Arizona Department of Gaming

Event Wagering
Ancillary Supplier
Short Form Application

.



Arizona Department of Gaming
1110 W. Washington, Suite 450
Phoenix, AZ 85007
(602) 771-4263

APPLICATION FEE:

Event Wagering

Ancillary Suppliers
See list Below
Initial License Fee: **$1,500**
Renewal License Fee: **$500**

Additional Information:

- You are advised that this application is an official document and false or incomplete answers could result in criminal prosecution and the denial, or subsequent revocation, of State Licensing. You are further advised that an application for State License may not be withdrawn without the permission of the Department of Gaming.

- Event Wagering Ancillary Supplier includes persons who provide goods or services, directly or indirectly, to a responsible party in connection with event wagering pursuant to the Act, including those referred to as ancillary suppliers for purpose of the licensing fee structure, to include: (**R19-4-101(B)(27)**:

a. Affiliates;
b. Bookmakers*;
c. Data Center;
d. Independent Test Laboratories;
e. Integrity Monitoring Providers
h. League Data Providers;
i. Marketing Affiliates;
j. Payment Processors*; and
k. Platform Providers*;
l. Any Other Person as Determined by the Department

Bookmakers, Payment Processors, & Platform Providers are excluded from filling out the

Ancillary Supplier Short Form
Application and will have to complete the Supplier Application

- An applicant for licensure, or renewal thereof, that wishes to withdraw an application must submit a request to the Department in writing. The application will not be considered withdrawn without the written permission of the Department. **A.A.C. R19-4-105(K)**

Application Packet Checklist

On receipt of a completed application and the required fee, the Department shall conduct the necessary background investigations to determine if the applicant meets the qualification for licensure. The applicant agrees to provide access to following information and/or documents and to provide copies, as requested. This information includes, but is not limited to, the following:

Please verify all items are checked-off and included in the application packets in order to avoid a rejected application.

✓ **Application – No Hard Copies**

- [ ] EWFS – Supplier Short Form
- [ ] ADG-903 – Business Release Form
- [ ] ADG-906 – Business Authorization to Release Credit Information
- [ ] Payment – https://adgpay-ewfs.az.gov/ – Please provide a Copy of Payment Confirmation

✓ **Key Employee Requirements – No Hard Copies**

- [ ] Fingerprints – Key Employees
- [ ] ADG-907 – Criminal History Disclosure – One for each Key Employee
- [ ] ADG-907-B – Non-Criminal Justice Applicant's Privacy Rights – One for each Key Employee

Pursuant to A.R.S §41-1030:

B. An agency shall not base a licensing decision in whole or in part on a licensing requirement or condition that is not specifically authorized by statute, rule or state tribal gaming compact. A general grant of authority in statute does not constitute a basis for imposing a licensing requirement or condition unless a rule is made pursuant to that general grant of authority that specifically authorizes the requirement or condition.

D. This section may be enforced in a private civil action and relief may be awarded against the state. The court may award reasonable attorney fees, damages and all fees associated with the license application to a party that prevails in an action against the state for a violation of this section.

E. A state employee may not intentionally or knowingly violate this section. A violation of this section is cause for disciplinary action or dismissal pursuant to the Agency's adopted personnel policy.

F. This section does not abrogate the immunity provided by section 12-820.01 or 12-820.02.

ARIZONA DEPARTMENT OF GAMING ANCILLARY SUPPLIER SHORT FORM APPLICATION

Date: _____

1. Entity Name: _____ Phone: _____
Trade Name/ dba Name: _____ Fax: _____
Physical Address: _____
City: _____ State: _____ Country: _____ Zip Code: _____

Mailing Address: _____
City: _____ State: _____ Country: _____ Zip Code: _____

2. Contact Person: _____ Phone: _____
Position: _____ Fax: _____
Email address: _____

3. Federal Tax Id Number / Employer Id Number: _____

4. Entity Type: ☐ Corporation ☐ S-Corp ☐ Partnership ☐ LLC ☐ Sole Proprietor
A general description of the nature of the business. (Attach a separate page, if necessary)

5. Operator Partner: _____
Contact Name: _____
Contact Title: _____
Contact Phone: _____ Email Address: _____

6. Contract or Purchase Order Date: _____
Contract or Purchase Order Dollar Amount: _____

The following information is for Department use only – not subject to public disclosure pursuant to Arizona public record laws; collected in compliance with A.R.S §25-320.

