No

I understand that it is my duty and responsibility as an applicant for registration to supplement my application after it has been submitted if and when any material change in circumstances or conditions occurs which might affect the Office of Athlete Agent's decision concerning my eligibility for registration. Failure to do so may result in disciplinary action by the Office of Athlete Agents including denial of registration.

- I understand that all application fees are non-refundable.

I certify (or declare) under penalty of perjury, that I have read the foregoing application for registration, and that all answers given are my own; that all the answers are true of my knowledge; further, I understand and agree that any misstatement of a material fact in this application will constitute grounds for revoking this registration.

APPLICANT'S SIGNATURE

DATE

SOCIAL SECURITY NUMBER DISCLOSURE NOTICE

You must provide your social security number pursuant to state and federal law.

If you fail or refuse to provide your social security number, we will consider your initial application incomplete and return it to you. Continued failure or refusal to provide your social security number is grounds for denial of your application.

Pursuant to state and federal laws, licensing authorities must assemble your social security number with other relevant information (name, address, etc.) and transmit the data to the Division of Child Support Enforcement of the Department of Social Services to be used in a database for the following purposes:

- (1) locating individuals who are under an obligation to pay child support or provide child custody or visitation rights, against whom such an obligation is sought or to whom such an obligation is owed;
- (2) identifying whether an individual who owes overdue child support or who has failed to comply with a subpoena relating to paternity or child support proceedings holds or has applied for a professional or occupational license (under certain circumstances, a person who owes overdue child support or fails to comply with a subpoena relating to the above-stated proceedings may be subject to an order of a court, after notice and opportunity for hearing in that court, suspending, withholding or restricting the person's license).

In addition to these uses, the licensing authorities will continue their practice of using social security numbers for the following purposes:

- (1) for internal identification purposes (e.g., some licensing authorities use your social security number as your license number);
- (2) to conduct criminal record checks (discovery of relevant criminal history may result in denial of your application, conditioned licensure or the filing of a disciplinary action against you);
- (3) to verify information provided by you in your application (discovery of false information in your application may result in denial of your application, conditioned licensure or the filing of a disciplinary action against you);
- (4) to verify licensure with another state's licensing authority for reciprocity licensure;
- (5) for identification purposes in national disciplinary databases (the discovery of a disciplined license in another state may result in denial of your application, conditioned licensure or the filing of a disciplinary action against you);
- (6) for test identification purposes.

Pursuant to Section 324.010 RSMo:

CHECK THIS BOX ONLY IF IN ALL OF THE LAST 3 YEARS: YOU WERE NOT A MISSOURI RESIDENT, YOU DID NOT HAVE ANY MISSOURI INCOME, AND YOU ARE NOT SUBJECT TO ANY TYPE OF MISSOURI INCOME TAX.

False statements are subject to criminal penalties and/or license discipline.

If you have any questions regarding taxes contact the Department of Revenue at 573-751-7200
or e-mail income@dor.mo.gov.

State of Missouri

Missouri Department of Commerce and Insurance
Division of Professional Registration

Athlete Agent
Athlete Agent



VALID THROUGH JUNE 30, 2025
ORIGINAL CERTIFICATE/LICENSE NO. 2024038707

CHRISTOPHER BANKS
10309 N. REVERE AVE
KANSAS CITY MO 64154
USA

Tim Lueken
EXECUTIVE DIRECTOR

Shelley Adon
DIVISION DIRECTOR