Provide the information below for Key Employees and Owners of the entity providing goods or services for Event Wagering.

Attach additional sheet(s) is necessary

The Department shall conduct the necessary background investigation to determine if the applicant meets the qualifications for licensure to include providing any information needed to conduct its investigation. Any applicant for licensure agrees by making such application to be subject to state jurisdiction to the extent necessary to determine the applicant's qualification to hold such license.

Name	Position	Residence Address	Social Security Number	Date of Birth

I am voluntarily submitting this Short Form Application with full knowledge that it will be reviewed by State authorities charged by law with regulating the Arizona Gaming Industry

I certify that to the best of my knowledge that the information provided above is true and accurate

Name of Person Completing Form: _____

Title: _____

Signature: _____ Date: _____

APPLICANT'S REQUEST TO RELEASE INFORMATION

TO _____
Leave Blank - To Be Completed By the Department of Gaming

FROM _____
Name of Business Entity

1. I hereby authorize and request all persons to whom this request is presented having information relating to or concerning me to furnish such information to a duly appointed agent of the Arizona Department of Gaming, whether or not such information would otherwise be protected from disclosure by any constitutional, statutory or common law privilege.

2. I hereby authorize and request all persons to whom this request is presented having documents relating to or concerning me to permit a duly appointed agent of the Arizona Department of Gaming to review and copy any such documents, whether or not such documents would otherwise be protected from disclosure by any constitutional, statutory, or common law privilege.

3. If the person to whom this request is presented is a brokerage firm, bank, savings and loan, or other financial institution or an officer of the same, I hereby authorize and request that a duly appointed agent of the Arizona Department of Gaming be permitted to review and obtain copies of any and all documents, records or correspondence pertaining to me, including but not limited to past loan information, notes co-signed by me, checking account records, savings deposit records, safe deposit records, passbook records, and general ledger folio sheets.

4. This authorization ends eighteen (18) months from the date of execution.

5. I have filed with the Arizona Department of Gaming an "application" for Certification/License. I understand that I am seeking the granting of a privilege and acknowledge that the burden of proving my qualifications for a favorable determination is at all times on me.

6. I do, for myself, my heirs, executors, administrators, successors and assignees, hereby release, remise, and forever discharge the person to whom this request is presented, and his agents and employees from all manner of actions, causes of action, suits, debts, judgments, executions, claims, demands whatsoever, known or unknown, in law or equity, which I ever had, now have, may have, or claim to have against the person to whom this request is presented or his agents or employees arising out of or by reason of complying with this request.

7. I agree to indemnify and hold harmless the person to whom this request is presented and his agents and employees from and against all claims, damages, losses, and expenses, including reasonable attorneys' fees arising out of or by reason of complying with this request.

8. A reproduction of this request by photo copy or similar process shall be for all intents and purposes as valid as the original.

I have executed this request at _____ on the _____ day of _____, 20 _____.
City and State

_____
Signature of Officer, Member, Partner or Owner

Subscribed and sworn to (or affirmed) before me this _____ day of _____, 20 _____.

_____
Notary Public

Signature of Arizona Department of Gaming Agent
Presenting this request:

_____

Date _____

County of _____, State _____

My commission expires _____

APPLICANT'S AUTHORIZATION TO RELEASE CREDIT INFORMATION

To: The Arizona Department of Gaming

From: _____
Name of Business Entity

RE: Licensure with the Arizona Department of Gaming

1. In accordance with the Fair Credit Reporting Act, section 604(a)(2) and (3)(D), I hereby authorize and request all persons to whom this authorization is presented having information relating to or concerning me to furnish a consumer report of such information to duly appointed agents of the Arizona Department of Gaming, whether or not such information would otherwise be protected from disclosure by any constitutional, statutory or common law privilege.

2. I have filed with the Arizona Department of Gaming an application for state license recommendation, of which this document is a part thereof. I understand that I am seeking the granting of a privilege and acknowledge that the burden for proving my qualifications for a favorable determination is at all times on me. I accept any risk of adverse public notice, embarrassment, criticism or other financial loss which may result from the action with respect to this application.

3. I hereby authorize the Arizona Department of Gaming to use the information contained in the consumer report and/or the consumer report for License purposes, including but not limited to investigation, licensing, certification, any court or administrative proceeding and any and all other procedures set forth in A.R.S. §§ 5-1201 through 1213 & A.R.S. §§ 5-1301 through 1321 and A.A.C. Title 19, Chapter 4.

4. A reproduction of this request by photo copy or similar process shall be for all intents and purposes as valid as the original.

I have executed this authorization on the _____ day of_____, 20____.

_____
Applicant's Signature

State of _____)
) ss.
County of _____)

Subscribed and sworn to (or affirmed) before me this _____ day of_____, 20___.

_____
Notary Public

My commission expires:_____

Criminal History Record Information
Disclosure of Privacy Requirements

Your fingerprints will be used to check the criminal history records of the FBI.

The use of the FBI criminal history record information will be used to assist in the determination of suitability for the issuance of State Licensing or Licensing for employment in, or providing goods or services to the Arizona Gaming Industry.

You may request procedures for obtaining a copy of your record for a change, correction, or updating of an FBI criminal history record as set forth in Title 28, Code of Federal Regulations (CFR) Section 16.30 through 16.34. Information on how to review and challenge your FBI criminal history record can be found at www.fbi.gov . **If requested you will be given thirty (30) days to complete or challenge the accuracy of the information.**

To obtain a copy of your Arizona criminal history in order to review/update/correct the record, you can contact the Arizona Department of Public Safety Criminal History Records Unit at (602) 223-2222 to obtain a fingerprint card and a Review and Challenge Packet. Information on the review and challenge process can be found at the DPS website (www.azdps.gov).

Criminal history record information is solely for the purpose stated and cannot be disseminated outside the Department of Gaming, or other authorized entity.

You may retain a copy of this signed disclosure if desired.

By my signature below, I fully acknowledge that I have read and understand this disclosure.

_____	_____	_____
Print Name	Signature	Date

NONCRIMINAL JUSTICE APPLICANT'S PRIVACY RIGHTS

As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for employment or a license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below. All notices must be provided to you in writing.[1] These obligations are pursuant to the Privacy Act of 1974, Title 5, United States Code (U.S.C.) Section 552a, and Title 28 Code of Federal Regulations (CFR), 50.12, among other authorities.

- **You must be provided an adequate written FBI Privacy Act Statement (dated 2013 or later) when you submit your fingerprints and associated personal information. This Privacy Act Statement must explain the authority for collecting your fingerprints and associated information and whether your fingerprints and associated information will be searched, shared, or retained.[2]**
- **You must be advised in writing of the procedures for obtaining a change, correction, or update of your FBI criminal history record as set forth at 28 CFR 16.34.**
- **You must be provided the opportunity to complete or challenge the accuracy of the information in your FBI criminal history record (if you have such a record).**
- **If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the employment, license, or other benefit based on information in the FBI criminal history record.**
- **If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at https://www.fbi.gov/services/cjis/identity-history-summary-checks and https://www.edo.cjis.gov.**
- **If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI by submitting a request via https://www.edo.cjis.gov. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.)**
- **You have the right to expect that officials receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.[3]**

_____ Initials

[1] Written notification includes electronic notification, but excludes oral notification.
[2] https://www.fbi.gov/services/cjis/compact-council/privacy-act-statement
[3] See 5 U.S.C. 552a(b); 28 U.S.C. 534(b); 34 U.S.C. § 40316 (formerly cited as 42 U.S.C. § 14616), Article IV(c); 28 CFR 20.21(c), 20.33(d) and 906.2(d).